

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-78, X-1186, X-2999, X-3011, X-3103, X-3669)

QMGM 293

25 January 1950

GRS-Far East

SUBJECT: Identification of World War KI Deceased

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

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-1186,	AGRS	Maus.	Manila,	formerly	X-32,	USAF	Cem.	Vinsch #2
"	X-3103,	"	"	"	"	X-123,	"	"	"
"	X-78,	"	"	"	"	X-238,	"	"	Finsch #5
"	X-3669,	"	"	"	"	X-92,	"	"	Leyte #1
"	X-2999,	"	"	"	"	X-105,	"	"	Santa Barbara #1
X-	X-3011,	"	"	"	"	X-189,	"	"	" " " "

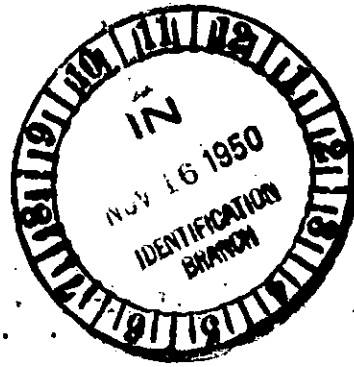
2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

COPY:
mfs

X-293 Maus. P.I. X-1186 (Maus. Manila)



GRPZ 293

APO 900
9 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-78 AGRS Mslm	UNKNOWN X-3011 AGRS Mslm
X-293 Sta Barbara #1	X-3103
<u>X-1186</u> AGRS Mslm	X-3175
X-1566	X-3258
X-2558	X-3653
X-2999	X-3669

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

12 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

AIRMAIL

RESTRICTED

293-Unknown P.I. X-1186 (Maus. Manila)

QMGMT 293
GRS Far East

25 November 1949

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. Board Proceedings, your headquarters, dated 2 June 1949, recommending the identification of Unknown X-1186, AGRS Mausoleum Manila, as the remains of Pfc. Enos H. Shade, 39 085 388, are returned herewith disapproved.

2. The evidence presented in this case, documentary, dental and physical has been determined to be insufficient to prove the identification beyond all doubt.

FOR THE QUARTERMASTER GENERAL:

*copy for
293 Shade, Enos H. 39-085-388*

1 Incl
Board Proceedings
(X-32 Pirsch #2)

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

A. Kazup:lak

also
Wisor

cc: Administrative Section

cc: CINCPAC, APO 500, c/o PM
San Francisco, California

REGISTERED
NO. 1315771

REGISTERED
NO. 1315772

AIRMAIL
RESTRICTED

RECEIVED
131211J



RECEIVED
131211J

TO: DIRECTOR, FBI
FROM: SAC, [illegible]

RE: [illegible]
[illegible]

RECEIVED
NOV 28 1949

[Faint, mostly illegible typed text, possibly a memorandum or report body]

[Faint, mostly illegible typed text, possibly a signature block or distribution list]

[Faint, mostly illegible typed text, possibly a closing or reference line]

RECEIVED
JANUARY

QMGT 293
Shade, Erns H.
Pfc. 39 085 388

30 August 1949

Mr. Earl H. Shade
2007 39th Avenue
Oakland, California

Dear Mr. Shade:

On 12 July 1949, a letter was forwarded to you, a copy of which is inclosed for your convenience.

As no reply to our letter has been received, I should like to again request that you obtain for us the desired information, if possible. In the event that this information is not available, it will be greatly appreciated if you will advise us to that effect.

A self-addressed envelope which requires no postage is inclosed.

Permit me to again express my sympathy in your great loss.

2 Incls:

1. Copy of letter
2. Penalty envelope

Sincerely yours,

cc: Adm Sect
Z. Sparks/ejh
Salzer

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

JW

QMCMF 293
SHADE, Enos H.
Pfc 39 085 388

12 July 1949

Mr. Earl H. Shade
2007 39th Avenue
Oakland, California

Dear Mr. Shade:

I regret the necessity of writing to you with reference to your son, the late Private First Class Enos H. Shade.

Every effort is being expended by this Office and the American Graves Registration Service overseas to recover and identify the remains of all deceased American personnel of World War II. I feel sure that you will appreciate the tremendous complexities of this undertaking, as well as the amount of time its proper accomplishment demands. To facilitate this project, complete dental records on an individual are helpful and, in some instances, essential. In view of the fact that military dental records do not always include work accomplished prior to entry into service, it is often necessary to request this information from the family of a decedent.

Inasmuch as there is the possibility that your late son may have received treatment by a civilian dentist which is not shown in his military records, it will be greatly appreciated if, in the event this is so, you will secure from the dentist who treated him a copy of the chart usually retained by members of the dental profession showing work performed for each patient. If you would prefer that we request this information directly from the dentist, we will be quite willing to do this if you will furnish us his name and address.

A reply at your earliest convenience will be appreciated as this information may prove to be of material assistance in the identification of your son's remains.

A self-addressed envelope which requires no postage is inclosed for your convenience and in order to expedite delivery.

Please accept my sincere sympathy in the great loss you have sustained.

1 Incl.

Penalty envelope

Sparks

Sincerely yours,

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

REB
NJS

drs
1
 Interred 16 January 1950
 H 3 137 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

<input checked="" type="checkbox"/> Cemetery Superintendent; SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE		
NAME UNKNOWNX-000032		6911 00204	15	01	48
SERIAL NUMBER UNKNOWNX-000032		RANK	DATE OF DEATH		
CEMETERY BRITISH GUINEA USAF (FINSCHAFFEN NO 20)		ARM	DAY	MONTH	YEAR
PLOT 1442		COUNTRY NEW GUINEA	DISPOSITION OF REMAINS		
ROW NEW GUINEA		GRAVE NEW GUINEA		DAY: MONTH YEAR 7701 80	
CAUSE OF DEATH 6		CODE 7701		DIST. PT. 80	

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-32 UNK X-1186 (Maus)				21 Sept. 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU 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-1186 (Maus.)

REMAINS PREPARED AND PLACED IN CASKET	
DATE 21 Sept. 1948	BY GEORGE SIMONEAU
CASKET SEALED BY GEORGE SIMONEAU	EMBALMER (Signature) <i>George Simoneau</i> GEORGE SIMONEAU
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

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

RECEIVED
 FILED
 DATE *Sept 20*
 NAME *James R. ...*
 B & B RR

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>Carer Mack</i>	DATE JAN 16 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>WYATT BRIGBINE STANIS</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1445 NEW GARDEN		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

Spencer 2/19/50 49

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

15 Dec 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X-32, Plot _____, Row _____, Grave 1442, USMC USAF Cem. Finsch #2 have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

W. B. McNemar
W. B. McNEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 19 Jan 1950 OCMG
Not identifiable from
information presently
available

Ed Krupp

lml 3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1186 (Formerly UNK X-32 Finsch #2)				2. DATE OF REPORT 28 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW H	6. GRAVE 2555	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs	9. ESTIMATED HEIGHT 5' 7"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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

7. 132

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

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
UTD	A o	A od	P	P		P	S dl	P	S m	P	P	P	A od	A o	od	P
Side Views								Side Views								
Top Views								Top Views								
UPPER								UPPER								
LOWER								LOWER								
Side Views								Side Views								
	P	A modl		P	A L	P	P	P	P	P	P		A mo	P	A o	
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."

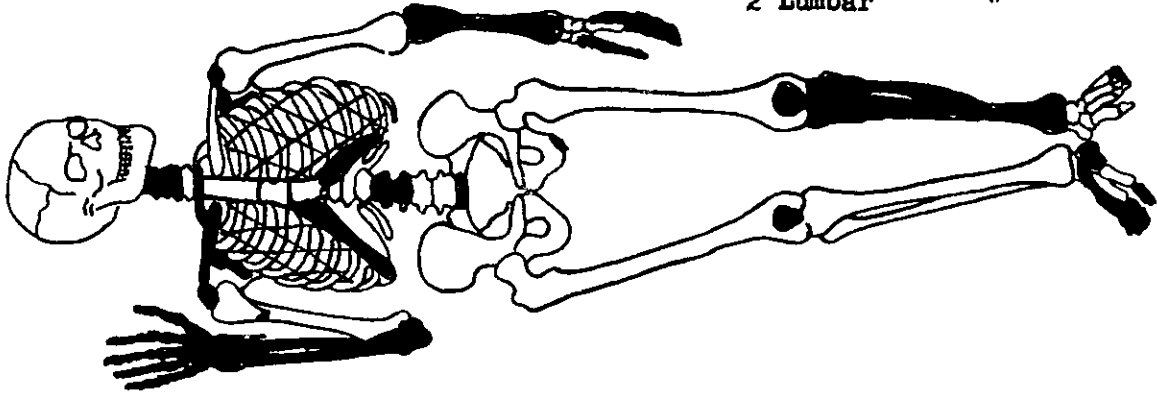
"UNIDENTIFIABLE"

Paul R. Nichols

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

- 1 Cervical vertebrae
- 3 Dorsal "
- 2 Lumbar "



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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 9 lbs.
 Circumference of skull - 21 inches.

"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

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-1186

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.

27 Oct 47
DATE

UNKNOWN X-1186 (Formerly UNK X-32)
USAF Finsch Cem #2, N.G.)
LAST NAME FIRST INITIAL

Unknown Unknown
RANK SERIAL NO.















Unknown Unknown
ORGANIZATION
Soputa, N.G., ^{UN 150} yds East of/AGRS Mslm,
Sananando Trail, Near Hugins/Manila, P.I.
CORNER PLACE OF DEATH PLACE OF BURIAL STORAGE
812 H 2555
PLOT ROW GRAVE NO.
FINGER BAY CRYPT

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	X	A	A	X	X	O	X	O	O	X	O	A	X	X	A	A	O	X	TYPE		
LOCATION		o	do			d		d	m		m	l			d	o	d		LOCATION		

INSIDE — LOOKING OUT

	RIGHT				*	LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		X	A		X	X	X	X	X	X	X	X		A	A	X	TYPE
LOCATION			dolw											dofm	o		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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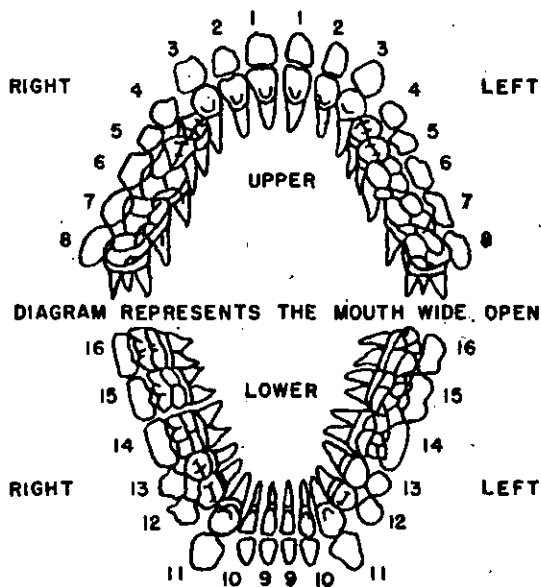
INSTRUCTIONS:

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

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

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

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



REMARKS:

Mandible - R 11; rotated towards mesial.

/s/ Hilarion V. Castillo

SIGNATURE OF PERSON WHO PREPARED CHART

Emb's Aide - S-8-A

NAME AND RANK TYPED OR PRINTED

C.I.P. Nichols Field

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ E. F. Moriarty

VERIFIED BY GRS OFFICER

SP-6

NAME AND RANK TYPED OR PRINTED

27 Oct 47

DATE

CERTIFIED TRUE COPY:

George T. Gamba
GEORGE T. GAMBDA
2d Lt., MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-1186 (Formerly X-32 USAF
~~Unknown~~ ~~XX~~ Finsch. Cem. #2, N.G.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{LANGER BAY} Row 1 ^{CRYP} Grave 2555

C.I.P. AGRS,
 Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 27 Oct 47
2. Place of death Soputa, N.G., 150 yds. East of
Sananando Trail, Near Hugins
 Corner. (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		N	
Sweater		O	
Jacket, HBT		N	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

* Shoes (type) /

Overshoes N

Web Equipment (type) N E

(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 attached.

Estimated Estimated
Age / Height 5' 7" Weight 150 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 U (Light, medium, dark, clear, pimples, poeks, freckles) T

Build D (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 the condition of remains.

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

9. Remarks No ROI bottle found with remains. No personal effects
or other means of identifications. Estimated weight of remains
nine (9) 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/ E. F. Moriarty
(Officer's Name)
SP-6
Rank Service
AGRS
(Organization)

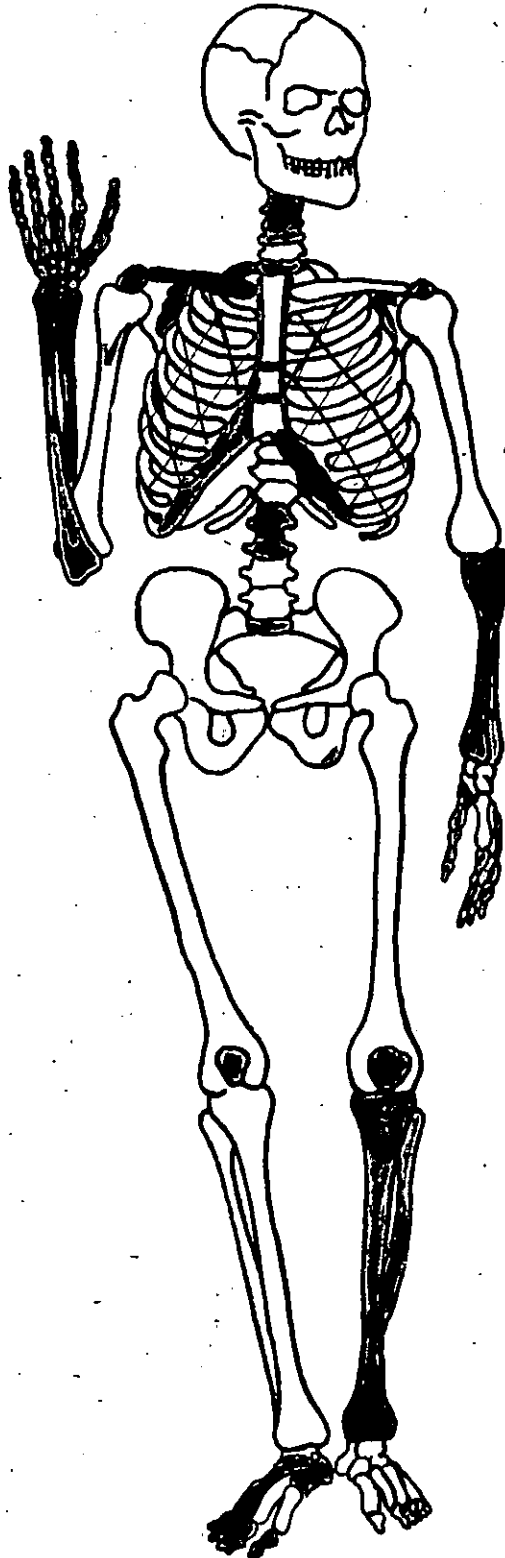
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-1186

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1 - cervical vertebrae
present

3 - thoracic vertebrae
present

2 - lumbar vertebrae
present

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right								Left								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X		A	A	X	S	X	S	X				A	A	A	O	X

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
A	X	A	X	X	X	X	X	X	A	A			A	X	

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

RE, LE Missing Extracted
L1, R2, 4 Missing Not Extracted
L9, 10, 15 R9, 10, 11, 12, 15 Missing Not Extracted

Date *Sept 23*, 19*44*

Dental Corps, U. S. A.

*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)

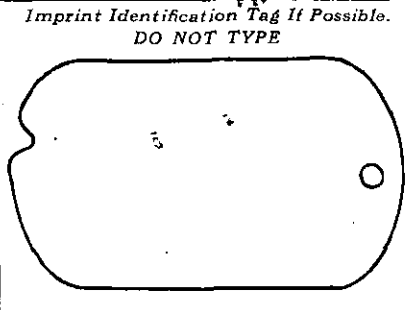
X	X	X

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
30 Oct 47

APR 5-1948



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1186 (Formerly UNK X-32 USAF Cemetery Finsch #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 Soputa, N.G. 150 Yds. East of Saranando Trail, Near Hugins Corner.	CAUSE OF DEATH KIA	DATE OF DEATH About Dec. 1942
--	------------------------------	---

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, MANICA, P.I.

DATE OF BURIAL STORAGE 28 Oct 47	HOUR 1800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. BAY H	GRAVE No. CRYPT 2555
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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, N. G.	PLOT No.	ROW No.	GRAVE No. 1442
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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-1184	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2557
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-1193	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2553
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio</i> 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.

Incl 196

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.

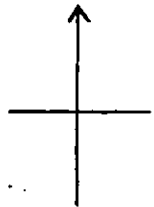
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</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



REMARKS:

Identification Check List and Dental Chart accomplished.

31 DEC 1947

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1580
1580

UNKNOWN X-32

Soputa, N.G. 150 Yds. East of (Last name) (Initial) (Serial number) (Rank) (Organization)
Sanananda Trail, Near Hugins Corner about Dec. 1942 KIA
(Place of death) (Date of death) (Cause of death)

1000 hrs. 29 March 1945 USAF CEMETERY, FINSCHHAFEN #2, N.G.
(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from Grave #262 USAF Cemetery, Soputa #1, N.G. as Unknown X-49

1442 Cross-regulation w/plate
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

Religion

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

Body buried on RIGHT KING, William B. Jr 33 903 052 Pvt. 191 Repl Co 1443
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT PACKARD, Rober J. 20 647 744 Pvt. Co.K, 127 Inf 1441
(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:

1022

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

1586

UNKNOWN X-49 Soputa No. 1.
Soputa, N.G. 150 yds. East of Sanananda trail.
near Hugins Corner, About Dec. 42. K.I.A.
1600 hours, 29 May, 1943, U.S.T.C., No. 1, Soputa N.G.
Unidentified stamped on canteen and buried with body.

262 19 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
Skeleton found about 150 yds East of Sanananda trail 3/4 mile from Killerton Junction N.G.

(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 SIATER, William H. Pvt. 19074102, Co. L., 126 Inf., 263
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Report held for investigation 261.
(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* true copy:

April 24

CONFIDENTIAL
Chick [unclear]
Paul [unclear] [unclear] [unclear]

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.

S/Sgt. Seaton

(Signature of officer or other person reporting burial)

STEWART W. ABEL,
1st Lt., QWO, Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL NO. 15582-0
1580
01943

UNKNOWN X 49, Soputa No.1

Soputa, NG 150 yds East of Sanananda (Last name) (First) (Middle) (Serial number), (Rank) (Organization)
near Hugins Corner About Dec. 42, K.I.A.

1600 Hours, 29 May, 1943 (Place of death) U.S.T.C. No.1, Soputa N.G. (Date of death) (Cause of death)

Unidentified stamped on canteen and buried with body. (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

262 19 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

Skeleton found about 150 yds East of Sanananda trail 3/4 miles from Killerton Junction. N.G.

(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 SLATER, William H., Pvt., 19074102, Co.L.126 Inf. 263
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT ~~Report held for investigation~~ 261
(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:

CONFIDENTIAL

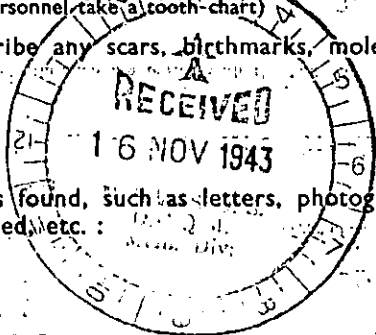
IF DECEASED UNIDENTIFIED

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 :
Color of eyes : Number of rifle :
Color 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.

LEFT HAND

THUMB

RIGHT HAND

THUMB

S/Sgt. Seaton

(Signature of officer or other person reporting burial)

Stewart W. Abel
STEWART W. ABEL

1st Lt. (Certified by Army GRS Officer)
Adv. Base GRO

REPORT OF INTERMENT

CONFIDENTIAL 1580

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

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Soputa, N. G. 150 yds. East of Sanananda trail, nr Hugisn Corner, About Dec. 1942, K.I.A.
(Place of Death) (Date of Death) (Cause of Death)

1600 Hours, 29 May, 1943 U.S.T.C. # 1, Soputa, N. G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

Unidentified stamped on canteena and - - Buried with body

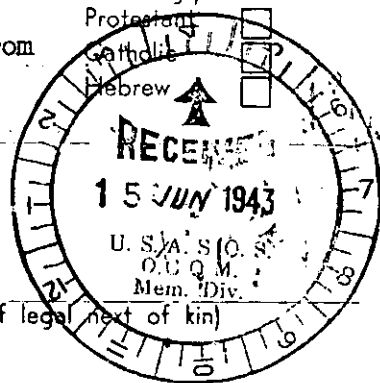
262 19 Cross Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Skeleton found about 150 yds East of Sanananda trail, 3/4 miles from Killerton Junction, N. G.

Protestant
Catholic
Hebrew

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)



(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand.
 (Required when positive identity cannot otherwise be established)

(Par. 25e (2)
 TM 10-630)

Q.M.G. Form
 No. 1-GR2

REPORT OF INTERMENT

Place X mark
 below when
 prints are of
 left hand

(Organization)	(Rank)	(Service No.)	(Last Name)	(First Name)	(Initial)	(To be completed by)
(Date of Death)	Thumb	1	2	3	4	(Date)

List of personal effects and disposition of same

(Place of Burial - Name and No. of Cemetery, if in a cemetery)

(Time and Date of Burial)

Body buried with

marker attached to

(Name, rank, serial number, organization, grave numbers of bodies buried on either side)

On Right — SLATER, William H., Pvt., 19074102, Co L, 126 Inf., Grave 263.

On Left — Report held for investigation, Grave # 261.

S/Sgt. SEATON

Signature of Officer or other person reporting Burial.

Stewart W. Abel

STEWART W. ABEL

Verified by LT J. G. RMC Officer.

Adv. Base GRO.

Prepare in triplicate — 1 copy to Army G.R.S. Officer — 1 copy to Chief, G.R.S. — Original to the Q.M.G. (emol)

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

UNKNOWN X-32

Soputa, N.G. 150 Yds, East of (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Sahanada Trail, Near Hugina Corner about Dec. 1942 KIA

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

1000 hrs. 29 Mar 45 USAF CEM, Finschhafen 2, NG (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
reburial

Disinterred from Grave 262 USAF Cem, Soputa 1, NG as Unknown X-49

1442 Cross-regulation w/plate
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion

CERTIFIED TRUE COPY

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

P. J. TOMM, Capt., OMC

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

Body buried on **RIGHT** King, William B. Jr. 33903052 Pvt. 191 Repl. Co. 1443
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Packard, Rober J. 20647744 Pvt Co K 127 Inf 1441
(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:

RESTRICTED

1017

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

UNIDENTIFIED AMERICAN SOLDIER

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Soputa, N.G., 150 vds. East of Sanananda trail, About Dec. 1942, K.I.A.
(Place of death) nr Hugins corner (Date of death) (Cause of death)
1600 Hours, 29 May 1943 U.S.T.C. #1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

262 19 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

Religion

A TRUE COPY:

Unidentified stamped on canteen

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

GOLDEN J. PRADE

1st Lt., QMC

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

Body buried on **RIGHT** SLATER, William H. 19074102 Pvt Co L, 126 Inf 263
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** report held for investigation 261
(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:

(21) Inelt # 6

