

8 May 1947

~~TOP SECRET~~
~~243 Unk. M. Duines (Finschhafen #2)~~
SUBJECT: Identification of Unknown Deceased

293. Unk Finschhafen #2 of 33

TO : Commanding General, Philippine-Brigade Command, APO 707,
c/o Postmaster, San Francisco, California

1. Reference is made to 2nd Ind dated 13 Jan 47 your headquarters, File QSMM, Subj: Comparison of Dental Charts. The dental records of the following individuals will be compared with the records of the Unknown X-Numbers indicated interred in Finschhafen #2, N. G.:

<u>NAME</u>	<u>X-NUMBER</u>
Cavanaugh, Paul J.	3711184
Borders, Andrew J.	0-728558
Buchannon, Jess C.	36112411
Barron, John M.	36321185

X-33,35,37,172, etc.

2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations to which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies to which this office must direct its correspondence to obtain the desired information.

FOR THE QUARTERMASTER GENERAL:

NJS

X 243 Unk. M. Duines 4-33, 35, 37, 172 (Finschhafen #2)

X Cavanaugh, Paul J. - 3711184

X Borders, Andrew J. - 0-728558

X Buchannon, Jess C. - 36112411

X Barron, John M. - 36321185

ATJ



RECEIVED

MAY 8 1 1947

RECORDS BRANCH

FOR THE GOVERNMENT

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✓
OICMB 293 *unk New*
~~X-33,35,37,47~~
(Finschhafen #2) N.G.

1 April 1947

SUBJECT: Identification of Unknown Deceased

TO: Commanding General
Philippine Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to letter, dated 6 January 1947 your headquarters, File AGRS-AC, Subj: Casualty Information. The dental records of the following individuals will be compared with the records of the Unknown X-Numbers indicated interred in USAF Finschhafen #2, New Guinea.

NAME	X-NUMBER
✓ ✓ ✓ X-33 X-35 X-37 Barger, Walter L.	X-33,35,37,47
McMele, John J.	

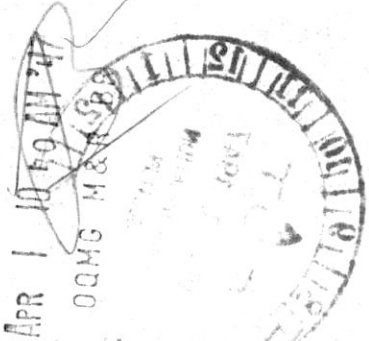
2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations to which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies to which this office must direct its correspondence to obtain the desired information.

FOR THE QUARTERMASTER GENERAL:

JAMES B. COLSON
Colonel, OMC
Memorial Division

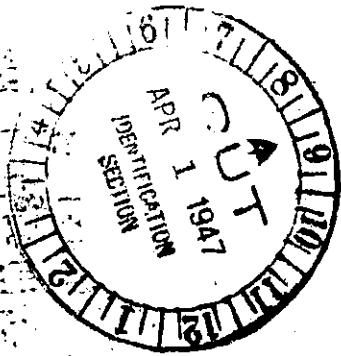
REGISTRATION AND
RECORDS BRANCH
APR 1 9 25 AM '47
MEMORIAL DIVISION

gn
NJS



11w
ack

X-33 *unk New Guinea* p-33 (Finschhafen #2)
" " " p-35 " "
" " " p-37id " "
" " " p-47 " "



MEMORANDUM FOR THE DIRECTOR
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RECEIVED
APR 1 1947

ITM

112

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AIRMAIL

QUART 293
ONS Far East

3 April 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 in AGRS Mausoleum, Manila, P.I.:

Unknown	X-35,	7th Div. Cem #1	Okinawa,	Unit 2,	Page 1
"	X-58	" " " "	" " " "	" 2,	" 1
"	X-279,	Okinawa Island Cem. Cem.	" " " "	" 2,	" 3
"	X-280	" " " "	" " " "	" 2,	" 3
"	X-1548,	(form. Unk. X-36 Pinesh #2),	Unit 2,	Page 27	
"	X-1548,	(" " X-79 " "),	" 2,	" 27	
"	X-2335,	(" " X-489 Leyte #1),	" 2,	" 12	
293	X-2695,	(" " X-33, Pinesh #2),	" 2,	" 27	
"	X-2698,	(" " X-41, " "),	" 2,	" 27	
"	X-2707,	(" " X-29, " "),	" 2,	" 26	
"	X-2711,	(" " X-30, " "),	" 2,	" 26	
"	X-4928,	AGRS Maus. Manila, P.I.,	Unit 2,	Page 23	
"	X-4932,	" " " " " " " "	" 2,	" 23	
"	X-4933,	" " " " " " " "	" 2,	" 23	

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:lrc
Salcer
JW
cc--Administrative Section
cc--Cinofe

T. H. HERTZ
Lt. Colonel, GSG
Memorial Division

JMH
TSC

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
6 March 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 Mausoluen, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-3153	Manila	No. 2.	UNKNOWN	X-358	AGRS	Mslm
"	X-3395	"	" "	"	X-373	"	"
"	X-3396	"	" "	"	X-945	"	"
"	X-3145	"	" "	"	X-2711	"	"
"	X-29	Finsch	No. 2	"	X-279	Is. Com.	Okinawa
"	X-33	"	" "	"	X-285	"	" "
"	X-41	"	" "	"	X-280	"	" "
"	X-79	"	" "				

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

FOR THE COMMANDING OFFICER:

15 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

GWA

/bpm
1
/fbp

Interred 9 March 1950
N 14 86 Ft. Manley

Carl H. Mark DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00217

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000033		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		1808	NEW GUINEA	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
Unknown X-2695 (Maus) Unknown X-000033 (Finsc)				18 May '48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C.L. LAW Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION X-33	

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May '48 BY C.L. LAW

CASKET SEALED BY C.L. LAW	EMBALMER (Signature) C.L. LAW
------------------------------	----------------------------------

CASKET BOXED AND MARKED 18 May '48 BY PLACIDO M. CASTILLO	SHIPPING ADDRESS VERIFIED BY AGUSTIN LIQUIGAN 2d Lt., FA
---	--

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

Agustin Liquigan
AGUSTIN LIQUIGAN
2d Lt., FA
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS, Remains Depot		TO Supt. Memorial Cemetery, P.I.	
MODE OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt., CAV	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl B. ...</i>	DATE MAR 9 1950

2. SHIPPED

FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM (BY ADMINISTRATIVE ORDER)		TO	
MODE OF CONVEYANCE MARIANA PHILIPPINE ISLANDS		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1300 W. ...		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

FILE UNDER NO. 293 - Unknown N. Guinea X-33 (Finschhafen #2)

INDEX SHEET

CYCLOPS

Letter

8 May 1947

FROM: CQMG
TO: CG, Philippine-Ryukyus Command, APO 707, c/o PM, San Francisco,
Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown N. Guinea Misc (Finschhafen #2) (X-33,35,
37, 172)

rtb

OH

FILE UNDER NO., 293 - Unknown N. Guinea X-33 (Finschhafen #2)

INDEX SHEET

SYNOPSIS

Letter

8 May 1947

FROM: OCMG
TO: CG, Philippine-Ryukyus Command, APO 707, c/o PM, San Francisco, Calif.

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO., 293 - Unknown N. Guinea Misc (Finschhafen #2) (X-33,35, 37,47,172)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

3 March 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- 33, Plot _____,
Row _____, Grave 1808, USMC Finschhafen, #2, New Guinea 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


M. B. McNEMAR
Captain, QMG
Chief, Records Branch

Received 24 Mar 50 OQMG
Not identifiable from Dr. J. Miller's report
information presently 24 Mar 50
available

Incl # 6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-33 USAF Cem. Einsch #2				2. DATE OF REPORT 3 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila P.I.	4. PLOT HANGER	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	802	E	1662	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 6"	10. COLOR OF HAIR U T D	11. RACE U T D
------------------------------	------------------------------	----------------------------	-------------------

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

VERIFIED BY THE BUREAU OF INVESTIGATION
 NEW YORK, N. Y.

File # 6 A

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views	X					Ⓟ			X	▨						X	
Top Views																	Side Views
																	UPPER
Side Views																	LOWER
	X	O O	F O						Ⓟ						X		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

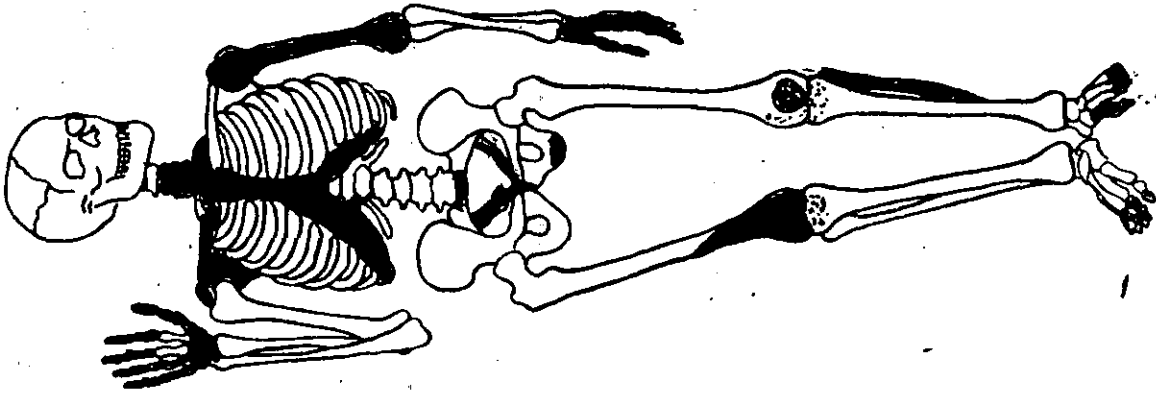
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: L-2 crown broken

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

RECEIVED
MAY 1947
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C.

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, Ident. Section

SIGNATURE

Paul R. Nichols

X-2695

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2695 (Formerly UNK X-33)
USAF, Cem. Finschhafen #2, New Guinea

6 Dec 47
DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

UNIT
Sopute, Sanananda
Trail, New Guinea
PLACE OF DEATH

AGRS Mausoleum,
Manila, P.I.
PLACE OF BURIAL
STORAGE

ORGANIZATION

802 E: 1662
PLOT ROW GRAVE NO.
BAY GRACE

crowns broken

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

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		OXYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

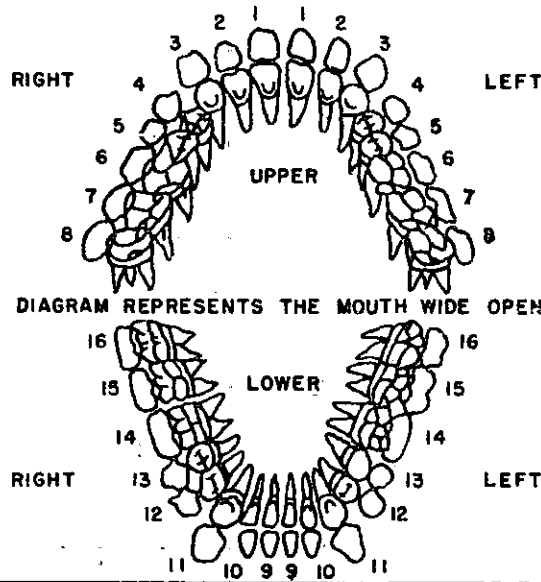
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Teeth in maxilla found discolored. I2, crown broken. Supernumerary teeth found near I2, towards lingual. Teeth found in mandible were found light discolored.

/s/ Hilarion V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Melvin S. Mittenenthal
VERIFIED BY GRS OFFICER

/p/ HILARION V CASTILLO Emb's Aide
NAME AND RANK TYPED OR PRINTED

/p/ MELVIN S MITTENTHAL
NAME AND RANK TYPED OR PRINTED

CIP Laboratory, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

6 Dec 47
DATE

CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
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-2695 (Formerly UNK X-33)
~~Unknown X~~ USAF Cem #2, Finschhafen, N.G.
 Cemetery AGRS Mausoleum, Manila, P.I.
CANONER BAY CRYPT
 Plot 802 Row E Grave 1662

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 6 Dec 47

2. Place of death Soputa, Sanananda
(Hour) (Date)
Trail, New Guinea
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by USAF Cem Finschhafen #2, New Guinea
(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	/		
	<small>(Type)</small>		
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 _____ (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 **5'6"** 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, poeks, 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 the condition of remains.

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

9. Remarks ROI bottle found with remains. No personal effects, identification tags or other means of evidence found, so identification impossible. Estimated weight of remains, 6 1/2 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/ Clement G. Swan
(Officer's Name)
Emb Sr Ung C-064862
Rank Service
CIP Laboratory, Manila, P.I.
(Organization)

6 Dec 47.

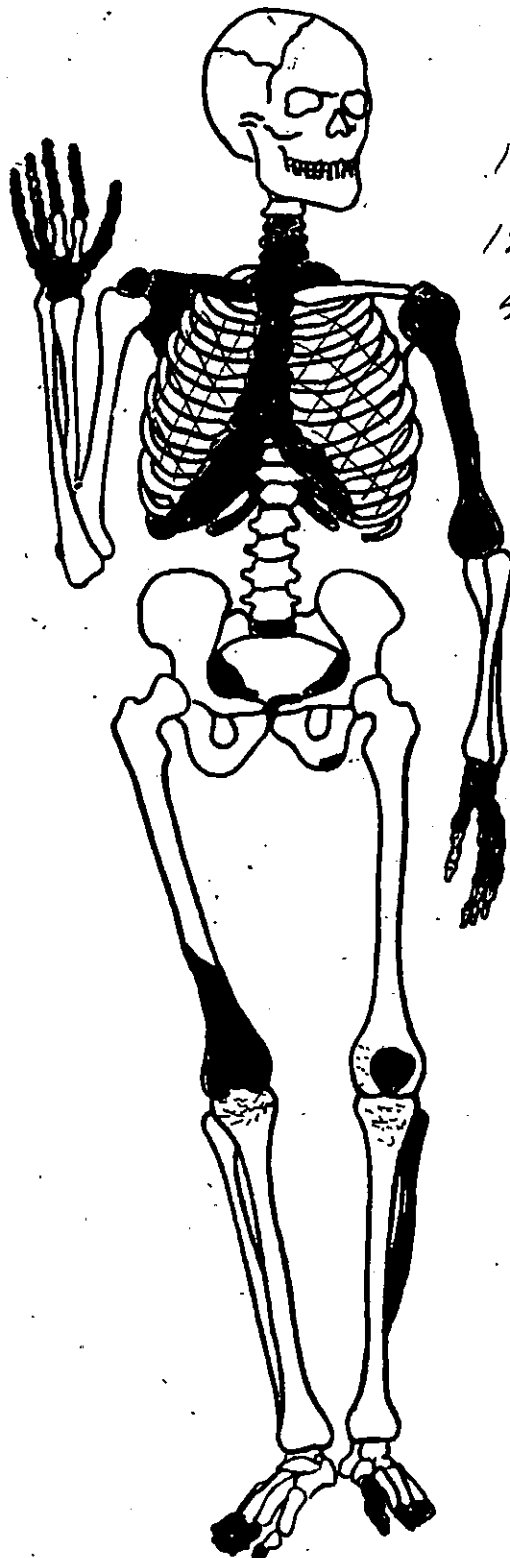
CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2695

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 1- Cervical Vertebrae
- 12- Thoracic "
- 5- Lumbar "
- 20- Rib fragments



***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						X		X	X						X

LOWER TEETH

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

IR3 missing - not extracted
L1, L2 missing, extracted
L9 missing - not extracted

Date Sept 15, 1944

W. G. Burton
 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)

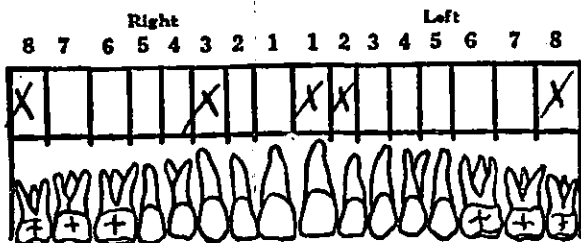
X	X	X

Teeth replaced by fixed bridge
 (oval to include abutments)

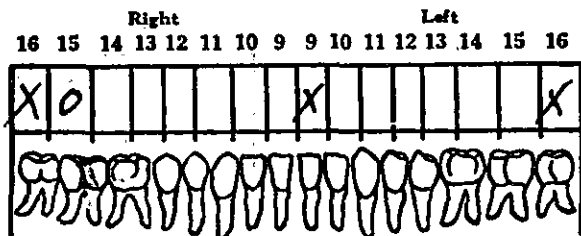
(X)

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

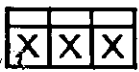
R3 missing - not extracted
L1, L2 missing, extracted
L9 missing - not extracted

Date *Sept 15*, 19 *44*

Walter Bunker D. Lator
 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)



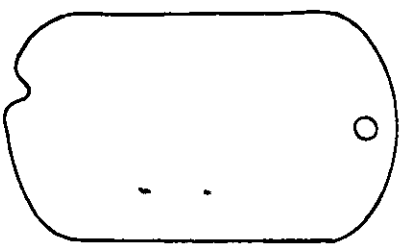
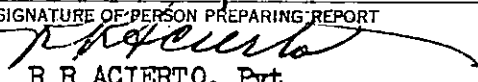
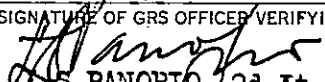
Teeth replaced by fixed bridge
 (oval to include abutments)



/cbf

RESTRICTED 1495

1495

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				STORAGE		DATE OF REPORT 10 Dec 47		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.								
NAME (Last, first, middle initial) UNKNOWN X-2695 (Formerly UNK X-33 USAF Cem #2, Finschhafen, New Guinea)		SERIAL No. Unknown		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY						
PLACE OF DEATH Soputa, Sanananda, Trail, New Guines		CAUSE OF DEATH KIA				DATE OF DEATH About Dec 42				
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 8 Dec 47		HOUR 0900		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None		PLOT No. RANGER 802	ROW No. BAY E	GRAVE No. CRYPT 1662
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. 1808
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) STORED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes								
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2697				RANK	SERIAL No.	ORGANIZATION		GRAVE No. CRYPT 1664		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2693				RANK	SERIAL No.	ORGANIZATION		GRAVE No. CRYPT 1660		
SIGNATURE OF PERSON PREPARING REPORT  R R ACIERTO, Pvt					SIGNATURE OF GRS OFFICER VERIFYING REPORT  LT S PANOPIO, 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.										

RESTRICTED

16-43907-1

MAR 25 1948

File 1159

Section 3. UNIDENTIFIED REMAINS.


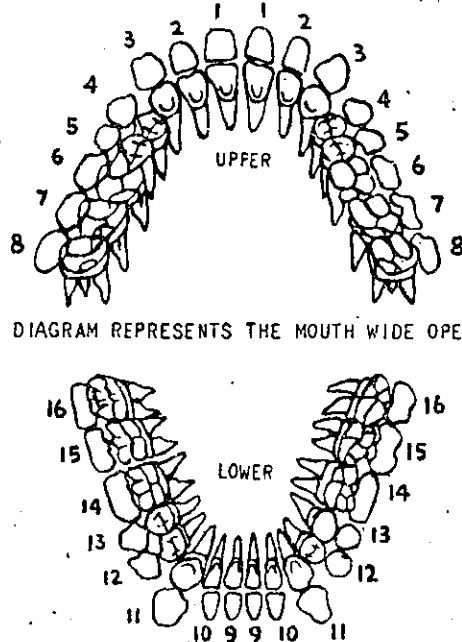





INSTRUCTIONS:

(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.

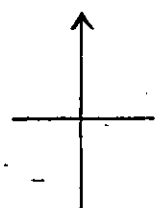
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

10 FEB 1949

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN

X - 33

(Last name) Soputa (First) Sanananda (Initial) Trail, NG (Serial number) About Dec 42 (Rank) (Organization) KIA

(Place of death) 0900 hrs 27 March 1945 (Date of death) USAF CEM #2 Finschhafen, NG (Cause of death)

(Time and date of burial) reburial (Name of cemetery) Disinterred from grave 165 USAF Cem #1 Soputa NG as Unknown X-26. (Name or co-ordinates of location)

1808

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

Religion

CERTIFIED TRUE COPY

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

P. J. TONN, Capt., GMC

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

Body buried on RIGHT Hopper, Link P. 37130498 Pvt Co A 128 Inf 1809
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Christian, Robert E. 35651265 Pfc Co B 1918 Eng 1807
(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

493

RESTRICTED

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

changed to
Restricted
Auth AR-30-1815

1495

UNKNOWN # X - 33
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa Sanananda Trail, NG About Dec 1942 KIA
(Place of death) (Date of death) (Cause of death)

0900 hrs 27 March 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
(Time and date of burial) Reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 165 USAF CEMETERY #1 Soputa NG as Unknown X-26

1808 Cross, Regulation
(Grave number) (Row number) (Plot number) (Type of marker—Regulation Y-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 HOPPER, Link P. 37 130 198 Pvt Co A 128 Inf 1809
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT CHRISTIAN, Robert E 35 651 265 Pfc Avn Bn 1807
(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

Restricted
001111

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 M/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

THUMB

RIGHT HAND

THUMB

RECEIVED
3 MAY 1945

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

changed ID Restricted
th AR30-1815 per GYM 1495

Unknown X-26, Soputa No. 1.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Trail, N.G. About Dec. 1942, K.I.A.
(Place of death) (Date of death) (Cause of death)

1100 hours, 28 April, 1943, U.S.T.C. No. 1, Soputa N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

165 12 Temp Cross (cross inscribed)
(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

Disinterred from isolated grave located 28 April, 1943, on Sanananda trail, 1/4 mile from Killerton Junction, 150 yds, to right of trail. No identification possible.
(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 UNIDENTIFIED AMERICAN SOLDIER 166
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT URMEN, Bernard W., Cpl. 36301328, Co. B. 163 Inf. 164
(Name) (Serial number) (Rank) (Organization) (Grave number)

List only personal effects FOUND ON BODY and disposition of same: (Name and address of EMERGENCY ADDRESSEE) Restricted Certified true copy (Name and address of LEGAL NEXT OF KIN)

222 #10

~~CONFIDENTIAL~~

GAIL J. TONN, 1st Lt. OMC.

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. QMC
(Approved by Army GRS Officer)

LEFT HAND

4

3

2

THUMB

RIGHT HAND

4

3

2

THUMB

~~CONFIDENTIAL~~ 1495
NOV 3 9 2043
Chand

UNKNOWN X 26, Soputa No.1
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Trail, N.G. About Dec. 1942 K.I.A.
 (Place of death) (Date of death) (Cause of death)

1100 Hours 28 April, 1943 U.S.T.C. No.1, Soputa, N.G.
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

165 12 Temp. Cross (cross inscribed)
 (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
 Disinterred from isolated grave located 28 April, 1943, on Sanananda trail, 1/4 mile from Killerton Junction, 150 yds. to right of trail.
 No identification possible.

(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** UNIDENTIFIED AMERICAN SOLDIER 166
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** IRMEN, Bernard W., Cpl/, 36301328, Co.B.163 Inf. 164
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Chand (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~~
Restricted per Auth AR 30-1815
88101

IF DECEASED UNIDENTIFIED

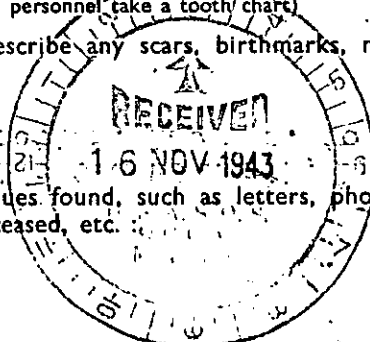
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able :

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.

S/Sgt. Seaton

(Signature of officer or other person reporting burial)

Stewart W. AB

Is verified by Army GHS Officer

Adv. Base GRO Acting.

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

1495

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

293 *New Guinea (Unknown)* (Par. 21d-TM 10-630)

~~UNIDENTIFIED AMERICAN SOLDIER~~

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

Soputa-Sanananda trail, N. G. About Dec. 1942 K.I.A.

(Place of Death) (Date of Death) (Cause of Death)

1100 Hours 28 April, 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)

165 12 Temp Cross
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker)

Buried with body
Attached to marker Cross Inscrit

Disinterred from isolated grave located 28 April, 1943 on Sanananda trail, 1/4 mile from Killerton Junction, 150 yds. to right of trail. No Identification possible.

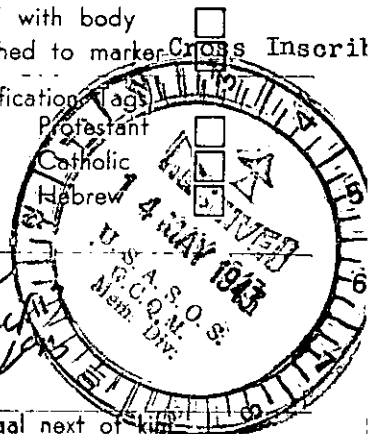
(Identification Tags)
 Protestant
 Catholic
 Hebrew

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

~~X 293 New Guinea (Unknown)~~

(Name and address of Emergency Addressee) (Name and address of legal next of kin)



6-8-43

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)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

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

On Right—UNIDENTIFIED AMERICAN SOLDIER Grave No. 166.

On Left—IRMEN, Bernard W., Cpl., 36301328, Co B. 163 Inf., Grave No 164.

S/Sgt. Seaton.

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL
Verified By Army G.R.S. Officer.
Adv. Base GRO. Acting.

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

REPORT OF INTERMENT

(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-Sanananda trail, N. G.

About Dec. 1942

K.I.A.

(Place of Death)

(Date of Death)

(Cause of Death)

Unknown

Isolated

(Time and Date of Burial)

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

Buried with body Attached to marker

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

Grave located 28 April, 1943 on Sanananda trail $\frac{1}{4}$ mile from Killerton Protestant Junction, 150 yds. on right of trail. 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)

File
6-8-43
JBS

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

(Required positive identity cannot otherwise be established) (Par. 25e (2)
TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

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

On Right—

On Left—

S/Sgt. SEATON

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL.

Verified by *AMC* G.R.S. Officer.
Adv. Base Gro, Acting.

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