

293 Unk. P.I. (Misc) Maus. Manila X-194, X-243, X-1483, X-1185,  
X-1823, X-1570, X-2322, X-2234

QMCMT 293  
GRS Far East

27 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 Findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-194,	AGRS Maus. Manila, Unit 2, Page 16
"	X-243,	" " " " 2, " 16
"	X-1483,	" " " " 2, " 17
"	X-1185,	AGRS Maus. Manila, formerly X-34, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1823,	AGRS Maus. Manila, formerly X-59, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1570,	AGRS Maus. Manila, formerly X-70, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-2322,	AGRS Maus. Manila, formerly X-618, USAF Cem. Leyte #1, Unit 2, Page 13
"	X-2234,	AGRS Maus. Manila, formerly X-630, USAF Cem. Leyte #1, Unit 2, Page 13

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

FOR THE QUARTERMASTER GENERAL:

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

COPY  
cr

X 293. 27. G. X-34 (Finsch #2)



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

10 MAR 1950

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:

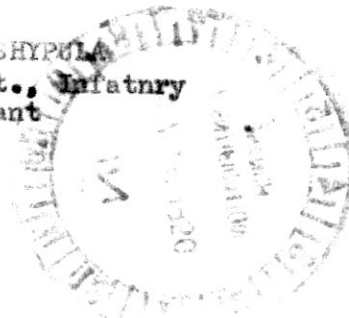
UNKNOWN X-194	AGRS Mslm	UNKNOWN X-1483	AGRS Mslm
X-243		X-1570	
X-669		X-1823	
X-715		X-2032	
X-727		X-2234	
X-816		X-2322	
X-1185		X-2906	

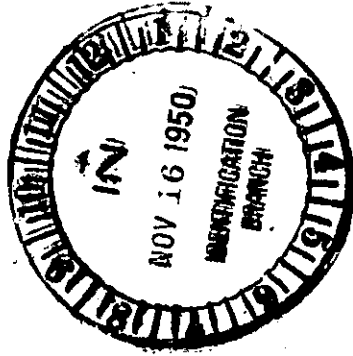
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above mentioned Unknowns.

FOR THE COMMANDING OFFICER:

14 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYRDLA  
1st Lt., Infantry  
Adjutant





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

4 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- 34, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1452, USMC Finschhafen, #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

*B. McNemar*  
B. McNemar  
Captain, QMG  
Chief, Records Branch

Received 21 March 1950 *QMG*  
Not identifiable from  
information presently 23 March 1950  
available *Ed Kuyper*

*Jan 71*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-1185 (Formerly X-34 Finsch #2)</b>				2. DATE OF REPORT <b>4 March 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>812</b>	5. ROW <b>H</b>	6. GRAVE <b>2545</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 10 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
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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

**N O N E**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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"**

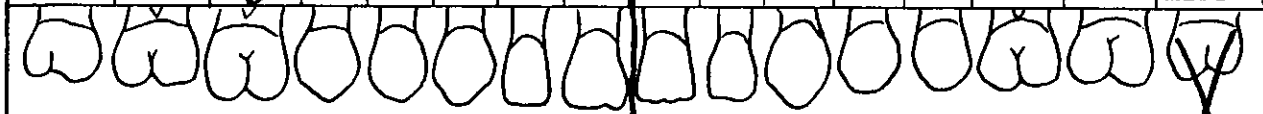



**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Jan 72*

TOOTH CHART

<p><b>MISSING TEETH:</b> 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><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> 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><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

Broken

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

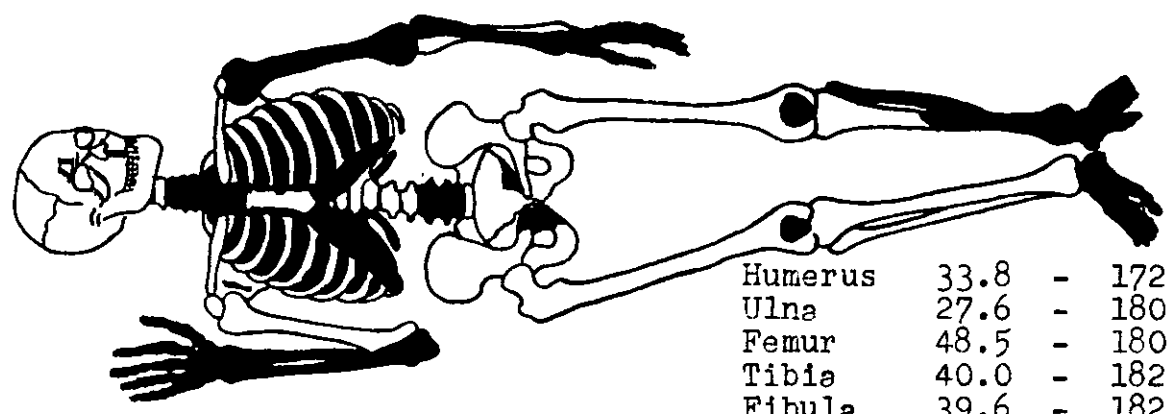
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

PAUL R NICHOLS  
Chief, Identification Section

NO REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	33.8	-	172
Ulna	27.6	-	180
Femur	48.5	-	180
Tibia	40.0	-	182
Fibula	39.6	-	182
			57896
			179-1/5

Estimated height 5' 10 1/2"

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.

Circumference of skull - 20 1/2 inches

Estimated weight of remains - 9 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  
**PAUL R NICHOLS**  
Chief, Identification Section

SIGNATURE



# 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.

27 Oct 47

DATE

(Formerly UNK X-34 USAF)

UNKNOWN X-1185 (Cem #2, Finschhafen, N.G.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Buna, New Guinea

Manila, P.I.

812

H

2545

PLACE OF DEATH

PLACE OF BURIAL STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BAW

CRYPT

*Malposed towards facial*

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

## INSIDE — LOOKING OUT

RIGHT						LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	8	10	11	12	13	14	15	16
TYPE	X		A	P	P	G	X	G			P			X	X
LOCATION			do												

## 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)

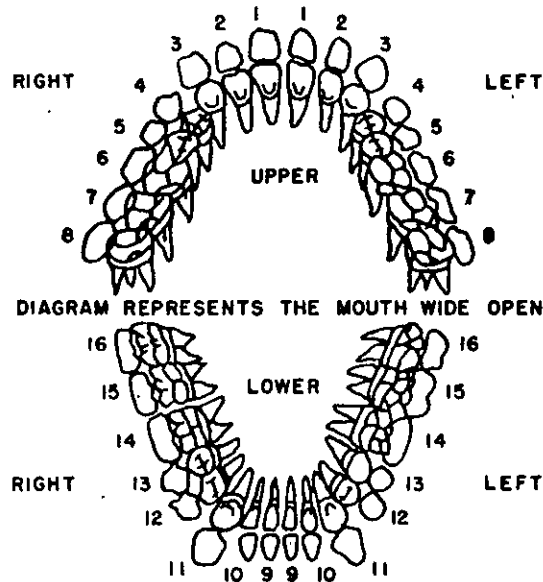
**INSTRUCTIONS:**

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:**

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

Epb's Aide S-8-A  
NAME AND RANK TYPED OR PRINTED

CIP, 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. Gamboa*  
GEORGE T GAMBOA  
2d Lt., MAC



Belt, web /  
 Drawers, wool /  
 Drawers, cotton /  
 Leggings, wool N  
 Socks, cotton N  
 \* Shoes E (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: <sup>Est</sup> Skeleton only. <sup>Est.</sup> Skeletal attached

Age / Height <sup>Est</sup> 5'7" Weight <sup>Est.</sup> 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)

<sup>T</sup> 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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

Goatee ..... (Light, color, extent)

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

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

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

Teeth ..... **Tooth chart attached**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of <sup>skull</sup> head in inches ..... **21" C** (Hat band)

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

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

Hands .....  
 Fingers ..... (Short, <sup>U</sup>thick, long, slender, size of knuckles, missing fingers or joints)  
 (Unusual characteristics of fingernails)

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

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

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

Hernioplasty ..... (Yes-no; location)

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

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

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

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

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

If not, explain Due to the condition of remains

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

9. Remarks No ROI bottle found of remains. No personal effects or other means of identification. Estimated weight of remains five (5) 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

A.G.R.S.  
(Organization)

27 Oct 47

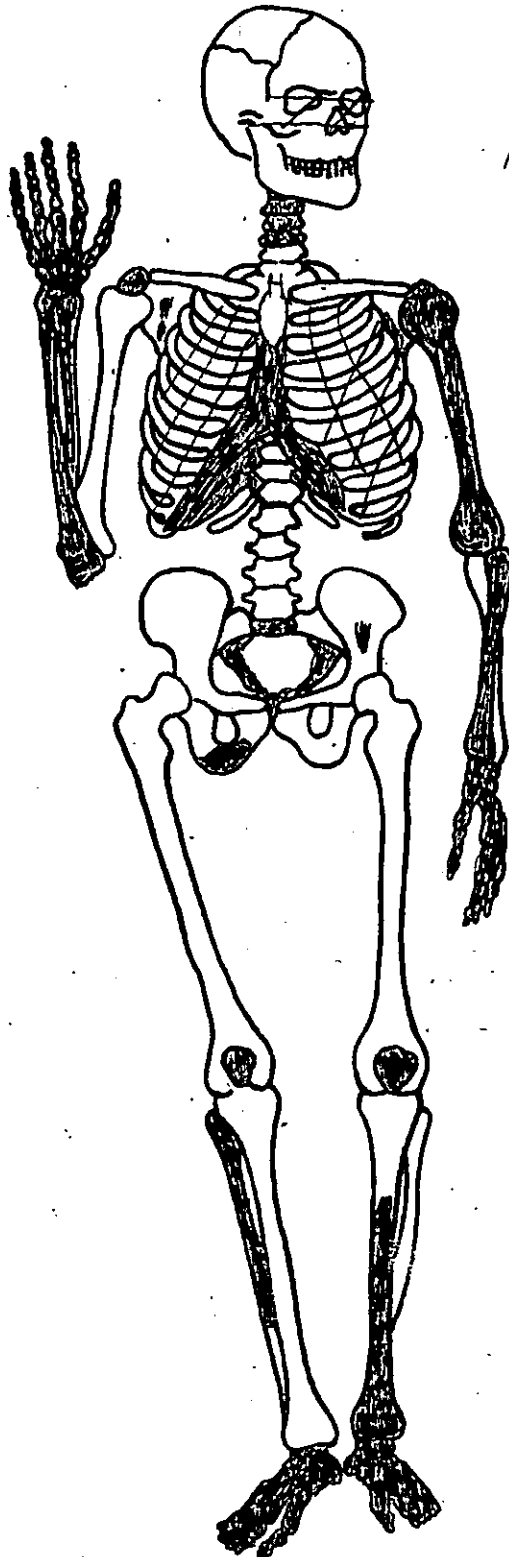
CERTIFIED TRUE COPY

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

# SKELETAL CHART

X-1185<sup>11</sup>

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1-Cervical Vertebrae  
present

6-Thoracic Vertebrae  
present

1-Lumbar Vertebrae  
missing

Interred 9 Feb 1950

N 5-103 Ft. McKinley  
 76-186 - RA Team 318  
 Carl R. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent  
 SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 04894

DATE

15 09 48  
 DAY MONTH YEAR

1

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWN X-000034		Q	O	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
FINSCHAFFEN 2 NEW GUINEA			1452	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNK X-34 UNK X-1185				29 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		W. A. MULLINS 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

Two (2) MN tags Unk X-1185

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Sept 48	BY W. A. MULLINS
CASKET SEALED BY	EMBALMER (Signature)
W. A. MULLINS	s/ W. A. Mullins

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 29 Sept 48 WEYMAN L McGUIRE, Sgt, MC	HONORIO V AURELIO, 1st Lt, Inf

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

s/ Honorio V Aurelio, 1st Lt, Inf  
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

1 APR 1949  
 RE-PATRIATION  
 BRANCH  
 (Signature)  
 748



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>U.S. MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Robert Mark</i>	DATE <b>MAR 9 1950</b>

## 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		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

RESTRICTED

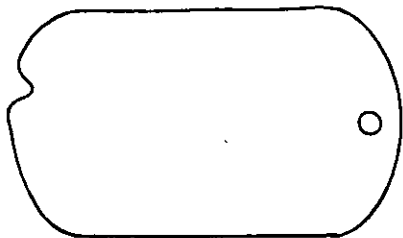
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-34 Finschhafen #2		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 unk Finschhafen #2 X-34*  
Unknown

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

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  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Feb 1952	--	Casket	Cross	N	16	186

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			NAT FILE RECORDS ANNOTATED DATE <i>4 Mar 52</i>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	NAME	GRAVE No.
			<i>Register. MEM. DIV.</i>	

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC
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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.

RESTRICTED

*2-14-53 Copy to ABMC*

**Section 3.—UNIDENTIFIED REMAINS.**


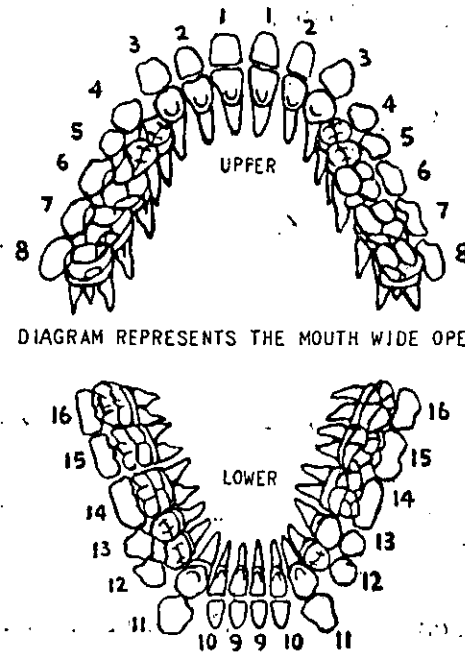




**INSTRUCTIONS:**

(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.

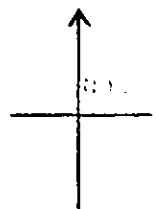
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no-fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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



**REMARKS:**

Plot N, Row 16, Grave 186, was previously occupied by Unknown X-764 Leyte #1, disinterred and shipped to ZI as part of a Group Burial (Palawan Project).

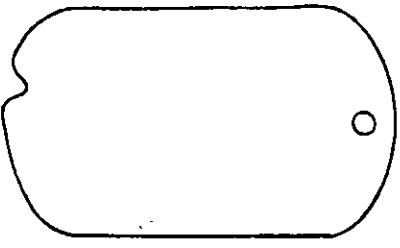
WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

APR 5 - 1948

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

DATE OF REPORT

30 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-1185 (Formerly UNK X-34 USAF Cem #2, Finschhafen, N.G.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown		RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Buna, New Guinea	CAUSE OF DEATH Unknown	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 MANICA, P.I.

DATE OF BURIAL STORAGE 28 Oct 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORBD Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BAY H	GRAVE No. CRYPT 2545
--	--------------	---	------------------------------	---------------------------	---------------------	----------------------------

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. 1452
---	--	----------	---------	-------------------

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) STORBD Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORBD UNKNOWN X-1196	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2547
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORBD UNKNOWN X-1195	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2543
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIO Jr 2d Lt., INF
--	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

**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.

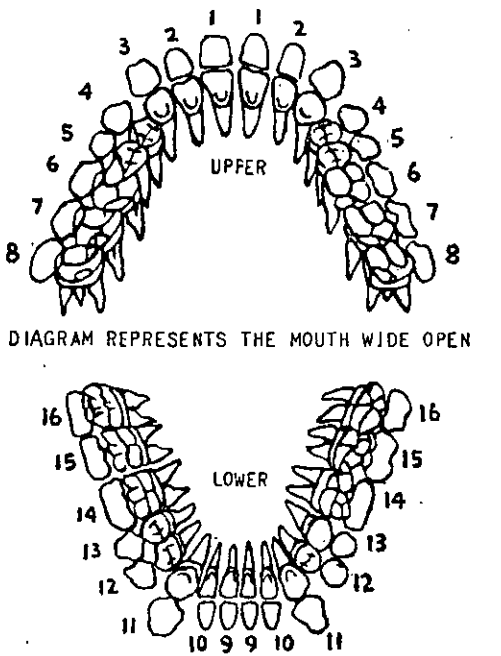
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

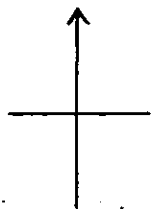


UPPER

LOWER

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS:

Identification Check List and Dental Chart accomplished.

**31 DEC 1941**

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

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

Unknown X-34

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

Buna, N. G.

(Place of death)

(Date of death)

(Cause of death)

1000 hrs. 29 March 1945 USAF Cemetery, Finschhafen #2, N. G. (Name or co-ordinates of location)

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

Disinterred from Grave #200 USAF Cemetery, Sonuta #1A, N. G. as Unknown X-6

1452

(Grave number)

(Row number)

(Plot number)

Cross regulation w/plate

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

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

Religion

CERTIFIED TRUE COPY:

*Paul J. Tomm*

P. J. TOMM, Capt. QMC.

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

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

Body buried on RIGHT Jones, Donald J. 20646523 Cpl. Co. D, 127 Inf. 1453  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Madigan, Frederick R. 36155399 S/Sgt. Co. K, 126 Inf. 1451  
(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)

948

RESTRICTED

**IF DECEASED UNIDENTIFIED**

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

Height :	Apparent nationality :
Weight :	Laundry marks :
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.**

GEO. A. ROSS M/Sgt. QMC, GRS.

(Signature of officer or other person reporting burial)

CHARLES R. MYERS, Lt., QMC.

(Verified by Army GRS Office)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

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

71

1312

1312

UNKNOWN X-34

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

Buna, N.G.

(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 #200 USAF Cemetery, Soputa #1A, N.G. as interment X-6

1452

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

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

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

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

Religion

Body buried on RIGHT JONES, Donald J. 20646523 Cpl. Co.D, 127 Inf 1453  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MADIGAN, Frederick R. 36 155 399 S/Sgt. Co.K, 126 Inf 1451  
(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:  
(9) No. 1247



RESTRICTED

Graves Registration  
Form No. 1  
(Revised May 11, 1942)

~~CONFIDENTIAL~~ REPORT OF INTERMENT ~~PRINTINTERMENT~~

(TM 10-630 AND AR 30-1815)

MAR 24 1944

1312

UNIDENTIFIED AMERICAN SOLDIER

X-6

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Buna Area, New Guinea

(Place of death)

(Date of death)

(Cause of death)

1430hrs. 25, Jan. 1944

USAF Cemetery Soputa #1A

Soputa, New Guinea

(Time and date of death)

~~XXXX~~ Reburial

(Name of cemetery)

(Name or coordinates of location)

200

Regulation 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

Identification tag marked UNIDENTIFIED AMERICAN SOLDIER X-6 is Buried with remains.

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

Remains disinterred from grave No. 21

USAF Cemetery Duropa Plantation No. 1

Religion

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

Co. M

Body buried on RIGHT MEYERS, Delbert F.

36156582

Pvt. 1cl. 128 Inf.

201

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT WHITE, Floyd V.

37130513

Pvt.

128 Inf.

199

(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:

**IF DECEASED UNIDENTIFIED**

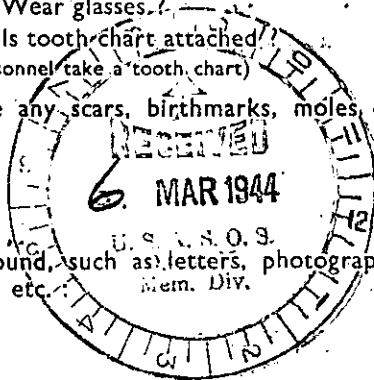
**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

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.**

*Fred Alexander*  
S/Sgt. Fred Alexander GRS

(Signature of officer or other person reporting burial)

*H. B. Herring*  
H. B. Herring 2nd Lt. QMC

(Verified by Army GRS O)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

~~CONFIDENTIAL~~  
DEC 13 1943  
1312

UNKNOWN X 3, Duropa Plantation Cemetery No. 1 Unknown  
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Buna area, New Guinea Unknown Unknown  
 (Place of death) (Date of death) (Cause of death)

Jan. 6, 1943 Duropa Plantation Cemetery No. 1, N.G.  
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

21 2 Temp. Cross  
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

Religion

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

Body buried on **RIGHT** COTTINGHAM, John E., Jr. 2nd Lt., O-411304, Co. A. 126 Inf. 22  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** DeBRUNNER, Earl T., Pvt., 37130596, Co. B. 128 Inf. 20  
 (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~~  
**RESTRICTED**

**IF DECEASED UNIDENTIFIED**

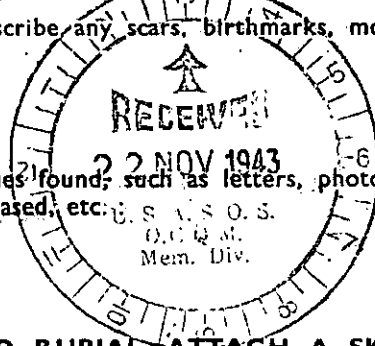
**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
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. Price, G.R.S.

(Signature of officer or other person reporting burial)

*ROY F. SULZBACHER*

2nd (Verified by Army GRS Officer)

Graves Registration Officer.

LEFT HAND

3

2

1

THUMB

RIGHT HAND

THUMB

4

3

2

1

**CONFIDENTIAL**  
**REPORT OF INTERMENT**

1312

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

(Par. 21d - TM 10-630)

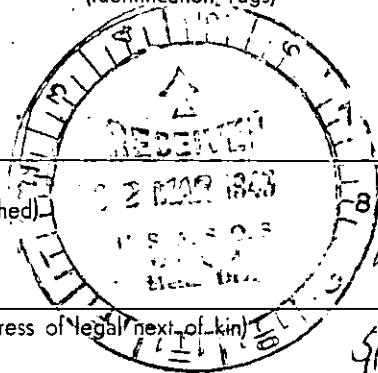
**UNIDENTIFIED AMERICAN SOLDIER**

(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
<u>Buna area,</u>	<u>New Guinea</u>		<u>Unknown</u>		<u>unknown</u>
(Place of Death)			(Date of Death)	(Cause of Death)	

(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)
<u>Jan 6, 1943</u>	<u>Duropa Plantation Cemetery, N.G. #1</u>

(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	(Identification Tags)
<u>21</u>	<u>2</u>		<u>Temp. cross</u>	Buried with body, <input type="checkbox"/> Attached to marker <input type="checkbox"/>

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)

(P. 5e (2))

TA. 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- COTTINGHAM, John E. Jr., 2nd. Lt., O-414304, Co. A 126 Inf. Grave # 22 Row 2

On Left- DeBRUNNER, Earl T., Pvt., 37130596, Co. B 128 Inf. Grave # 20 Row 2

S/Sgt. Price, G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

*Roy F. Sulzbacher*  
ROY F. SULZBACHER

2nd. Lt. OMC.

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

Graves Reg. Officer

REPORT OF INTERMENT

(TM 10-630, AND AR 30-1815)

71 1312  
1312

UNKNOWN X-34

*Nesse Bunn*

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

Buna, N.G.

(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) (Name of Cemetery) (Name of coordinates of location)

Disinterred from Grave #200 USAF Cemetery, Soputa #1A, N.G. as Unknown X-6

1452

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 JONES, Donald J. 20646523 Cpl. Co.D, 127 Inf 1453  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MADIGAN, Frederick R. 36 155 399 S/Sgt. Co.K, 126 Inf 1451  
(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:

FILE  
JUN 15 1945  
RHK

951





**CONFIDENTIAL**  
RE-  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

790-  
490 7925

FEB 23 1945

UNKNOWN X-34

*New Guinea*

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

Near Afua, Aitape Area, N.G. Approx 10/20 Aug 44 KIA-GSW-Abdomen

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

1000 hrs 26 Jan. 1945 USAF CEMETERY, FINSCHHAFEN #1, N. G.

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

reburial

Disinterred from Grave 304; USAF CEMETERY, AITAPE #2, N. G.

890

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)

Hq Co 1 Bn

Body buried on RIGHT KOLEK, John H. 20 129 563 Pvt. 169 Inf 891

(Name) (Serial number) (Rank) (Organization) (Grave number)

Co C 128

Body buried on LEFT LONG, Howard W. 34 038 415 Pfc. Inf. 889

(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**

3-1146  
70-H  
Incl 658

