

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 York Fenschaffen #2 X33, X35,
X37, X47, X172

SYNOPSIS AND DATES

misc now filed

NEW CLASSIFICATION 293 York Fenschaffen #2 433

10/12/50
Ee

RECLASSIFICATION SHEET

AIRMAIL

QMGMT 293
GRS Far East

Ident

20 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-15 USMC 77th Div. Cem. Okinawa, Unit 2, Page 1.
- " X-16 USMC Is. Comm. Cem. Okinawa, Unit w, Page 2.
- " X-1494 (formerly X-35 Finsch #2) Unit 2, Page 27.
- " X-2694 (formerly X-3 Finsch #2) Unit 2, Page 28.
- " X-5190 AGRS Mausoleum, Manila, Unit 2, Page 25.

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

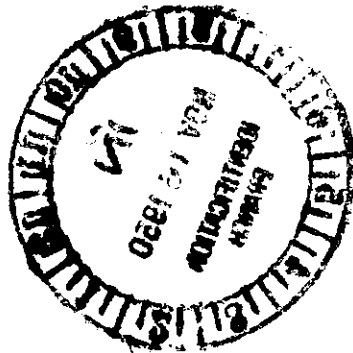
FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

J. Miller:lak
C. Salsar

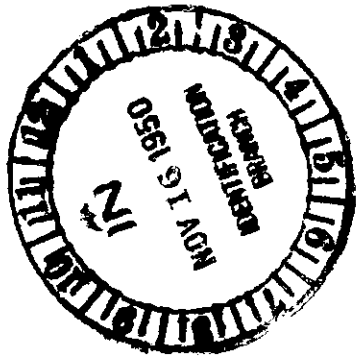
cc: Administrative Section

cc: CINCPAC, APO 500



*293
X-1494
X-2694
X-5190
Manila
JME*

AIRMAIL



[Faint, illegible text from a document or letter, possibly a postcard, is visible throughout the page.]

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 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-705	AGRS Mslm	UNKNOWN X-1494	AGRS Mslm
" X-707	" "	" X-1545	" "
" X-1404	" "	" X-1735	" "

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

FOR THE COMMANDING OFFICER:

6 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

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

/drs

1

Interred 23 March 1950
L 10 2129 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00218

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000035		1	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80
CODE	DIST. PT.				CAUSE OF DEATH
					6

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-35 UNK X-1494 (MAUS)				21 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	USAGF MMKM		GEORGE SINCHEAU Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
SILTIER HAIF	SKULLTAL
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	

Two (2) Identification Tags shows UNK X-1494 Mausoleum.

REMAINS PREPARED AND PLACED IN CASKET	GEORGE SINCHEAU Embalmer
DATE 21 Sept 1948	BY
CASKET SEALED BY	EMBALMER (Signature) <i>George Sincneau</i> GEORGE SINCHEAU
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 1948	CHARLES R. BATES 1st Lt. USAF

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. USAF
SIGNATURE OF GRS INSPECTOR

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

Johns

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>Carl R. Mark</i>	DATE MAR 23 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 (3A ADMINISTRATION ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER MANILA BRITISH ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1812 VETERAN GARAGE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

FILE UNDER NO. 293 - Unknown N. Guinea X-35 (Finschhafen #2)

INDEX SHEET

SYNOPSIS

Letter

8 May 1947

FROM: CCMG
TO: CG, Philippine-Fyulvus Command, APO 707, c/o FM, 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)

rqb

FILE UNDER NO. 293 - Unknown N. Guinea X-35 (Finschhafen #2)

INDEX SHEET

SECRET

Letter

8 May 1947

FROM: OQMG
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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

2 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- 35, Plot 2,
Row , Grave 1815, USMC USAF Cem., Finschhafen, N.G., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McENEMAR
Captain, QMCG
Chief, Records Branch

Received 24 Mar 50 OQMG
Not identifiable from 20 Apr 50
information presently
available J. Miller Ident Sec

Card #1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNO!N X-1494 (Formerly UNK X-35 USAF Cemetery Finschhafen #2, N.G.)				2. DATE OF REPORT 2 March 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P.I		4. PLOT 812	5. ROW H	6. GRAVE 2467	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6' 3"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


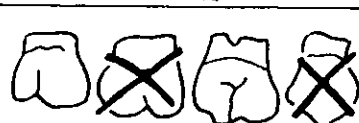






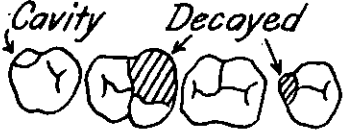

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

RECORDED & INDEXED
BY REAS...

[Handwritten Signature]

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

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
<i>imp.</i>	<i>A</i>	<i>A</i>				<i>S</i>	<i>P</i>	<i>S</i>	<i>L</i>					<i>A</i>	<i>imp.</i>	
<i>Side Views</i>																<i>Side Views</i>
<i>Top Views</i>																<i>UPPER</i>
																<i>LOWER</i>
<i>Side Views</i>																
<i>imp.</i>	<i>A</i>			<i>P</i>				<i>P</i>					<i>A</i>	<i>A</i>	<i>imp.</i>	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

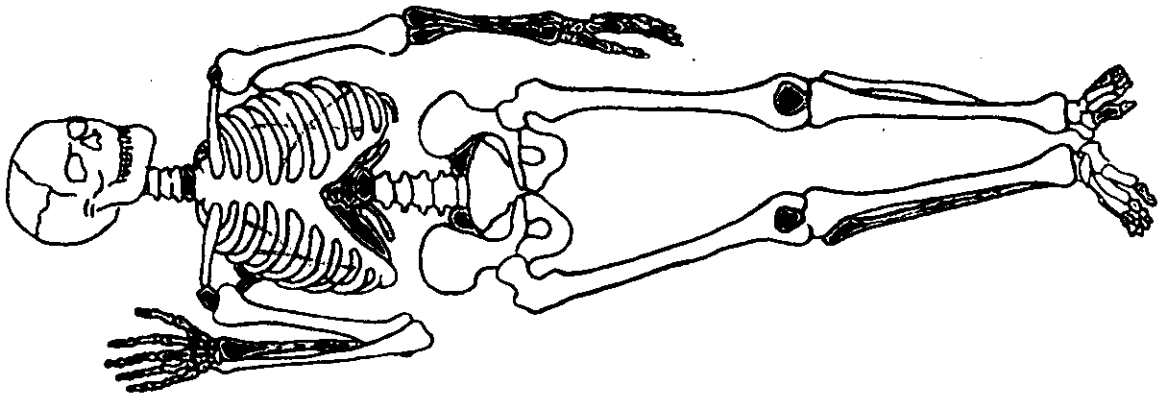
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

Hand 43

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 _____ 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 ID tags, burial bottle, personal effects, or other means
of identification found with remains.

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

X-1494

/gg

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-1494 (Formerly Unk X-35) 6 Nov 47
 USAF Cem Finachhafen #2, N.G. DATE
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 Unknown Unknown Unknown

UNIT ORGANIZATION
 5 1/2 Miles North Soputa AGRS Mausoleum
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
 812 H 2467
 HANGER BAY CRYPT

impacted

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

impacted

INSIDE — LOOKING OUT

impacted

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

impacted

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	OCCLUSAL (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)	

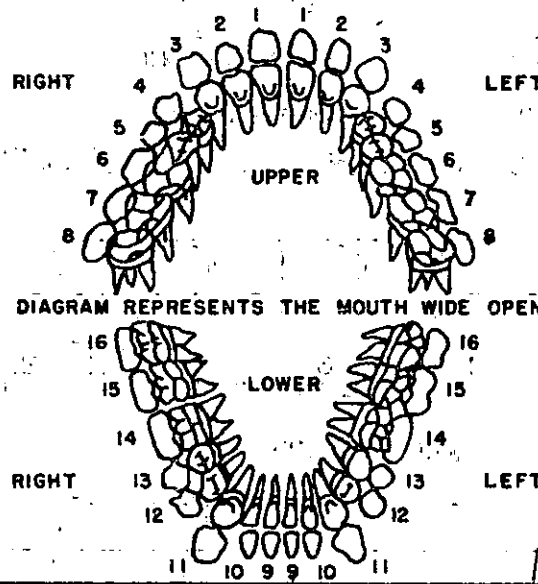
INSTRUCTIONS:

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

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



REMARKS: L8 and R8 of maxilla impacted, the rest are all in line.
 R16 and L16 of mandible impacted too, the rest are all in line.
 R9 chipped at mesial surface. All teeth are in good set.

/s/ Antonio B. Laconico
 SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ ANTONIO B. LACONICO-Recorder
 NAME AND RANK TYPED OR PRINTED

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

CIP AGRS Mausoleum, Nichols
 Field, Manila, P.I.
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

6 Nov 47
 DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

/gg

UNKNOWN X-1494 (Formerly
 Unk X-35 USAF Cem
~~Unknown X~~ Finschhafen #2, N.G.)
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 812 RANGER Row BAY H GRAVE 2467

OIP AGRS Mausoleum Manila, P.I.

1. Arrived at ~~cemetery~~ 6 Nov 47
(Hour) (Date)
 2. Place of death 5 1/2 Miles North of Soputa
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS 8122nd S & R
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* 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: Remains are Skeletal only. (Chart attached)

Age UTD Est. Height 6' 3 1/2" Weight UTD Description of wounds UTD

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

Goatee
 (Light, color, extent)

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

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

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

Teeth Dental Chart Attached.
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Circumference of ^{skull} ~~head~~ in inches 21 1/2 inches
 (Large, small, normal) (Hat band)

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

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

Hands
 Fingers
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....
 U
 T (Unusual characteristics of fingernails)

.....
 D

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

Hernioplasty
 (Yes-no; location)

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

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

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks No I.D. tags, personal effects, or burial bottle found with remains.
Estimated weight of remains 8 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

CERTIFIED TRUE COPY:

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

/s/ Alton E. Jones
(Officer's Name)

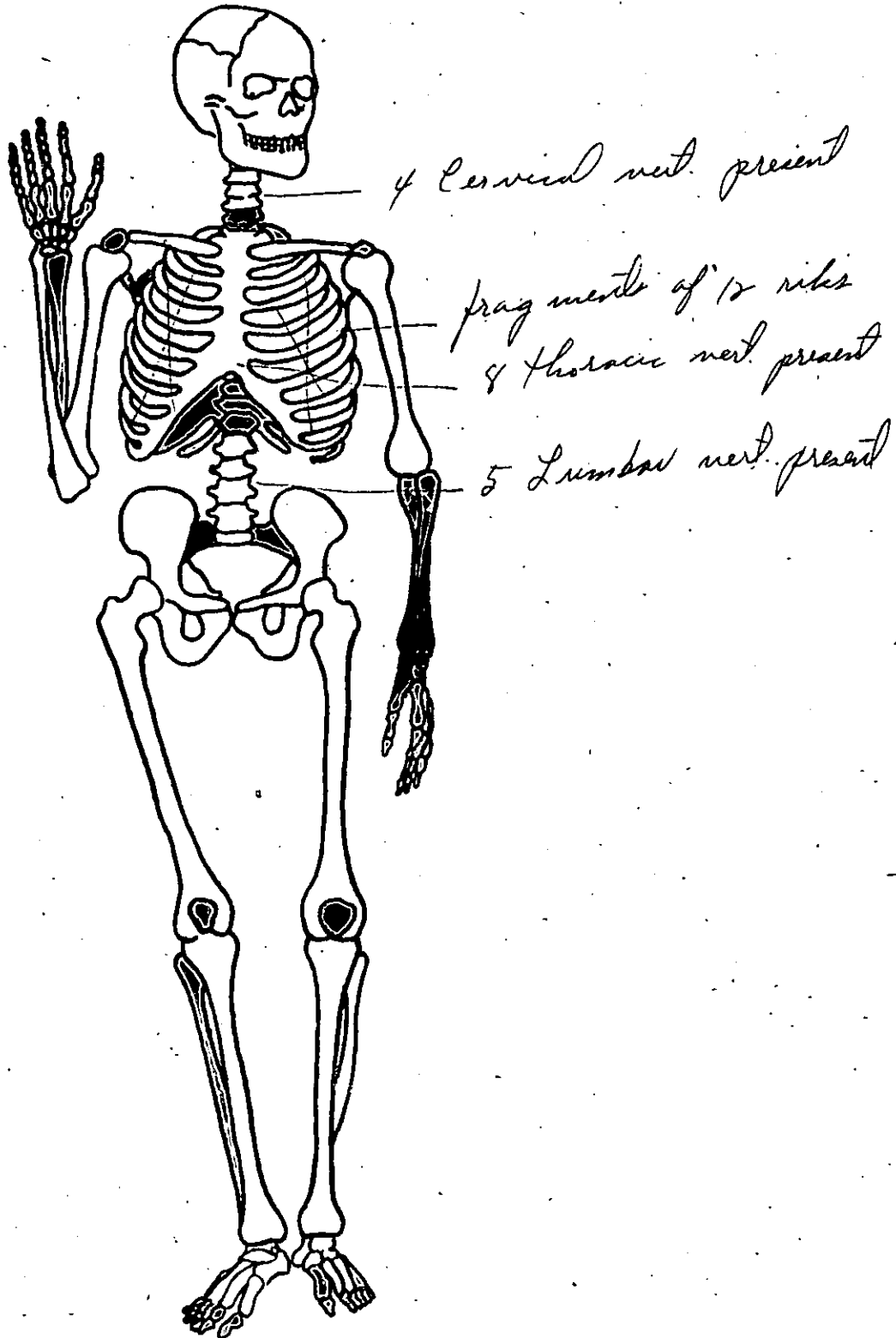
SP-6 062812
Rank Service

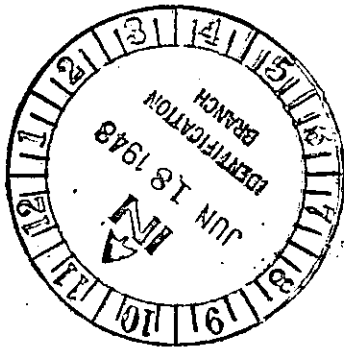
CIP AGRS Mausoleum Manila, P.I.
(Organization)

6 Nov 47

SKELETAL CHART

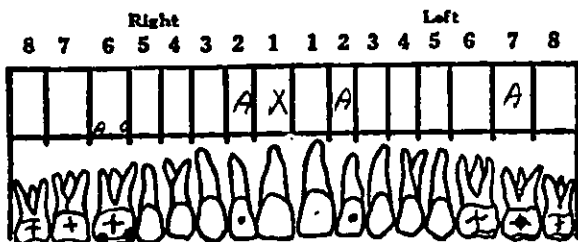
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



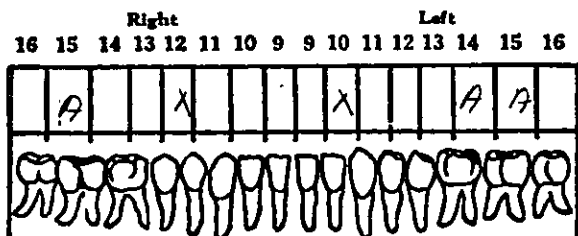


*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

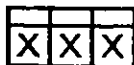
R1,12 L10 Missing Not Extracted
R8,16 L8,16 Impacted

Date Sept. 13, 1944

W. H. Burton
S. R. S.
 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)



*REPORT OF DENTAL SURVEY

UPPER TEETH

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

LOWER TEETH

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

R1,2 L10 Missing Not Extracted
R8,16 L8,16 Impacted

Date Sept. 13, 1944

W. H. Bunker & L. L. 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)

X	X	X

Teeth replaced by fixed bridge
(oval to include abutments)

	X	

RESTRICTED

JUN 9 1948


U3411

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

10 Nov 47

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	
	UNKNOWN X-1494 (Formerly Unk X-35 USAF Cem Finschhafen #2, N.G.)	
	GRADE	SERIAL No.
Unknown	Unknown	
ORGANIZATION	BRANCH OF SERVICE	
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
5 1/2 Miles North Soputa	KIA	Dec. '42

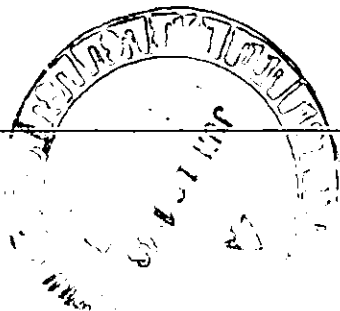
EMERGENCY ADDRESSEE (Name, relationship, and address)

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)
None	
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.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE		STORAGE		JANGER	BAV	CR424
7 Nov 47	1100	Casket	None	812	H	2467

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
RESTORED Yes	USAF Cemetery Finschhafen #2, New Guinea

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)
STORAGE Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORAGE UNKNOWN X-1496				CR424 2469
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORAGE UNKNOWN X-1493-A				CR424 2465

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Wm R. Gilbert</i> Wm R. GILBERT, Adm Asst	<i>Lucio S. Panopio</i> LUCIO 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.

281

RESTRICTED

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

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

OTHER IDENTIFICATION CLUES

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

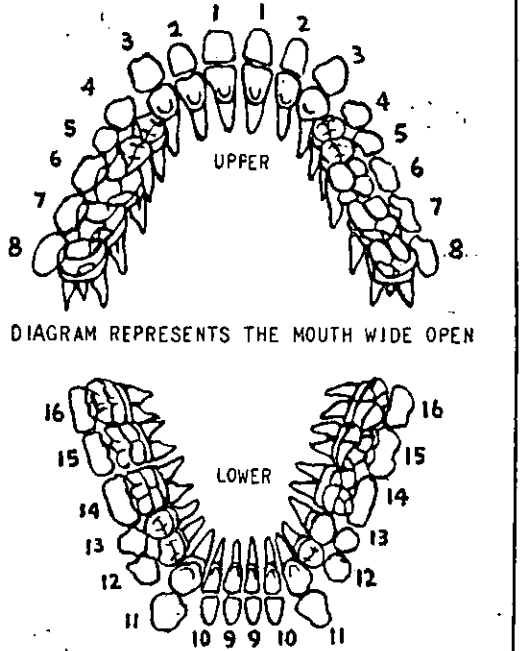
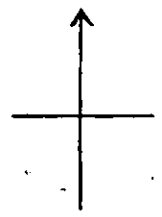


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS:

Identification Check List and Dental Chart accomplished.

19 MAY 1948

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

Use - per - to - Restricted
Auth AR 30-1815
SYM

1499

UNKNOWN # X - 35

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
5 1/2 miles north Soputa Exact date unknow Dec 42. KIA
(Place of death) (Date of death) (Cause of death)

1000 hrs 27 March 1945 USAF CEMETERY FINSCHHAFEN, #2 NG
reburial
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 142 USAF CEMETERY SOPUTA #1 NG as unknown X-22
1815 Cross, Regulation
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

Religion

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

Body buried on RIGHT KRAMARIK, John J. 36 301 568 Pfc G F 163d Inf 1816
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BOOR, John 36 307 689 Pvt Co D 186 Inf 1814
(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

99
8 No. 1247

~~RESTRICTED~~
Restricted

George D. Redden Jr.
GEORGE D. REDDEN, JR.
1st Lt., Infantry

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

UNKNOWN # X - 35

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
5½ miles north Soputa Exact date unknown Dec 42. KIA

(Place of death) (Date of death) (Cause of death)
1000 hrs 27 March 1945 USAF CEMETERY FINSCHHAFEN, #2 NG

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
Disinterred from grave 142 USAF CEMETERY SOPUTA #1 NG as *Malman X 22*

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)
1815 Cross, Regulation

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

Religion

(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 **KRAMARIK, John J.** 36 301 568 Pfc Co F 163d Inf 1816
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT **BOOR, John** 36 307 689 Pvt Co D 126 Inf 1814
(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

*file
15-46
1-15-46*

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/t/ George A. Ross M Sgt OMC-GRS

(Signature of officer or other person reporting burial)

/s/t/ CHARLES R. LYERS Lt, OMC
(Verified by Army GRS)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

1499
278

UNKNOWN X-35

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
5½ miles North Soputa			Exact date unknown Dec 42		KIA
(Place of death)			(Date of death)		(Cause of death)
1 000 hrs 27 Mar 45	USAF Cem Finschhafen, #2 NG				
(Time and date of burial)	reburial	(Name of cemetery)		(Name or co-ordinates of location)	
Disinterref from grave 142 USAF Cem Soputa #1 NG as Unknown X-22					

1815			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

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

P. J. TONK, Capt., OMC

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

Body buried on RIGHT	Kramarik, John J.	36301568	Pfc	Co F 163 Inf	1816
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Boor, John	36307689	Pvt	Co D 126 Inf	1814
	(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: None-reinterment

996

RESTRICTED

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

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

1499
278

UNKNOWN X-35 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
5 1/2 miles North Soputa (Place of death) Exact date unknown Dec 42 (Date of death) KIA (Cause of death)
1 000 hrs 27 Mar 45 (Time and date of burial) US.F Cem Finschhafen, #2 NG (Name of cemetery) (Name or co-ordinates of location)
Disinterref. from grave 142 USAF Cem Soputa #1 NG as Unknown X-22
1815 (Grave number) (Row number) (Plot number) Cross, Regulation (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

Saul J. Tom
P. J. TOMK, Capt., CMC

(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 Kramerik, John J. (Name)

36301568 (Serial number)

Pfc (Rank)

Co F 163 Inf (Organization)

1816 (Grave number)

Body buried on LEFT Boor, John (Name)

36307689 (Serial number)

Pvt (Rank)

Co D 126 Inf (Organization)

1814 (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

(21)

996

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

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

1499
278

UNKNOWN X-35

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

5½ miles North Soputa

(Place of death)

Exact date unknown Dec 42

(Date of death)

KIA

(Cause of death)

1 000 hrs 27 Mar 45 US.F Cem Finschhafen, #2 NG

(Time and date of burial) reburial

(Name of cemetery)

(Name or co-ordinates of location)

Disinterred from grave 142 USAF Cem Soputa #1 NG as Unknown X-22

1815

(Grave number)

(Row number)

(Plot number)

Cross, Regulation

(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

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

Paul J. Tom
P. J. TOM, Capt., CMC

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

Body buried on **RIGHT** Kramerik, John J.

(Name)

36301568

(Serial number)

Pfc

(Rank)

Co F 163 Inf

(Organization)

1816

(Grave number)

Body buried on **LEFT** Boor, John

(Name)

36307689

(Serial number)

Pvt

(Rank)

Co D 126 Inf

(Organization)

1814

(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

(21)

996

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

changed to Restricted with AR 30-1815 1499
epm

UNKNOWN X-22, Soputa No. 1.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
3 1/4 miles No. Soputa
Soputa Suananda Trail. Exact date Unknown Dec. 42. (Cause of death) KIA
1100 Hours, April 24, 1943, U.S.T.c. No. 1, Soputa N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

142 11 Temp. Grave Marker
(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 April 24, at Map reference 18.35-25.7 Gona Locality
Rev. Bayonet found with body No. 339859 also initials W.D.V.

written with white paint on left leg of trousers
(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 OLESON, John E. 2d Lt. 0-888345, Co. 163 Inf. 143
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BARNETT, Howard Pvt. 39227704, Co. I, 163 Inf. 141
(Name) (Serial number) (Rank) (Organization) (Grave number)

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

incl. #9

~~CONFIDENTIAL~~
Restricted certified true copy:
PAUL J. TONN, 1st Lt., QMC.

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. LeRoy P. Turner

(Signature of officer or other person reporting burial)

JAMES T. McCONNAUGHEE 2d Lt. OMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Restricted NOV 2 1943
CONFIDENTIAL 499
0017973
0-10

UNKNOWN X 22 Soputa No. 1
Last names No. Soputa (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Trail Exact date Unknown Dec. 42 KIA
(Place of death) (Date of death) (Cause of death)

1100 H urs. April 24, 1943 U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

142 11 Temp. Grave Marker
(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 April 24, at map reference 18.35-25.7 Gona Locality
Rev. Bayonet found with body No. 339859, also initials W.D.V.

written with ^(if no identification tags, what means of identification are buried with the body?) white paint on left leg of trousers.

Religion

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

Body buried on **RIGHT** OLESON, John E. m 2nd Lt., 0-888345, Co. I, 163 Inf. 1113
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** BARNETT, Howard Pvt., 39227704, Co. I, 163 Inf. 1111
(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~~

changed to
Restricted per AR-30-1815

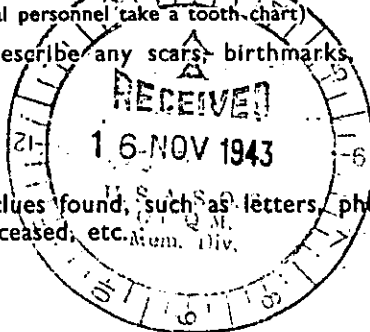
IF DECEASED UNIDENTIFIED

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.

Sgt. LeRoy F. Turner
(Signature of officer or other person reporting burial)

JAMES T. MCCONOUGHLY
21 (Verified by Army GCS (War))
Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

1499

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

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

Changes
~~RESTRICTED~~
Restricted per auth. M R

UNIDENTIFIED AMERICAN SOLDIER
(Last Name) (First) (Initial)

(Serial No.)

(Rank)

126 Inf. 32nd Div. 30-1913
(Organization)

3 1/4 Mi. No. Soputa

Exact Date Unknown

Soputa-Sanananda Trail

December, 1942

K.I.A.
(Cause of Death)

(Place of Death)

(Date of Death)

1100 Hrs. April 24, 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)

142

11

Temp. Gr. Mark.

Aluminum Disc ---- Buried with body

Aluminum Disc ---- Attached to marker

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

Protestant

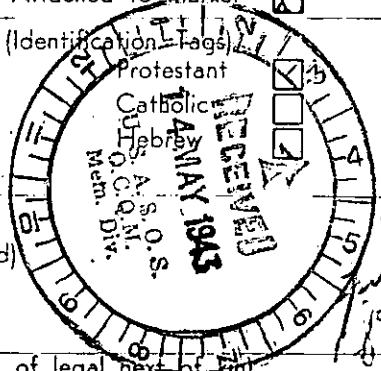
Catholic

Hebrew

U.S. A.S.O.S.

U.S. C.O.M.

Mem. Div.



Skeleton found April 24, at map reference 18.35-25.7 Gona
Locality Rev.. Bayonet found with body No. 339859, also initials
W.D.V. written with white paint on left leg of trousers.

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

Unknown

293 Gene Guinea (Unknown)
(Name and address of Emergency Addressee)

Gene Guinea (Unknown)
(Name and address of legal next of kin)

Restricted

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

(Required if 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— OLESON, John E. 2nd Lt. O-888345 Co. I. 163 Inf. Grave #143

On Left— BARNETT, Howard Pvt. 39227704 Co. I. 163 Inf. Grave #141

S/Sgt LeRoy F. Turner

Signature of Officer or other person reporting Burial.

James T. McConaughy
JAMES T. McCONAUGHEY
2nd Lt., Q.M.G.
Verified by Army G.R.S. Officer.

Adv. Base G.R.O.

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