

AIRMAIL

QM GMT 293
GRS 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.:

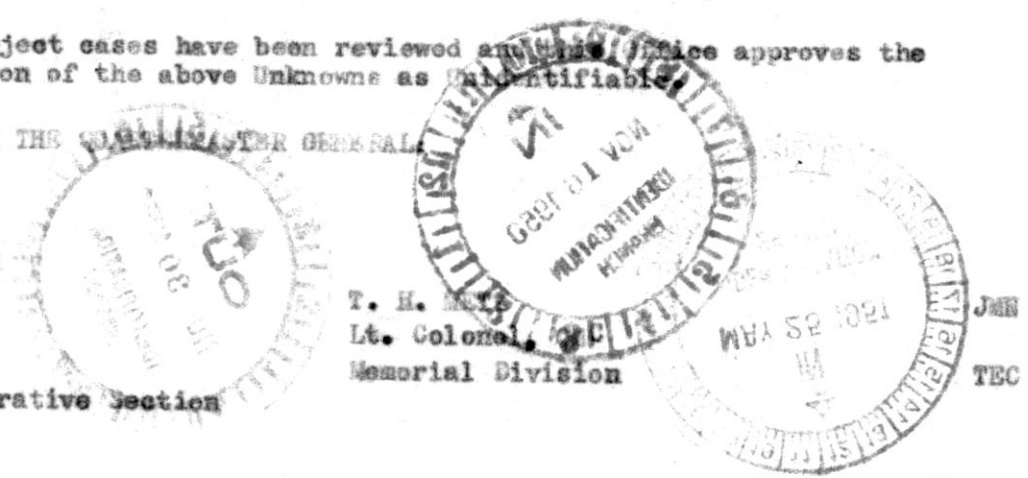
Unknown	X-35,	7th Div. Cem #1	Okinawa, Unit 2, Page 1
"	X-58	" " " " " " " "	" 2, " 1
"	X-279,	Okinawa Island Com. Cem.	" 2, " 3
"	X-280	" " " " " " " "	" 2, " 3
<i>293</i>	X-1545,	(form. Unk. X-36 Finsch #2),	Unit 2, Page 27
"	X-1548,	(" " X-79 " "),	" 2, " 27
"	X-2335,	(" " X-489 Leyte #1),	" 2, " 12
"	X-2695,	(" " X-33, Finsch #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 ASSISTANT GENERAL

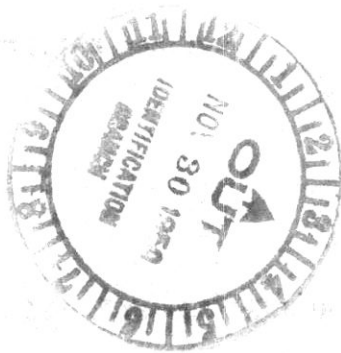
J. Miller:lrc
Salser
JW
cc--Administrative Section
cc--Cinofe

T. H. Miller
Lt. Colonel,
Memorial Division



AIRMAIL

JAMNIA



[Faint, illegible text, possibly bleed-through from the reverse side of the page]

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

JAMNIA

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
X-707 " "
X- 1404 " "

UNKNOWN X-1494 AGRS Mslm
X-1545 " "
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

Law *JD*

/bpm
1
/fbp

Interred 9 ~~March~~ 1950
N 16 86 Ft. McKinley
Corrected
CARL R. H. MARK
Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
6911 00205

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X-000036		000036		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80
PLOT	ROW	GRAVE	COUNTRY	CODE	DIST. PT.
		1455	NEW GUINEA		
					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 DISINTERRED
Unknown X-1545 (Maus)				
Unknown X-000036 (Finsc)				18 May '48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN		ROBERT L. LENNON Embalmer	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
ROI - Disinterred from Grave 102 Saputa, N.G. " - Interred into Grave 1455 as Unkn X-36	
MINOR DISCREPANCIES <i>1</i>	

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 May '48	BY ROBERT L. LENNON
CASKET SEALED BY	EMBALMER (Signature)
ROBERT L. LENNON	<i>Robert L. Lennon</i> ROBERT L. LENNON
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
18 May '48	AGUSTIN LIQUIGAN
DATE BY PLACIDO M. CASTILLO	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

REPAIRS
BRANCH
J. B. ...

1 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.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt., CAV	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carer Hornak</i>	DATE MAR 9 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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>MANILA BRITISH ISLANDS</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1422 NEW COLONY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>COLONY NY</i>	DATE	SIGNATURE OF RECEIVER	DATE

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

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- 36, Plot _____,
Row _____, Grave 1455, USMC USAF Cem #2 Finschhafen, 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


W. B. McNEEMAR
Captain, JMC
Chief, Records Branch

Received 26 Mar 50 OQMG
Not identifiable from
available 29 Mar 50

Incl 5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1545 (Formerly UNK X-36 USAF Cem #2, Finschhafen, N.G.)				2. DATE OF REPORT 2 March 1950	
3. NAME OF CEMETERY AGRE MUSOLEUM, MANILA, P.I.		4. PLOT 810	5. ROW A	6. GRAVE 158	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 11"	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

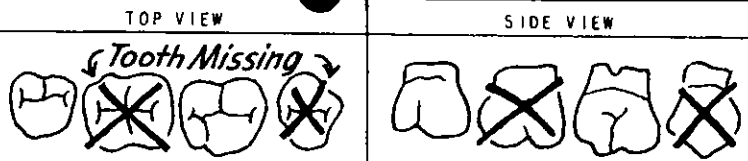
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

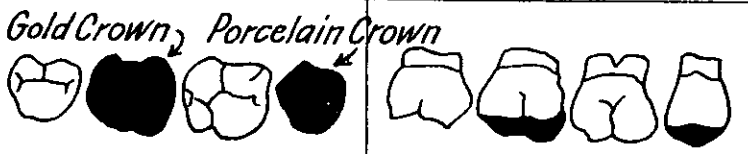
RECEIVED
MARCH 10 1950
AGRE MUSOLEUM
MANILA, P.I.

Handwritten signature and number 52

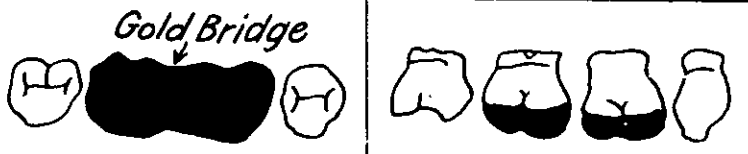
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



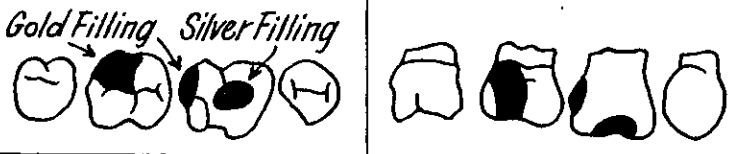
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



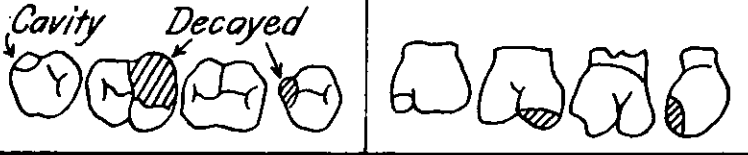
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
Side Views								Side Views							
LOWER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

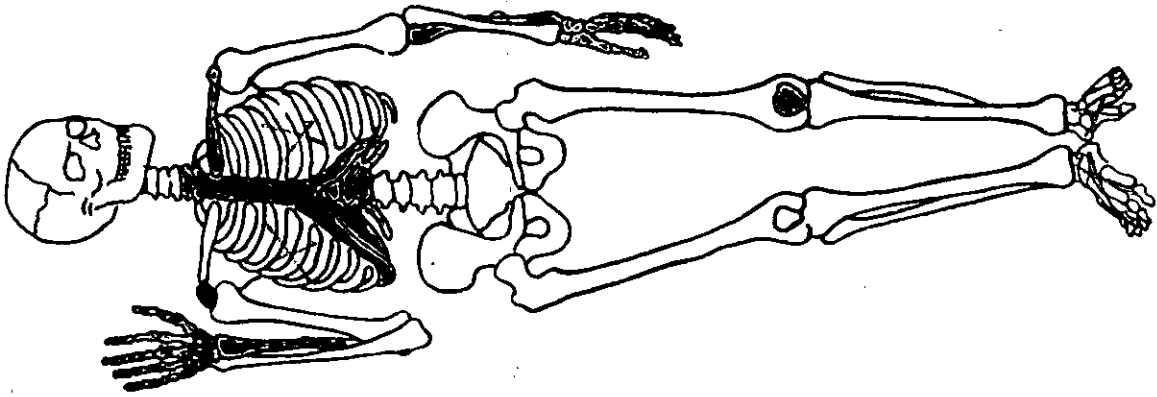
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

June 5

19. BLACK OUT PARTS OF BODY NOT RECORDED



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-1545

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1545 (Formerly UNK X-36
USAF Cem #2, Finsch, N.G.)

10 Nov 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Huggins Area

810

A

158

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

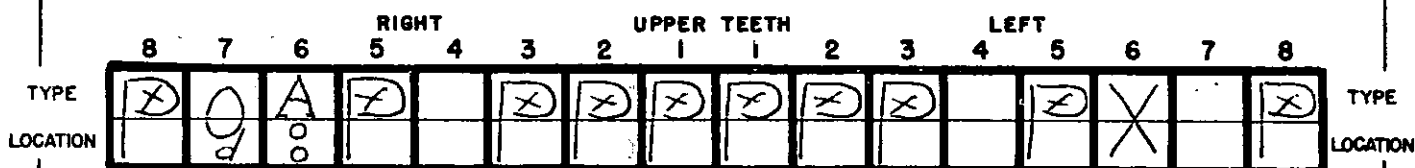
ROW

GRAVE NO.

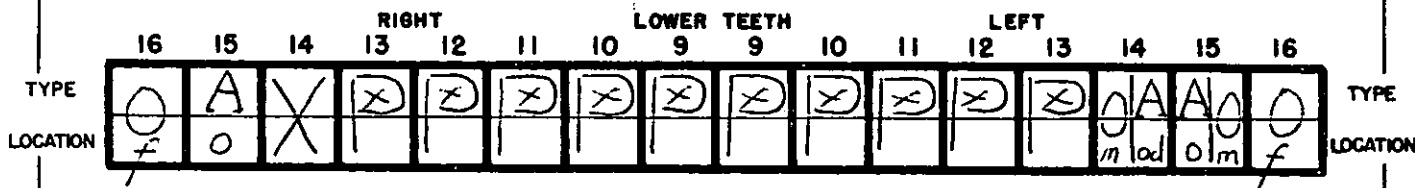
HANGER

RAY

CRYPT



INSIDE — LOOKING OUT



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)

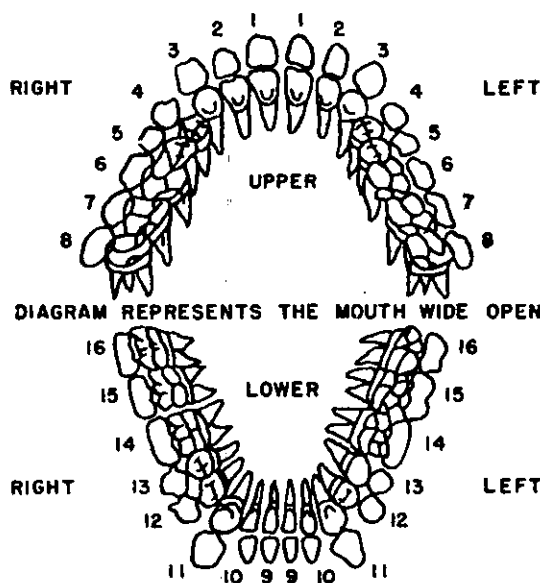
INSTRUCTIONS:

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

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



REMARKS:

/s/ Cirilo R. Sario
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ CIRILO R. SARIO
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR. SP-5
NAME AND RANK TYPED OR PRINTED

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

10 Nov 47
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE 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-1545 (Formerly UNK
 X-36 USAF Cemetery #2,
~~UNKNOWN~~ Finschhafen, New Guinea
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 ^{LANGER} Row A ^{BAY} ^{CRYPT} Grave 158

C. I. P. AGRS
 Mausoleum, Manila, P.I.
 10 Nov 47

1. Arrived at ~~XXXXXXXX~~ _____
(Hour) (Date)
2. Place of death Huggins Area _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS Det #2 _____
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/	N	
Jacket, Combat	/	O	
Mackinaw	/	N	
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee / (Light, color, extent)

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

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

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

Teeth See Tooth Chart. (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / (Large, small, normal) Skull Circumference of head in inches Est. 21 (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 U

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

T (Unusual characteristics of fingernails)

Chest D (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 condition of remains.

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

9. Remarks No Identification tags or personal effects found with remains. ROI bottle present. Estimated weight of remains 7 lbs.

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

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

SP - 6 062812
Rank Service

CIP, Mslm., Manila, P.I.
(Organization)

10 Nov 47

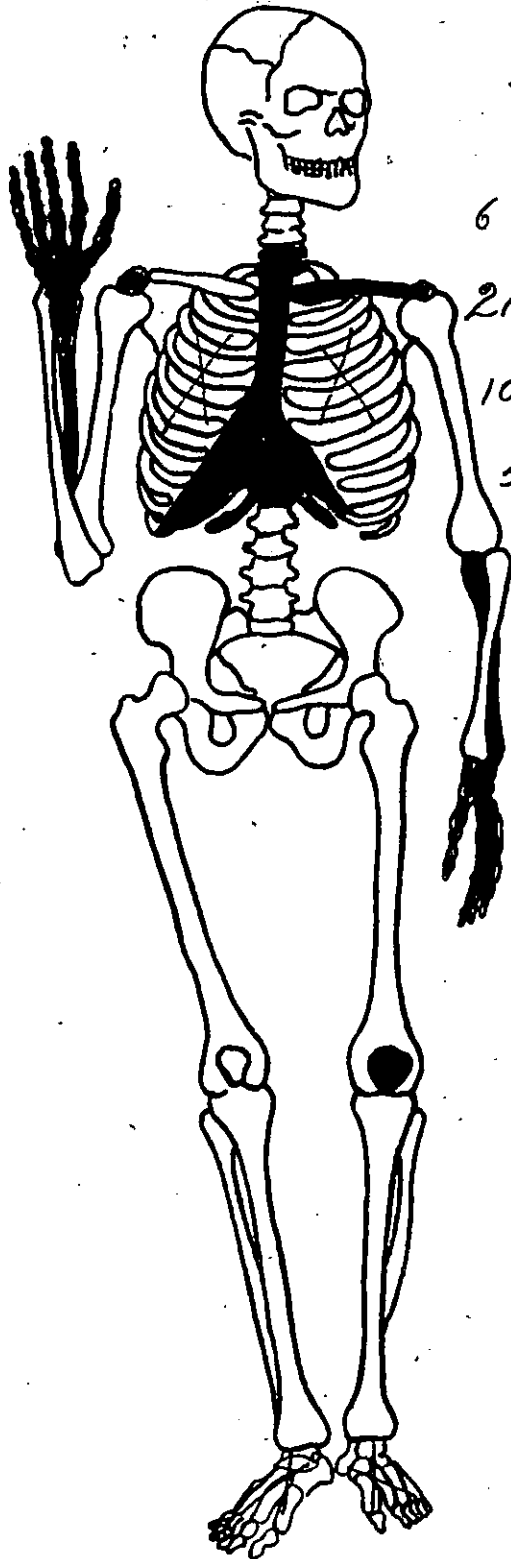
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-1545

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6 Cervical vert. present

21 ribs present

10 thoracic vert. present

5 Lumbar vert. present

*REPORT OF DENTAL SURVEY

UPPER TEETH

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

L 6, R 14 Missing, Extracted
 R 2, 3, 5, 8, 10, 11, 12, 13 Missing Not Extracted
 L 1, 2, 3, 5, 8, 9, 10, 11, 12, 13 Missing Not Extracted

Date Sept. 13, 1924

[Signature]
 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

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

L 6, R 14 Missing Extracted

R 2, 3, 5, 8, 10, 11, 12, 13 Missing Not Extracted

L 1, 2, 3, 5, 8, 9, 10, 11, 12, 13 Missing Not Extracted

Date *Sept. 13*, 19*44*

Sp. Sgt. Burton S. T. ...
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)

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

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

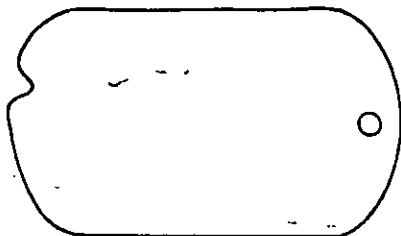
STORAGE

DATE OF REPORT

14 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.



NAME (Last, first, middle initial)

UNKNOWN X-1545 (Formerly UNK X-36
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

Huggins Area

CAUSE OF DEATH

KIA

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
STORAGE 12 Nov 47	0830	STORAGE Casket	MARKER None	DANGER 810	BAY A	CRYPT 158

WAS THIS A REBURIAL?	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
(Yes or no) RESTORED Yes	USAF Cem #2, Finschhafen, New Guinea			1455

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-1546				CRYPT 160

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORAGE UNKNOWN X-1568				CRYPT 156

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.

Page 685

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

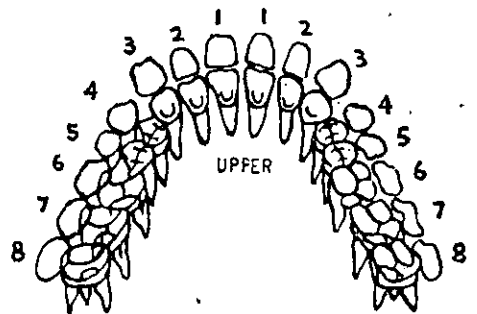
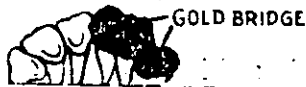
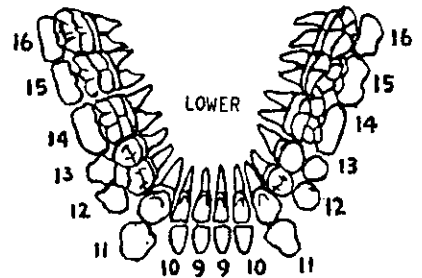
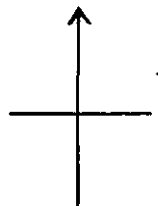


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List and Dental Chart accomplished.

DEC 1941

Restricted
AR 30

REPORT OF INTERMENT

105483

1482

UNKNOWN X-36

New Guinea

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

Huggins Area

KIA

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

1000 hrs. 29 March 1945 USAF CEMETERY, FINSCHHAFEN #2, N.G.

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

Disinterred from Grave #102 USAF Cemetery, Soputa #1, N.G. as Unknown X-19

1455

(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?)

Religion

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

Body buried on RIGHT HAGEN, Alfred 37 097 100 Pfc Co.B, 126 Inf 1456
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT JONES, Aubrey C. 36 115 077 Pvt Co.C, 163 Inf 1454
(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:

RESTRICTED

RESTRICTED

File
6-15-45
WK

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 much 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 W/Sgt QMC-GRS

(Signature of officer or other person reporting burial)

Charles R Myers
CHARLES R. MYERS QMC

(Verified by Army GRS Officer)



RECEIVED
MAY 1945

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)

1483

UNKNWON X-36

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

Huggins Area

(Place of death)

(Date of death)

KIA
(Cause of death)

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

reburial
Disinterred from Grave #102 USAF Cemetery, So.uta #1, N.G. as Unknown X-19

1455 Cross-regulation w/plate
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion

CERT. TRUE COPY

Paul J. Tonn
P.J. TONN, C.C

(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 Hagen, Alfred 37 097 100 Pfc. Co. B, 126 Inf. 1456
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Jones, Aubrey C. 36 115 077 Pvt. Co. C, 163 Inf. 1454
(Name) (Serial number) (Rank) (Organization) (Grave number)

1/1

(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)

990

RESTRICTED

REPORT OF INTERMENT

(TM 10-530 AND AR 30-1815)

105483

1483

UNKNOWN X-36

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

Huggins Area

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

KIA

1000 hrs. 29 March 1945 USAF CEMETERY, FINSCHHAFEN #2, N.G.

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

reburial Disinterred from Grave #102 USAF Cemetery, Soputa #1, N.G. *see reference X-19*

1455 (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 HAGEN, Alfred 37 097 100 Pfc Co.B, 126 Inf 1456

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

Body buried on LEFT JONES, Aubrey C. 36 115 077 Pvt Co.C, 163 Inf 1454

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

(Name and address of EMERGENCY ADDRESSEE)

List only personal effects FOUND ON BODY and disposition of same:

(Name and address of LEGAL NEXT OF KIN)

(*) No. 1247

CONFIDENTIAL

Changed to ~~CONFIDENTIAL~~ **REPORT OF INTERMENT**

1483

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

UNKNOWN X-19 Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

HUGGINS Area N.G. About Jan. 1943
(Place of death) (Date of death) (Cause of death) *KIA*

1100 Hours April 8, 1943, U.S.T.C. Soputa No. 1, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

102 8 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

Skeleton found with no identification Tags. No other 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
(Name) (Serial number) (Rank) (Organization) (Grave number) 103

Body buried on LEFT HUGHES, Donald, E., Pvt. 20936093, Co. L. 163 Inf. 101.
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) *Restricted* (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

2006 07

~~CONFIDENTIAL~~

Paul J. Tonn
Certified true copy;

PAUL 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. F.J. Winsor,

(Signature of officer or other person reporting burial)

JAMES T. McConaughy

(Verified by Army GR Official)

2d Lt. OMC. Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~ *Restricted* *NAVY 483*

UNKNOWN X 19 Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Huggins Area, N.G. About Jan., 1943 KIA
(Place of death) (Date of death) (Cause of death)

1100 Hours April 8, 1943 U.S.T.C. Soputa No. 1, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

102 8 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

Skeleton found with no Identification Tags. No other 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 103
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HUGHES, Donald E., Pvt., 20936093, Co. L, 163 Inf. 101
(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~~

Change to Restricted
Per AR 30-1815

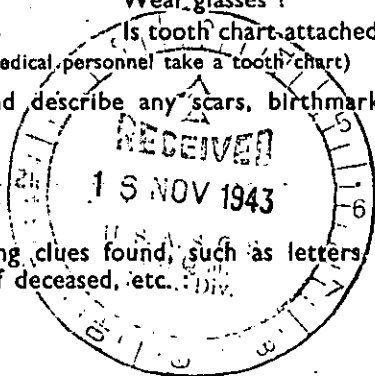
IF DECEASED UNIDENTIFIED

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.

S/Sgt. F. J. Wislorski
 (Signature of officer or other person reporting burial)

JAMES T. MCCOY
 and (Verified by Army GRS)
 Adv. Base, GRO.

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

Restricted 1488

293 from Guinea (Unknown)

(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)

Huggins Area, N. G.
(Place of Death)

About Jan., 1943
(Date of Death)

K.I.A.
(Cause of Death)

1100 Hours April 8, 1943
(Time and Date of Burial)

U.S.T.C. Soputa, N. G. # 1.
(Place of Burial - Name and No. of Cemetery, if in a cemetery)

102 8 Temp. Cross Buried with body None
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) Attached to marker

(Identification Tags)

Skeleton found with no Identification Tags. No other identification possible.

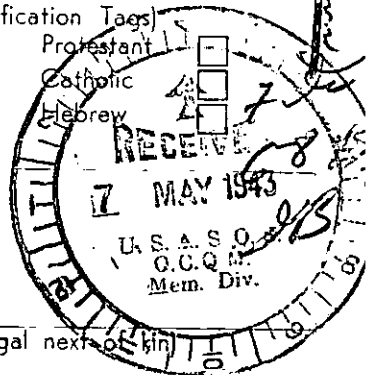
Protestant
Catholic
Hebrew

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

X 293 from Guinea (Unknown)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)



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

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

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 103.

On Left— HUGHES, Donald E., Pvt., 20936093, Co L, 163rd Inf., Grave No. 101.

S/Sgt. F. J. WINSOR

Signature of Officer or other person reporting Burial.

JAMES T. MCCONNAUGHEY

Verified by Army G.R.S. Officer
Adv. Base GRO.

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