

AIRMAIL

QUART 293
GDS 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. Com #1	Okinawa	Unit 2	Page 1
"	X-58	" " " "	" " "	" 2	" 1
"	X-279	Okinawa Island Com. Com.	" " "	" 2	" 3
"	X-280	" " " "	" " "	" 2	" 3
"	X-1548	(Form. Wk. X-36	Pinsch #2)	Unit 2	Page 27
"	X-1548	(" " X-79	" ")	" 2	" 27
"	X-2885	(" " X-489	Loyte #1)	" 2	" 12
"	X-2885	(" " X-36	Pinsch #2)	" 2	" 27
293	X-2698	(" " X-41	" ")	" 2	" 27
"	X-2707	(" " X-29	" ")	" 2	" 26
"	X-2711	(" " X-30	" ")	" 2	" 26
"	X-4928	AGRS Maus. Manila, P.I.	Unit 2	Page 23	
"	X-4932	" " " "	" 2	" 23	
"	X-4933	" " " "	" 2	" 23	

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

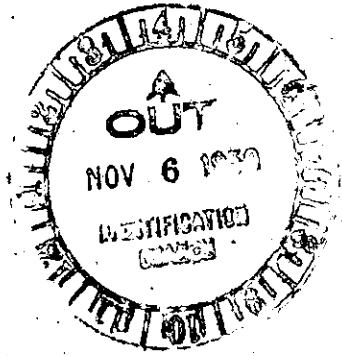
FOR THE QUARTERMASTER GENERAL

J. Miller:lrs
Salsar
JW
cc--Administrative Section
cc--Cinefe

W. H. M. WYLLIE
Lt. Colonel, GSC
Historical Division



AIRMAIL



RECEIVED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM Zone

GRPZ 293

AFO 900
6 Mar 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provision 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-3153 Manila No. 2	UNKNOWN X-658 AGRS Mslm
" X-3395 " "	" X-673 " "
" X-3396 " "	" X-945 " "
" X-3145 " "	" X-2711 " "
" X-29 Finsch No. 2	" X-279 Is: Com. Okinawa
" X-33 " "	" X-285 " " "
" X-41 " "	" X-280 " " "
" X-79 " "	

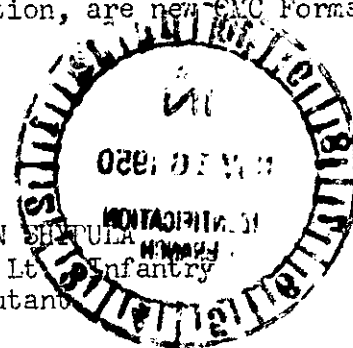
2. Forwarded herewith, for your consideration, are new GMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

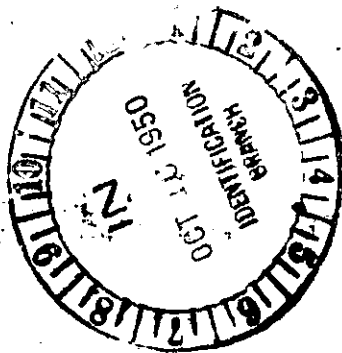
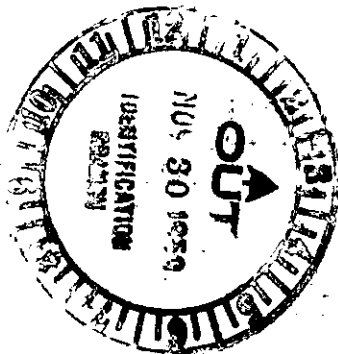
15 Incls

GMC Forms 1044 w/Certificates
of Unidentifiability.

JOHN BERTULLA
1st Lt Infantry
Adjutant



7.09.24, 1950



JW JEW

/mrl

nfm
1

Interred 26 April 1950
L 16 45 Ft. McKinley
DISINTERMENT DIRECTIVE
Carl R. H. Mark

SECTION A - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00230

DATE
15 01 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000041 RANK ARM Q DATE OF DEATH

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20 DISPOSITION OF REMAINS 7701 80

PLOT ROW GRAVE COUNTRY 2043 NEW GUINEA CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-41 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED UNKNOWN X-2698 (Maus) 22 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 tags Mausoleum UNKNOWN X-2698

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept. '48 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON EMBALMER (Signature) Robert F. Stevenson ROBERT F. STEVENSON

CASKET BOXED AND MARKED DATE 22 Sept '48 BY HORACE L. ALLISON, Sgt. INF SHIPPING ADDRESS VERIFIED BY 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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

*File
not
6/9/50
R. Stevens
Report*

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>Case R. Mark</i>	DATE APR 26 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 <i>PIKINOMI</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER MAITTA' BHIGIBYIE ISGANDS	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM Fort McKinley		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Case R. Mark</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

3 March 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 41, Plot _____,
Row _____, Grave 2043, USMC Finschhafen #2, New Guinea have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H.B. McNEEMAR
Captain, QMG
Chief, Records Branch

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

encl # 7

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-41 USAF Cem. Finschhafen #2				2. DATE OF REPORT 3 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila P.I.	4. PLOT HANGER	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	802	E	1665	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 9"	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?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS





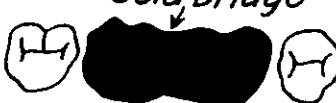





N O N E

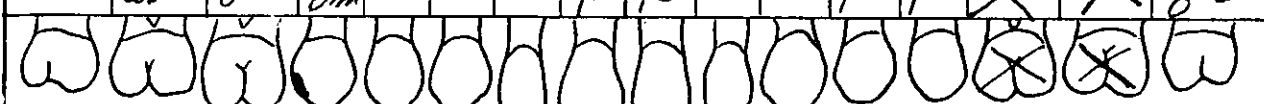


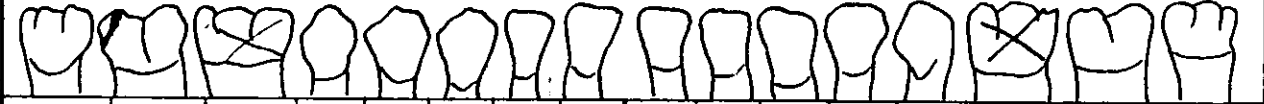
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

SEARCHED INDEXED SERIALIZED FILED
MAR 1950
AGRS MAUSOLEUM, MANILA P.I.

Inc # 7 A

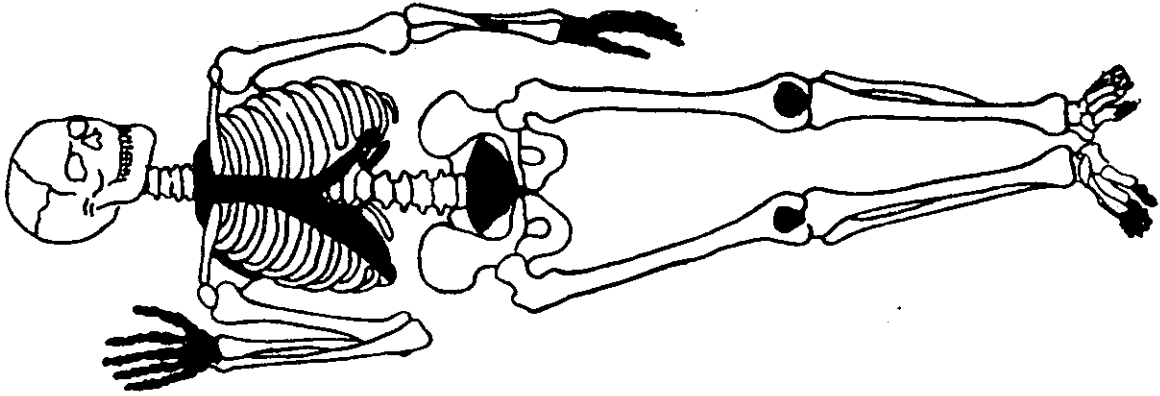
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	<i>al</i>	<i>o</i>	<i>A</i>				<i>⊗</i>	<i>⊗</i>			<i>⊗</i>	<i>⊗</i>	<i>X</i>	<i>X</i>	<i>o</i>		
<i>Side Views</i>																	<i>Side Views</i>
<i>Top Views</i>																	<i>UPPER</i>
																	<i>LOWER</i>
<i>Side Views</i>																	
	<i>o</i>	<i>X</i>	<i>⊗</i>			<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>		<i>⊗</i>		<i>X</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, Ident. Section

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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

RECORDED
INDEXED
SERIALIZED
MAR 19 1947
U.S. ARMY
MEDICAL DEPARTMENT
WASHINGTON, D.C.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

X-2698

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-2698 (Formerly UNK X-41)
USAF Cem. #2, Finschhafen, New Guinea

5 Dec 47
DATE

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

Sanananda Road,
New Guinea
PLACE OF DEATH

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

ORGANIZATION

802 E 1665
PLOT ROW GRAVE NO.
TABLE BAY STREET

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

INSTRUCTIONS:

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

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

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

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

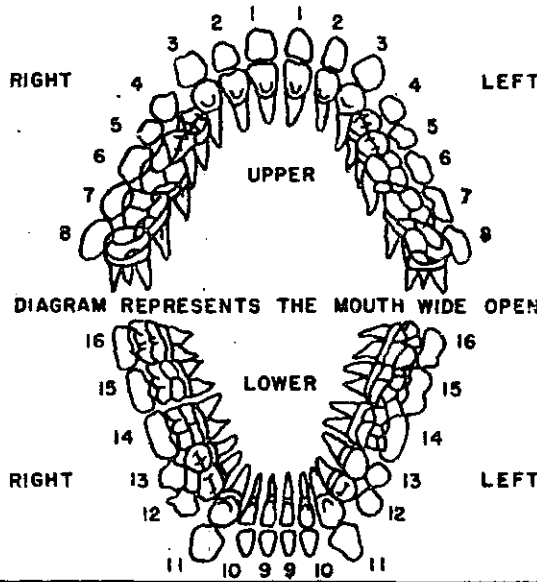


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

/s/ Vernon H Korn
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ VERNON H KORN
NAME AND RANK TYPED OR PRINTED
CIP Laboratory, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Melvin S Mittenthal
VERIFIED BY GRS OFFICER

/p/ MELVIN S MITTENTHAL
NAME AND RANK TYPED OR PRINTED
5 Dec 47
DATE

CERTIFIED TRUE COPY::

G. T. Gamboa

G T GAMBOA
2d Lt MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2698 (Formerly UNK X-41
~~Unknown X~~ USAF Cem #2, Finschhafen, NG)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 ^{RANGER} Row E ^{BAY} Grave GRYPI 1665

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ AGRS Mausoleum, Manila, P.I. 5 Dec 47
(Hour) (Date)
2. Place of death Sanananda Road, New Guinea
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS Det #2
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 • If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia
 (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal Chart attached.

Age Height Weight Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos
 (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks
 (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion
 (Light, medium, dark, clear, pimples, 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 Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (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 ~~head~~ ^{skull} in inches **19 1/2**
 (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, 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 condition of remains.

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No burial bottle found with remains. No personal effects.

Nothing found to warrant identification. 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.

/s/ Vernon H Korn

(Officer's Name)

Civilian Embalmer C-064977

Rank

Service

CIP Laboratory, Manila, P.I.

(Organization)

5 Dec 47

CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA

2d Lt MAC

SKELETAL CHART

X- 2698

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

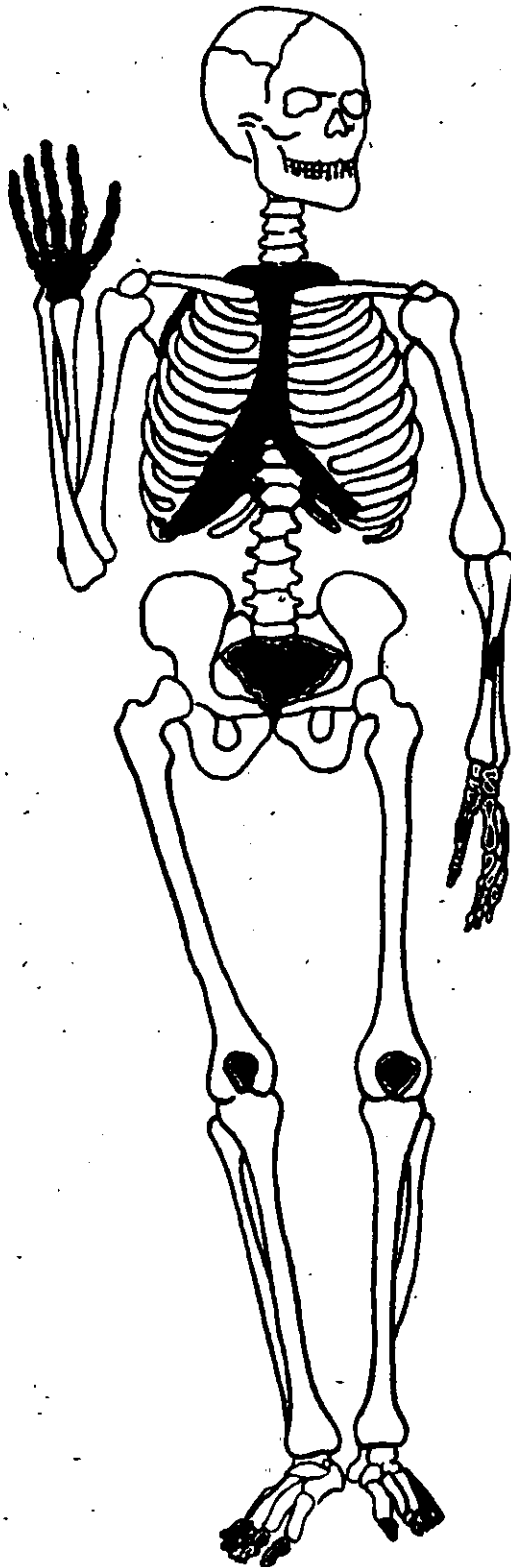
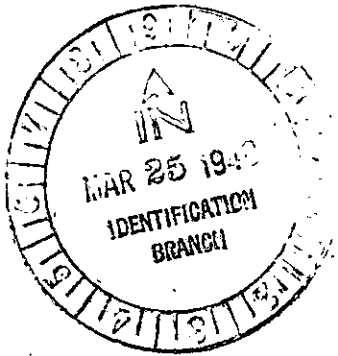


CHART "A"



REGISTER OF DENTAL PATIENTS AT

A-4
Sept 1

Grave 56

(1) SURNAME	(2) CHRISTIAN NAME	(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS			
(6) AGE, YEARS	(7) RACE	(8) NATIVITY		(9) SERVICE, YEARS			
							(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
							(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
							(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

N 56

X-44

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	0	0	S				1	1			0	1			

LOWER TEETH

Right									Left						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	0	1								1	1	1			X

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

L-1, 5 & R-1 MISSING, NOT EXTRACTED

L-6, 7 " EXTRACTED

L-9, 10 & R-9 " NOT EXTRACTED

L-12 & R-14 " EXTRACTED

Date Sept. 9, 1944

W. J. Burton
Dental Corps, U. S. A.

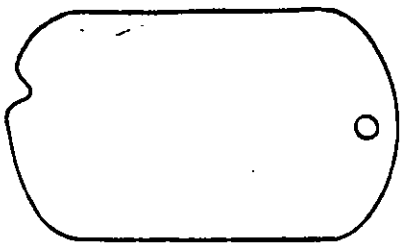
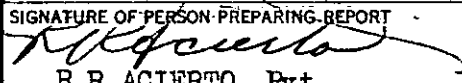
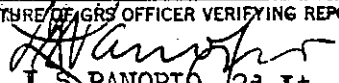
*Restorable carious teeth by 0
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments)

○	X	○
---	---	---

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 16 Dec 47
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-2698 (Formerly UNK X-41 USAF Cem #2, Finschhafen, New Guinea)				SERIAL No. Unknown	
	GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
	RACE Unknown	RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY:		
PLACE OF DEATH Sanananda Road, New Guinea	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 5 on reverse)				WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P						
DATE OF BURIAL STORAGE 8 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. EINGEP 802	ROW No. BAY E	GRAVE No. CRYPT 1665
WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 2043
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) SICHEL UNKNOWN X-2701			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1667
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2696			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1663
SIGNATURE OF PERSON PREPARING REPORT  R R ACIERITO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L 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.						

MAR 25 1948

Handwritten notes and scribbles at the bottom left corner.

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


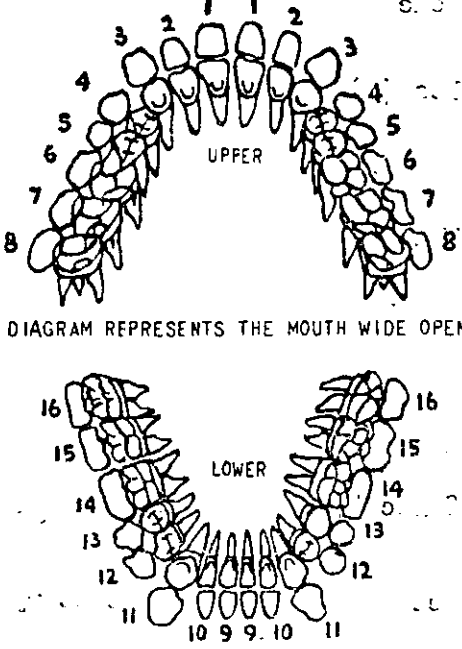

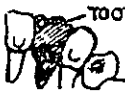


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
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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					 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN				
CAVITIES  CAVITY DECAYED									
MISSING TEETH  TOOTH MISSING									
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN									
BRIDGE WORK  GOLD BRIDGE									
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY									



REMARKS:

Identification Check List and Dental Chart accomplished.

10 FEB 1948

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

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

Unknown X-41

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

Sanananda Road, N. G.

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 or co-ordinates of location)

Disinterred from Grave #56 USAF Cemetery, Sojata #1, N. G. As Unknown X-4

2043

Cross regulation w/plate

(Grave number)

(Row number)

(Plot number)

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

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

Religion

CERTIFIED TRUE COPY:

Paul J. Tomm

P. J. TOMM, Capt. OMC.

(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 Marmor, Frank S. 37097145 Pvt. Co. E, 126 Inf. 2044
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Burnett, Louis Jr. 20636054 S/Sgt. Co. M, 126 Inf. 2042
(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)

870

RESTRICTED

CONFIDENTIAL

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

1162

1162

323

719

UNKNOWN X-41

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Sanananda Road, N.G.

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 #56 USAF Cemetery, Soputa #1, N.G. as Unknown X of

2043

(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 MARMUR, Frank S. 37 097 145 Pvt. Co.E, 126 Inf 2044

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT BURNETT, Louis Jr. 20 636 054 S/Sgt Co.M, 126 Inf 2042

(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

372

6-16-45
TIA
WAK

CONFIDENTIAL

IF DECEASED UNIDENTIFIED

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

Height:	Apparent Nationality:
Weight:	Laundry marks:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached?

(if possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,
deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH-A SKETCH OF THE
LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Geo A Ross
George A. Ross M/Sgt-GRS

(Signature of officer or other person reporting burial)

Charles R Myers
CHARLES R. MYERS, t., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

THUMB

RIGHT HAND

4

3

2

THUMB

RECEIVED
8 MAY 1945

~~CONFIDENTIAL~~ changed to.

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Restricted 1162
AB-30-1815
Dy with label for 2 more

UNKNOWN X-4, Soputa Cemetery No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sananda Road, N.G. Unknown K.I.A.
(Place of death) (Date of death) (Cause of death)

April 3, 1943 U.S.T.C. No. 1, Soputa N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

56 4 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

Remains of an Unidentified American Soldier disinterred from U.S.T.C.
No. 2, Soputa, N.G. Grave No. 331
(If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT End of Row
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HENDRICKS, Gilbert T. Pfc. 36155332, Co. K. 126 Inf. 55
(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

Certified true copy:

~~CONFIDENTIAL~~

PAUL J. PONN, 1st Lt., QMc. 116

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, GRS.,
(Signature of officer or other person reporting burial)

STEWART W. ABEL, 1st Lt. GRS.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

THUMB

RIGHT HAND

4

3

2

THUMB

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

~~CONFIDENTIAL~~ Restricted to *4162*
card

UNKNOWN X 4, Soputa Cemetery No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanananda Road, N.G. Unknown K. I. A.
(Place of death) (Date of death) (Cause of death)

April, 3, 1943 U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

56 4 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

Remains of an Unidentified American Soldier disinterred from
U.S.T.C. No. 2, Soputa, N.G. Grave No. 333.

(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 End of Row
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HENDRICKS, Gilbert T., Pfc., 36155332, Co. K. 126 Inf. 55
(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:

changed to
~~CONFIDENTIAL~~ Restricted
22-ant 9R 30-1815 8/2/41

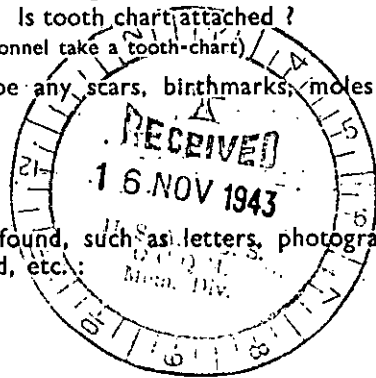
IF DECEASED UNIDENTIFIED

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. Winsor GRS

(Signature of officer or other person reporting burial)

STEWART W. ABELL 1st Lt., GRS,

40th W. Co., GRS.

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

1162

~~CONFIDENTIAL~~

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

293 New Guinea

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

Unknown

Unknown

(Last Name) (First) (Initial)

(Serial No.)

(Rank)

(Organization)

Sanananda Road, N. G.

Unknown

K.I.A.

(Place of Death)

(Date of Death)

(Cause of Death)

April 3, 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)

Buried with body

Attached to marker

56

4

Temp Cross.

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

Remains of an Unidentified American Soldier disinterred from
U.S.T.C. #2, Soputa, N. G. Grave No 33.

Protestant

Catholic

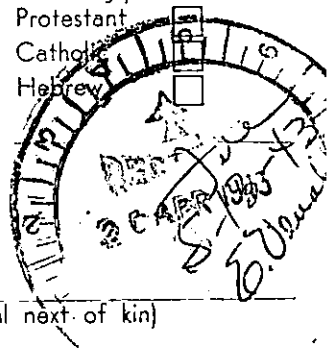
Hebrew

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)



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

(Required when positive identity cannot otherwise be established) (Par. 25g (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

7

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

On Right— End of Row.

On Left— HENDRICKS, Gilbert T., Pfc., 36155332, Co K, 126 Inf., Grave No 55.

S/Egt. F. J. Winsor, GRC.
Signature of Officer or other person reporting Burial.

Robert W. Abel
STE ART W. ABEL, 1st Lt., GRC.
Verified by Army G.R.S. Officer.

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

REPORT OF INTERMENT

CONFIDENTIAL

C-476
1162

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

293 *him* *...*

(Par. 21d - TM 10-630)

UNKNOWN

UNKNOWN

UNKNOWN

(Last Name) (First) (Initial)

(Serial No.)

(Rank)

(Organization)

Sanananda Road, NG.

UNKNOWN

K.I.A.

(Place of Death)

(Date of Death)

(Cause of Death)

11:00 A.M. Jan. 15, 1943

Soputa No. 2 NG.

(Time and Date of Burial)

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

33

1

Cross

Buried with body
Attached to marker

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

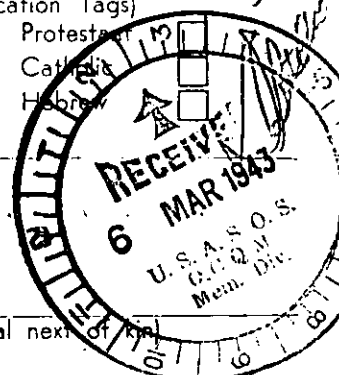
Protestant
Catholic
Hebrew

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

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. 256 (2) TM 10-630)

Place X mark below when prints are of left hand

Thumb	1	2	3	4	5

List of personal effects and disposition of same

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

On Right—

On Left—

E. Kaplan G.R.S.

Signature of Officer or other person reporting Burial.

James T. McConnaughey
Verified by Army G.R.S. Officer.
JAMES T. MCCONNAUGHEY

2nd Lt. Q.M.G. Graves Reg. Officer
Chief, G.R.S.—Original to the Q.M.G.

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