

QMGMT 293  
GRS Far East

1 November 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Philippine Air Command  
APO 74, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

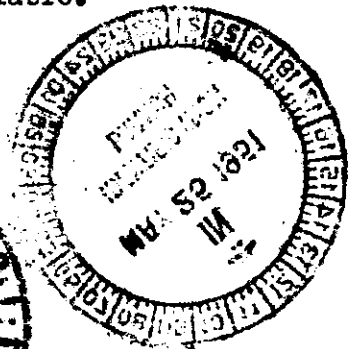
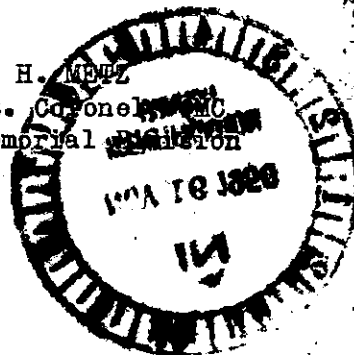
1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

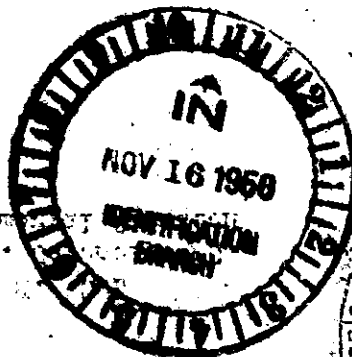
Unknown X-1493	(formerly Unk X-52,	USAF Cemetery #2,	Finschhafen)
" X-1565	( " " X-76,	" " " "	" "
" X-2323	( " " X-619,	" " #1,	Leyte )
" X-3127	( " " X-44,	" " #2,	Finschhafen )
" X-3130	( " " X-133,	" " " "	" "
" X-3233	( " " X-69,	" " #1,	Santa Barbara )
" X-3235	( " " X-71,	" " " "	" "
" X-3401	( " " X-333,	" " " "	Leyte )
" X-3403	( " " X-337,	" " " "	" "
" X-3430	( " " X-331,	" " " "	" "

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

FOR THE QUARTERMASTER GENERAL:

T. H. MBEZ  
Lt. Colonel, USAF  
Memorial Administration





ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE DATE AND TIME INDICATED BELOW

1	1-2420	(	"	"	"	"	"	"	"
4	1-2421	(	"	"	"	"	"	"	"
"	1-2422	(	"	"	"	"	"	"	"
"	1-2423	(	"	"	"	"	"	"	"
"	1-2424	(	"	"	"	"	"	"	"
"	1-2425	(	"	"	"	"	"	"	"
"	1-2426	(	"	"	"	"	"	"	"
"	1-2427	(	"	"	"	"	"	"	"
"	1-2428	(	"	"	"	"	"	"	"
"	1-2429	(	"	"	"	"	"	"	"
"	1-2430	(	"	"	"	"	"	"	"
"	1-2431	(	"	"	"	"	"	"	"
"	1-2432	(	"	"	"	"	"	"	"
"	1-2433	(	"	"	"	"	"	"	"
"	1-2434	(	"	"	"	"	"	"	"
"	1-2435	(	"	"	"	"	"	"	"
"	1-2436	(	"	"	"	"	"	"	"
"	1-2437	(	"	"	"	"	"	"	"
"	1-2438	(	"	"	"	"	"	"	"
"	1-2439	(	"	"	"	"	"	"	"
"	1-2440	(	"	"	"	"	"	"	"

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE DATE AND TIME INDICATED BELOW

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
EXCEPT WHERE SHOWN  
OTHERWISE BY THE DATE  
AND TIME INDICATED  
BELOW

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE DATE AND TIME INDICATED BELOW

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

EXCEPT WHERE SHOWN OTHERWISE

GSGR 293.9

APD 707  
12 OCT 1949

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 QM GMI 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	K-136, Island Com.	UNKNOWN	X-3401	AGRS	Mslm
	X-700	AGRS	Mslm		
	X-1167	"	"	X-3403	" "
	X-1887	"	"	X-3430	" "
	X-1245	"	"	X-3956	" "
	X-1493	"	"	X-4132	" "
	X-1565	"	"	X-4133	" "
	X-2323	"	"	X-4134	" "
	X-3127	"	"	X-4427	" "
	X-3130	"	"	X-4676	" "
	X-3233	"	"	X-4799	" "
	X-3235	"	"	X-4803	" "

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

FOR THE COMMANDING GENERAL:

23 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

ABSTRACT COPY

MEMORANDUM FOR: Officer in Charge, Casualty Section  
Personnel Actions Branch, AGO

FROM: OIC, Determination Unit, Personnel Actions Branch, AGO

The 126th Infantry was engaged in operations against the Japanese in the Buna Area of New Guinea and established a road block on the Soputa - Sanananda Road to Buna. This road block was established on or about 1 December 1942 (later known as 'Huggins' road block) and was inside the Japanese lines. Heavy fighting was experienced during the establishment of this road block and a number of men of the 126th Infantry were killed during the engagements.

AIRMAIL

*293 unk new Sumner X-52 Finschhafen #2*

CINCPT 293  
TIREY, Henry W.  
Cpl. 34133171

8 September 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Proceedings of the Field Board of Review recommending the individual identification of Unknown X-1493, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-52, USAF Cemetery #2, Finschhafen, N.G.) as Tirey, Henry W. Cpl., 34133171, are returned herewith disapproved for the following reasons:

- a. Although the remains were found in the general area, where Cpl. Tirey was killed, there is no definite clue that the unknown is Cpl. Tirey.
- b. The dental data of the unknown is insufficient and the estimated height and weight is lacking in this case.

2. It is requested that further investigation be conducted and the findings of the Field Board be forwarded to this Office.

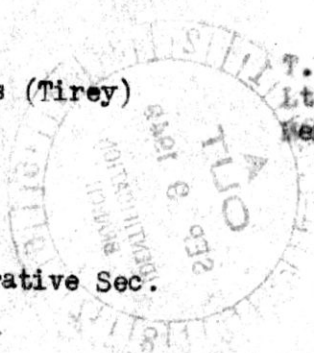
FOR THE ACTING THE QUARTERMASTER GENERAL:

I Inc  
Bd Proceedings (Tirey)  
M. Donovan: jdk  
(Sales)

BALL  
JW

cc: Administrative Sec.  
cc: Cinfe

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



REB

TEC

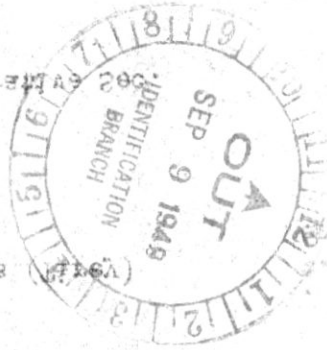
AIRMAIL

*X-293 Tirey, Henry W. 34133171*

AIRMAIL

cc: STUCIS  
cc: WASHINGTON FIELD

SEP 9 1948  
DEPT OF JUSTICE  
COMMUNICATIONS SECTION  
RECEIVED



[Faint, mostly illegible typed text]

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AIRMAIL

Interred 28 Oct 1949  
D-11 87 Ft. McKinley

DISINTERMENT DIRECTIVE

*caremark they w/ us on file*  
CARL R. H. MARK

Cemetery Superintendent.  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6911 00202

DATE  
15 01 48  
DAY MONTH YEAR

/fms  
1  
/csv

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X-000052				Q	
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 DISINTERRED
UNKNOWN X-52				6 Apr 49
UNKNOWN X-1493 Maus				
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 6 Apr 49	BY RICHARD HOYT
CASKET SEALED BY RICHARD HOYT	EMBALMER (Signature) s/ Richard Hoyt
CASKET BOXED AND MARKED WEYMAN L MCGUIRE	SHIPPING ADDRESS VERIFIED BY
DATE 6 Apr 49 BY SGT, MC	PAUL E HEINEMAN, 1st Lt., Inf.

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

s/ Paul E. Heineman, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carol Ann Mark</i>	DATE <b>28 OCT 1949</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>MARK</i>	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>(BY VERMONT STATE ORDER)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>WILLIAM BRITTON</i>	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM <i>1333 NEW GOTHAM</i>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>GOIN</i>	DATE <i>10</i>	SIGNATURE OF RECEIVER <i>GOIN</i>	DATE <i>10</i>

*RECEIVED (SHIPPED) 10 OCT 49*

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>00705 12 01 49</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

27 Sept 1949

Date

SUBJECT: Unidentifiable Remains  
TO : The Quartermaster  
Washington 25, D. C.  
Attn: Memorial Division

The records pertaining to Unknown X- 52, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1333, USMC USAF Cem. Finsch #2 have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. C. McNemar  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received ..... 25 Oct 49 ..... OQMG  
Not identifiable from  
information presently  
available P. a. Fields, ED  
27 Oct. 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-1493 (Formerly UNK X-52 Finsch #2)</b>				2. DATE OF REPORT <b>29 Sept 1949</b>	
3. NAME OF CEMETERY  <b>AGRS, Mausoleum, Manila, P. I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>H A</b>	<b>2465</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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**

**"UNIDENTIFIABLE"**

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

18.

TOOTH CHART

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



SIDE VIEW



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



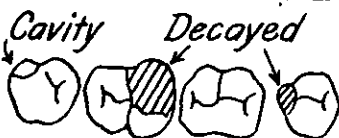
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



Partially impacted									LEFT partially impacted							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
						⊗	⊗	⊗	⊗	⊗	⊗	⊗				
Side View																Side View
Top View																
	UPPER															
Side View																Side View
	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."

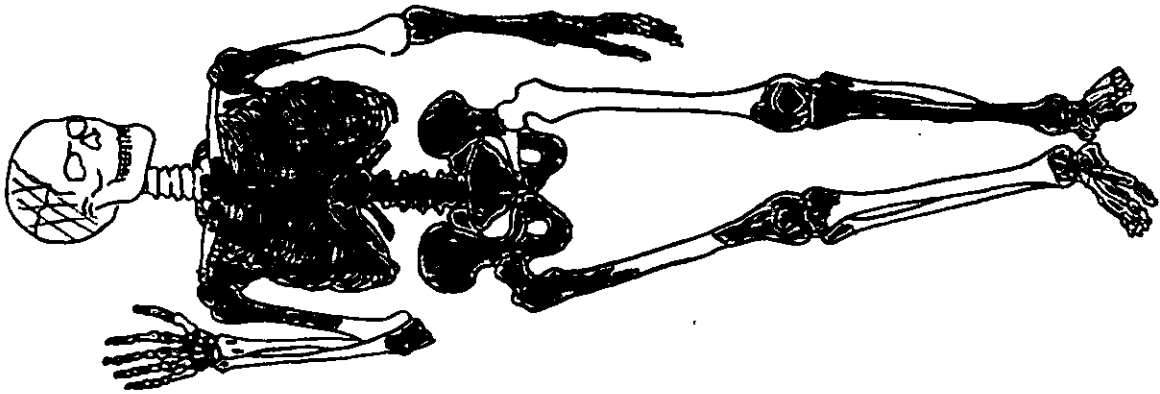
*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

**"UNIDENTIFIABLE"**

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

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 57lbs.

**"UNIDENTIFIABLE"**

**"BY REASON OF LACK OF RECOVERING DATA"**

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Identification Section

SIGNATURE

/af

# 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-1493-A (Formerly Unk X-52)			5 Nov 47		
USAF Cem #2, Finschhafen, N.G.)			DATE		
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
Unknown			Unknown		
UNIT			ORGANIZATION		
Soputa Sananananda Trail			AGRS Mausoleum, Manila, P.I.		
PLACE OF DEATH			PLACE OF BURIAL STORAGE		
PLOT		ROW	GRAVE NO.		
812		H	2465		
DANGER		BAY	CRYPT		

																<i>unrupted</i>																											
																<i>unrupted</i>																											
				RIGHT				UPPER TEETH				LEFT																															
8		7		6		5		4		3		2		1		1		2		3		4		5		6		7		8													
TYPE																															LOCATION												
LOCATION																															LOCATION												
INSIDE — LOOKING OUT																																											
																RIGHT				LOWER TEETH				LEFT																			
16		15		14		13		12		11		10		9		9		10		11		12		13		14		15		16													
TYPE																															LOCATION												
LOCATION																															LOCATION												

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;">X</span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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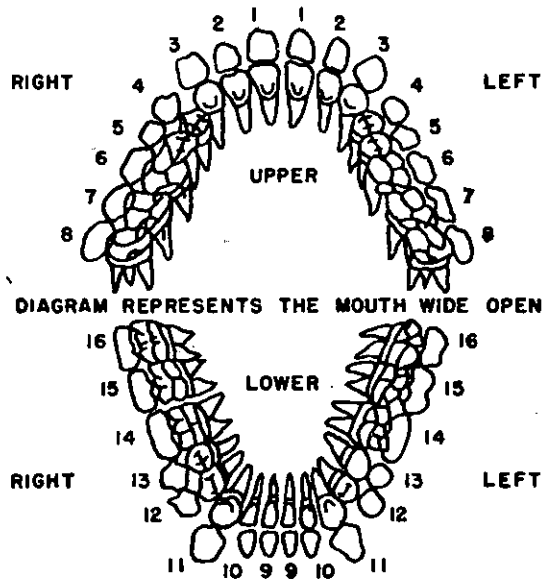
**INSTRUCTIONS:**

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:**

General condition of teeth, good.

/s/ Charles H. Vanderbilt  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ CHARLES H. VANDERBILT  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

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

5 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)

/af

UNKNOWN X-1493-A (Formerly  
 Unknown X-52, USAF Cem Finsch #2, N.G.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 JANGER H BAY CRYP Grave 2465  
Row

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 5 Nov 47  
(Hour) (Date)

2. Place of death Soputa Sanamananda Trail  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~removed~~ disinterred by 609th QM GR CO.  
(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	N		
Jacket, HBT	O N E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia \_\_\_\_\_  
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

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

6. Description of Remains: **Skeletal remains only. Chart attached.**

Age UFD Height UFD Weight UFD 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 curling or other characteristics)

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



Goatee /// (Light, color, extent)

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

Nose T (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 in inches UFD (Flat 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 T (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 In processing two (2) remains were found. Because of bone structure, we were able to segregate and the two remains were assigned Nos. X-1493-A and X-1493-B. No I.D. tags, burial bottle, personal effects, or other means of identification found. Unable to determine circumference of skull due to fragmentation. Estimated weight of remains 5 lbs.

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

CERTIFIED TRUE COPY:

*George T. Gamboa*

GEORGE T. GAMBOA  
2d Lt MAC

/s/ Edward H. Marshall

(Officer's Name)

SP-8 C-062874

Rank

Service

CIP, AGRS Mausoleum, Manila, P.I.

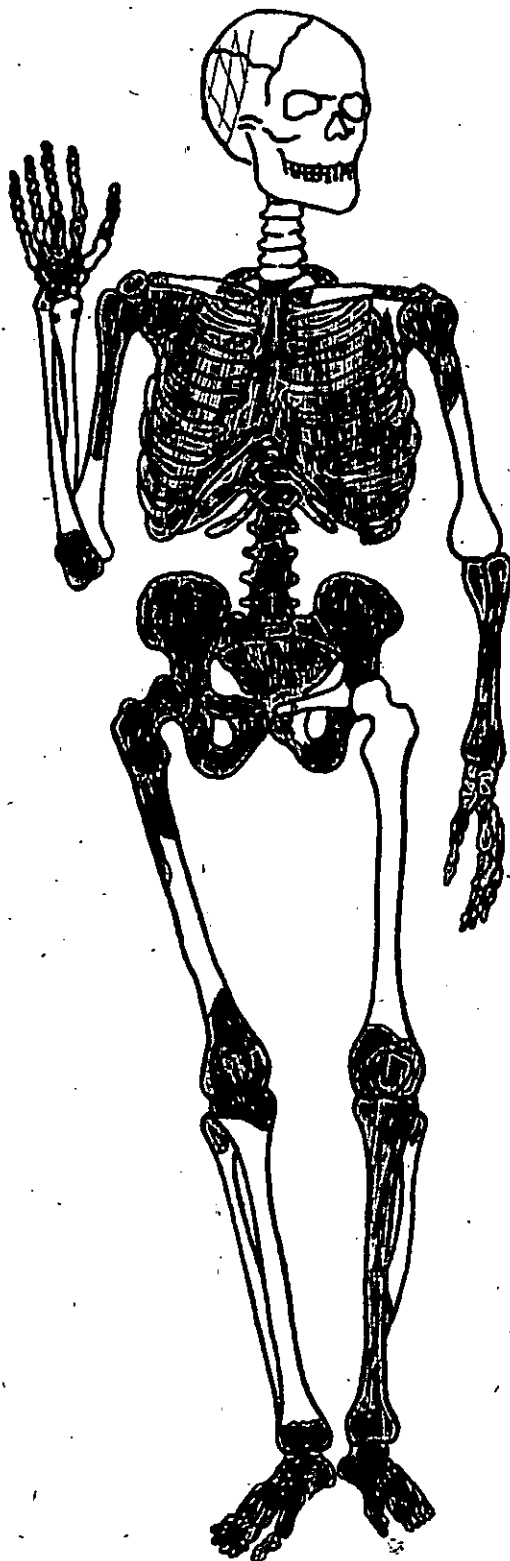
(Organization)

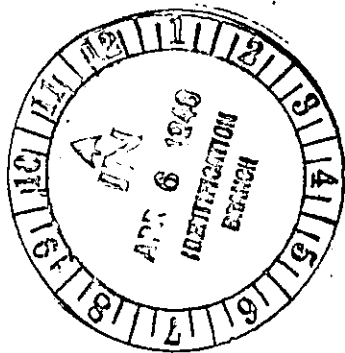
5 Nov 47

# SKELETAL CHART

X-1493-A

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

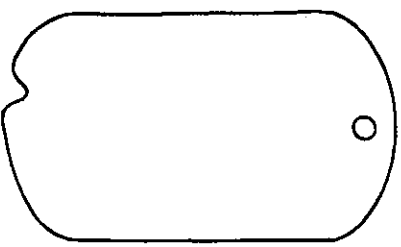




WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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) <b>UNKNOWN X-1493-A (Formerly Unk X-52 USAF Cem #2, Finschhafen, N.G.)</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Soputa Sananananda Trail</b>	CAUSE OF DEATH <b>GSW KIA</b>	DATE OF DEATH <b>o/b Dec 47</b>
---	----------------------------------	------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>See Remarks</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

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 STORAGE <b>7 Nov 47</b>	HOUR <b>1100</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORSD Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>HANGER 812</b>	ROW No. <b>BAV H</b>	GRAVE No. <b>CR479 2465</b>
---	---------------------	---	-------------------------------------	-------------------------------	-------------------------	--------------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery #2, Finschhafen, New Guinea</b>	PLOT No.	ROW No.	GRAVE No. <b>1333</b>
--	---	----------	---------	--------------------------

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) STORSD <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORSD UNKNOWN X-1494</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 2467</b>
--	------	------------	--------------	------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORSD UNKNOWN X-1491</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 2463</b>
---	------	------------	--------------	------------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>Wm. R GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>LUCIO S PANOPLO, 2d Lt INF</b>
--	--

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

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


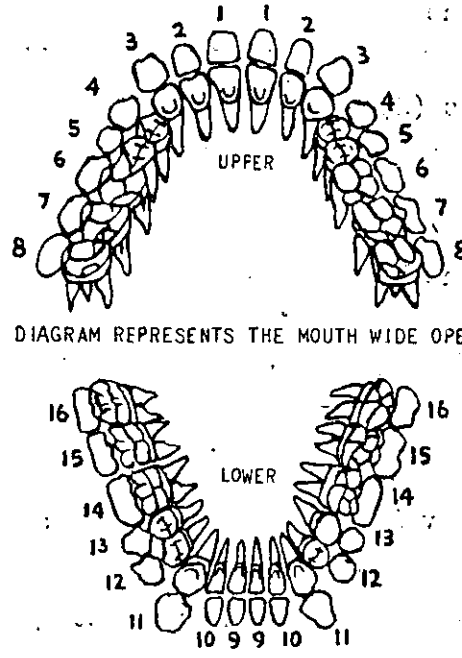




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

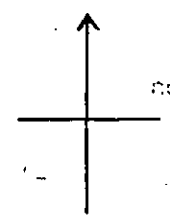
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:** In processing UNK X-52 USAF Cemetery #2, Finschhafen, New Guinea, bones of two (2) remains were found and after segregation they were recorded as UNKNOWN X-1493-A and UNKNOWN X-1493-B. AGRS Mausoleum, Manila, P.I. Identification Check List and Dental Chart accomplished.

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	

13 JAN 1948

RESTRICTED

RE-  
REPORT OF INTERMENT

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

238

645 645

UNKNOWN

X

52

*T.H.*

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

Soputa Sananananda Trail

o/b Dec 1942

GSW KIA

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

1030 hrs 2 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

*as unknown 1-1*

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

Disinterred from grave 32 USAF CEMETERY #1 Soputa NG

1333

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?)

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

Religion

Body buried on RIGHT GROSSHEIM, Roland P 37 130 614 Pfc Co A 127 Inf

1334  
*1334*

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

Body buried on LEFT GASKEL, Owen D 20 042 648 Co B 163d Inf

1332  
*1332*

(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 none-reinterment

*File 6-16-45-72K*





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

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

UNKNOWN X 52  
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
 Soputa Sanananda Trail o/b Dec 1942 GSW KIA  
 (Place of death) (Date of death) (Cause of death)  
 1030 hrs 2 April 1945 USAF CEMETERY #2, FINSCHAFEN, NG as unknown X-1  
 (Time and date of burial) reburial (Name of cemetery) (Name or co-ordinates of location)  
 Disinterred from grave 32 USAF CEMETERY #1, Soputa, NG  
 1333 Cross Regulation  
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion

CERTIFIED TRUE COPY

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

*P. J. Tonn*

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

Body buried on RIGHT GROSSHEIM, Roland P 37 130 614 Pfc Co A 127 Inf 1334  
 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 Body buried on LEFT GASKEL, Owen D 20 042 648 Sgt Co B 163 Inf 1332  
 (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-reinforcement

(21)

783

RESTRICTED

**IF DECEASED UNIDENTIFIED**

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

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

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

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

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

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

GEO. A. ROSS, M/SGT., QMC-GRS.

(Signature of officer or other person reporting burial)

CHARLES R. MYERS., LT QMC

(Verified by Army GRS Office)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL NOV 30 1943 645

UNKNOWN X.1, Soputa Cemetery No.1  
 Soputa-Banananda Trail (Initial) (Serial number) (Rank) Unknown  
 three miles N. Soputa. (Place of death) Dec., 1942 (Date of death) G.S.W. K.I.A. (Cause of death)  
 April 2, 1943 (Time and date of burial) U.S.T.C. No.1, Soputa, N.G. (Name of cemetery) (Name or coordinates of location)

32 (Grave number) 3 (Row number) (Plot number) Temp. Cross (Type of marker—Regulation V-shaped or other)

Disposition of Identification tags: Buried with body Yes  No  Attached to marker Yes  No   
 Remains of Unidentified American Soldier was disinterred from grave  
 No. 19, U.S.T.C. Soputa No.2, N.G.  
 Map ref. of original burial - ref. of large trees -- 17.6-24.1  
 (If no identification tags, what means of identification are buried with the body ?)

Gona Locality (Revised) -2/1 Aust. Topo. Survey Co. Dec. '42.  
 Scale 4" = 1 mile. Religion

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

Body buried on RIGHT STEINLØFSON, Steingrim, Pvt., 37096656, Co. D. 126 Inf. 33  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT PRICE, Charles L., T/5, 36155825, Anti-Tank Co., 31  
 (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

OCOM REC'D PM 4:00 16 Nov 1943

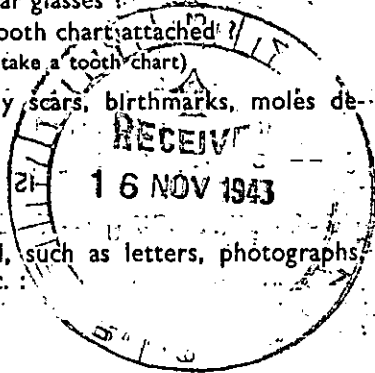
IF DECEASED UNIDENTIFIED

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, G.R.S.

(Signature of officer or other person reporting burial)

STEWART W. ABBE 1st Lt.

1st Plat. 48th GRS Co.,

Q.M.C.,

QMC

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

*Charles M. ...* 645

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

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER.

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

Soputa-Sanananda trail  
three miles N. Soputa,

Dec., 1942

G.S.W.\*K.I.A.

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

*2-23 ... (Soputa)*

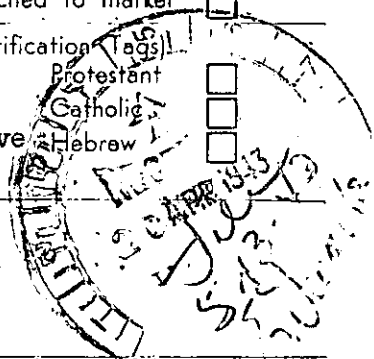
April 2, 1943 U.S.T.C. # 1, Soputa, N. G.

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

32 3 Temp. Cross  
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Buried with body   
Attached to marker

Remains of Unidentified American Soldier was disinterree from grave # Hebrew  
No 19, U. S.T.C. # 2, Soputa, N. G.



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. 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— Steidolfson, Steingrimu, Pvt., 37096656, Co D 126 Inf., Grave No 33

On Left— Price, Charles L., T/5, 36155825, Anti-tank Co, 126 Inf., Grave No 31.

S/Sgt. F. J. Winsor GRS

Signature of Officer or other person reporting Burial.

Stewart W. Abel  
STEWART W. ABEL, 1st. Lt. OMC.

Verified by 1st. Pvt. GRS Officer Co., OMC.

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

## REPORT OF INTERMENT

**CONFIDENTIAL**

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

645

(Part 21d - TM 10-630)

C-3003

UNIDENTIFIED AMERICAN SOLDIER unknown unknown unknown

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

Soputa-Sanananda-trail

Three miles N. Soputa

Dec., 1942

G.S.W.-K.I.A.

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

4 P.M. Dec 28, 1942

U.S. Cemetery-Soputa #2, 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 

19

2

Cross

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

Map ref. of large trees---17.6-24.1

Gona Locality (Revised)-2/1 Aust. Topo. Survey Co. Dec. '42

Scale 4"-1 mile

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)

7th  
5-7-42  
D. B. [unclear]

CONFIDENTIAL

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

(Required when positive identity cannot otherwise be established) (Part 5e (2))

TM 10-630

Place X mark  
below when  
prints are of  
left hand



None				
Thumb	1	2	3	4

List of personal effects and disposition of same

None

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

On Right- S. Steinolfson, Pvt., 37096656, Co D 126 Inf. Grave #20

On Left- G.L. Price, T/5., 36155825, Anti-tank Co. 126 Inf. Grave #18

Signature of Officer or other person reporting Burial.

**LeRoy Turner, S/Sgt., G.R.S.**

Verified by Army G.R.S. Officer **JAMES T. MCCONNAUGHEY**

**2nd. Lt., QMC.**

**Graves Reg. Officer**

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