

QUART 293
GNS Far East

5 July 1949

SUBJECT: Identification of World War II Deceased

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

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

X-2696 (formerly X-64 Finschhafen #2, N. G.)
X-2717 (formerly X-62 Finschhafen #2, N. G.)

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

3. As the Report of Storage for Unknown X-4925 AGNS Mausoleum, Manila, P.I., classified as unidentifiable by your headquarters, cannot be located in this Office, it is requested that Form 1042 be forwarded.

FOR THE QUARTERMASTER GENERAL:

I. H. METZ
Lt. Colonel, QMC
Memorial Division

D.M. Degentire
Salser
JW



cc--Administrative Section



GSGR 293.9

APG 707
15 JUNE 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 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-304, Finschhafen #2 (Formerly Unk X-1493-D, AGRS Mausoleum, Manila, P.I.)	
" X-2696	UNKNOWN X-3171
" X-2717	" X-4822
" X-3152	" X-4926
" X-3157	

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

FOR THE QUARTERMASTER GENERAL:

8 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., AGD
Asst Adj Gen

1

Interred 11 Oct. 1949
B 11 3 Ft. McKinley

Caremark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00209

DATE

15 01 48
DAY MONTH YEAR

NAME

997

SERIAL NUMBER

UNKNOWN X-000054

RANK

2/189

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS

7701 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1623 NEW GUINEA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

Unk X-2696 (Mausoleum)
Unk X-000054 (Finsch #2)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

19 May '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

ROBERT L. LENNON

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Unknown X-54, Finsch #2, Grave # 1523

FOR DISCREPANCIES /

Grave, Marker reads Grave 1523 Unk X-54
ID tag Unk X-S-54 Grave # 1623

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 May '48

BY

ROBERT E. LENNON

CASKET SEALED BY

ROBERT L. LENNON

EMBALMER (Signature)

Robert L. Lennon
ROBERT L. LENNON

CASKET BOXED AND MARKED

DATE 19 May '48 PLACIDO M CASTILLO

SHIPPING ADDRESS VERIFIED BY

AGUSTIN C. LIQUIGAN, 2nd 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 C. Liquigan
AGUSTIN C. LIQUIGAN, 2nd Lt., FA

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPAIRS

Graves

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: AGRS REMAINS DEPOT

TO:

SUPT. MEMORIAL CEMETERY, P.I.

MODE OF CONVEYANCE:

Truck

NAME OF CONVOYER:

J. BULAWAN, Capt., Cav.

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

Carerthmark

11 OCT 1949

DATE

2. SHIPPED

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

3. SHIPPED

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

4. SHIPPED

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

5. SHIPPED

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

6. SHIPPED

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

RECEIVED/SHIPPED 10 OCT 49

TO:

MODE OF CONVEYANCE:

NAME OF CONVOYER:

SIGNATURE OF SHIPPER:

DATE:

SIGNATURE OF RECEIVER:

DATE:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900


2 June 1949
Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 54, Plot _____,
Row _____, Grave 1623, USMC Finschhafen #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:


R. B. McNEELAR
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 27.....OQMG
Not identifiable from
information presently
available

Incl. #2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2696 (Formerly UNK X-54 Finson #2)				2. DATE OF REPORT 2 June 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	802	E	1663		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 8$\frac{1}{2}$"	10. COLOR OF HAIR U. T. D.	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U. T. D.

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

N O N E





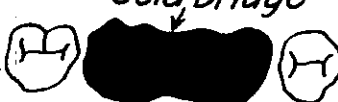





17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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

Incl # 2^a

TOOTH CHART

<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>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
LOWER															
Side Views															
M A N D I B L E								M I S S I N G							
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."

No loose teeth present with remains.

"UNIDENTIFIABLE"

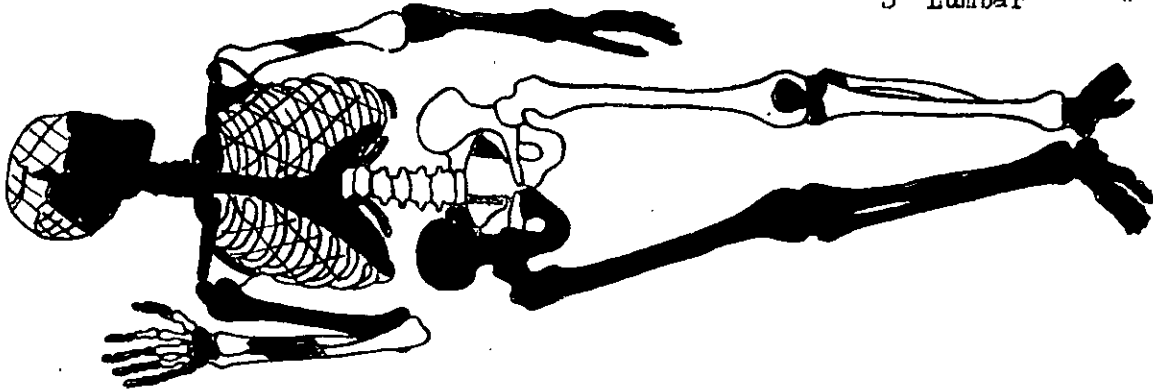
J. S. McDermott
 J. S. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT COVERED

Received:

9 Thoracic vertebrae
5 Lumbar "



Estimated height: 5' 8 1/2"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2696 (Formerly UNK X-54
~~Unknown~~ X USAF Cem #2, Finschhafen, NG)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 Row E Grave 1663

AGRS Mausoleum, Manila, P.I.

1. Arrived at Cemetery 5 Dec 47
(Hour) (Date)
2. Place of death Near Kokoda, New Guinea
(Name of closest town), (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by DET #2 QMGRS
(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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	N		
Jacket, Combat	O		
Mackinaw	N		
Sweater	E		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

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

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

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

Age Est. Height 5'8 1/2" Weight UTD 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 U (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

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

Teeth None (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / (Large, small, normal) Circumference of skull head in inches None (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 U (Short, thick, long, slender, size of knuckles, missing fingers or joints)

D. (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 / (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? No If not, explain No maxilla, no mandible.
(Yes-no)

9. Remarks No ROI bottle found, no ID tags or other personal effects found with remains. Estimated weight of remains, 3 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/ James W McClanahan
(Officer's Name)

SP-6 C-064983
Rank Service

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

5 Dec 47

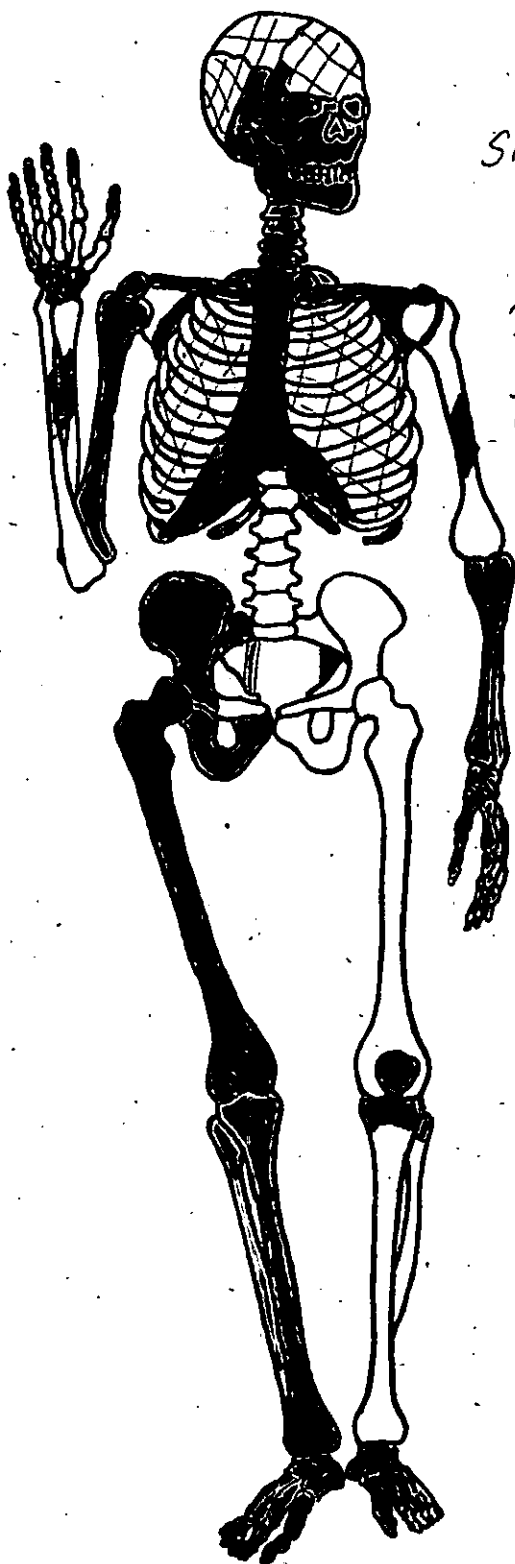
CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2696

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



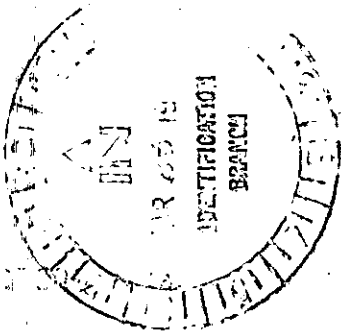
SKULL fractured

fragments of Ribs

thoracic vert. (9)

lumbar vert. (5)

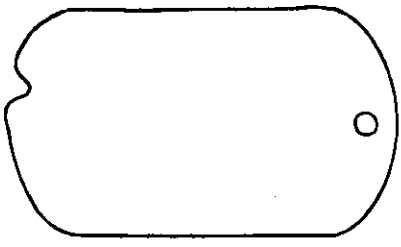
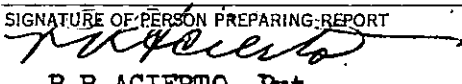
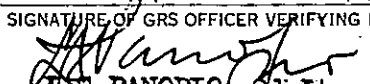
[Handwritten signature]



/cbf

RESTRICTED 3336

5556

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 15 Dec 47		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.								
NAME (Last, first, middle initial) UNKNOWN X-2696 (Formerly UNK X-54 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 Near Kokoda, New Guinea		CAUSE OF DEATH KIA Plane Crash				DATE OF DEATH Approximately 25 Dec 42				
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, F.										
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. 802	ROW No. BAY E	GRAVE No. CRYPT: 1663
WAS THIS A REBURIAL? (Yes or no) 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. 1623
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) UNKNOWN X-2698				RANK	SERIAL No.	ORGANIZATION		GRAVE No. CRYPT 1665		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2694				RANK	SERIAL No.	ORGANIZATION		GRAVE No. CRYPT 1661		
SIGNATURE OF PERSON PREPARING REPORT  R R ACIERRO, Pvt					SIGNATURE OF GRS OFFICER VERIFYING REPORT  I 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.										

RESTRICTED

16-43997-1

MAP 25 1948

Serial 1190

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.

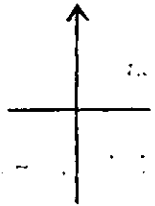
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>TOOTH CHART IMPOSSIBLE NO MANDIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO MAXILLA</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List accomplished.

10 FEB 1948

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X 54
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
 Near KOKODA, NG (Approx) 25 Dec 1942 KIA Plane Crash
 (Place of death) (Date of death) (Cause of death)
 1330 hrs 2 April 1945 USAF CEMETERY NO. 2 EINSCHHAFFEN, NG
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
 Disinterred from grave 33, USAF CEMETERY SOPUTA No. 1D, NG as Unknown X-1
 1623 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

Paul J. Tom
 P. J. TOM

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

Capt., etc

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

Body buried on RIGHT UNKNOWN X-55 1624
 (Name) (Serial number) (Rank) (Organization) (Grave number)
 Body buried on LEFT MURRAY, Dennis 20120 815 Cpl 22 TCS 374 TCS 1622
 (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

None-reinterment

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

(Signature of officer or other person reporting burial)

/s/ CHARLES R. MYERS, Lt. QMC.

(Verified by Army GR Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

RESTRICTED

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

5556

5556

UNKNOWN X 54

Near (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
KOKODA, NG (Approx) 25 Dec 1942 KIA Plane Crash
(Place of death) (Date of death) (Cause of death)

1330 hrs 2 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 33 USAF CEMETERY SOPUTA #1D NG *as Unknown X-1*
1623 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 identity definitely established, give particulars)

Religion.....

Body buried on RIGHT UNKNOWN X - 55 1624
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MURRAY, Dennis 20 120 815 Cpl 22 TCS 374 TCS 1622
(Name) (Serial number) (Rank) (Organization) (Grave number)

1050 (Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: none-reinterment

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: _____
- 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
.....GEO. A. ROSS, M/SGT., CMC, GRS.....
(Signature of officer or other person reporting burial)

Charles R. Myer
.....CHARLES R. MYER, LT., CMC.....
(Verified by Army Officer)

LEFT HAND

RIGHT HAND

THUMB

THUMB

RECEIVED
8 MAY 1945

CONFIDENTIAL REPORT OF INTERMENT

rec'd 2 Nov 44

5556

(TM 10-630 AND AR 30-1815)

UNKNOWN X 1, Soputa # 1D.

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

Near KOKODA, New Guinea. (Approx.) 25 Dec 1942. KIA, Plane Crash.

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

0900hrs. 26 Sept. 1944. USAF Cemetery Soputa, # 1D, New Guinea.

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

33

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

Remains were recovered by ANGAU at KOKODA Dec. 1943. GRS this Base returned the remains this Base for burial Services. Letter has been forwarded to 5TH AIR FORCE with all available information in an attempt...

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

to identify The Remains. (Copy attached.)

Religion

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

Body buried on RIGHT

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

34

Body buried on LEFT WHITSON, Arthie V. 34 9324299, T/4 274 Sig Heavy Const Co. 32

(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

