

291900Z OCT 51 UNCLASSIFIED

CGMC DEPT OF ARMY WASH DC
CGUSARPAC FT SHAFTER TH

DEFERRED

X

CINCPAC TOKYO JAPAN (AIR MAIL)
COAGRS PHILCOM (AF) SONS MANILA PI (AIR MAIL)

DA 38246

FROM QMGT

GERT OF UNIDENTIFIABILITY APPROVED XRAY 286 SANTA BARBARA CMA XRAY 4934
AND SISO AGRS MAUOLNUM MANILA CMA XRAY 58 FINSCH NO 2 AND XRAY 343 LEYTE

Salsar:lak

JMN

cc: Adm Sec

Copies furnished: CINCPAC, APO 500
PHILCOM, APO 928

BBK

UNCLASSIFIED

(GRAVES)

LT COL BENJAMIN B. KING

QMGT 293 GRS PACIFIC

74089

J. G. WHICHER
LT COL, QMC, MEMORIAL DIVISION

Unidentifiable

copy # 1
DMX X-58, Finsch #2 X-58

78
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2709 (Formerly UNK X-58 Finsch #2)				2. DATE OF REPORT 24 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 802	5. ROW F.	6. GRAVE 1875	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

~~N O N E~~

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

18 October 1951 *Stewart W. Abel*

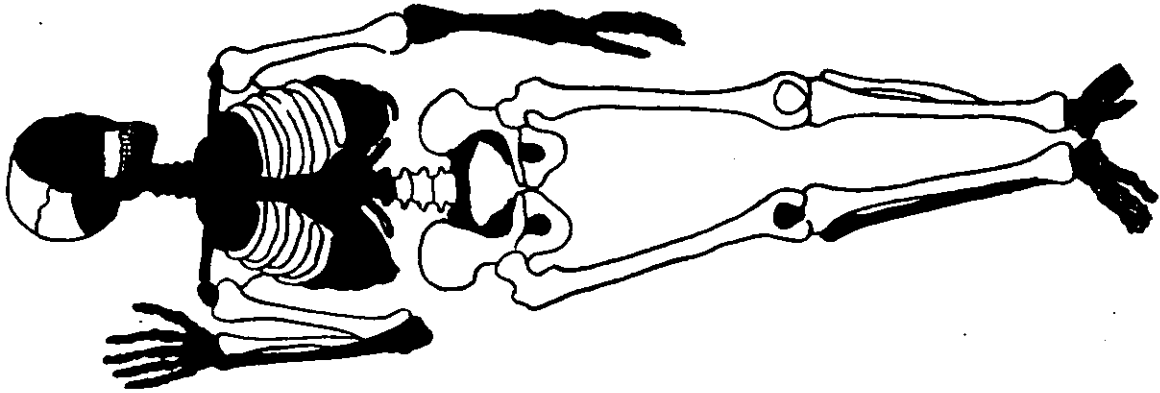
STEWART W. ABEL
1st Colonel
File OCT 26 1951

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

Celestine
Identification Branch
OCT 25 1951

Received OQMG
Identifiable from
.....
.....
available OCT 26 1951 *cel.*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 6'3/8"

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 - 6 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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

/fms

1

Interred 28 Oct 1949
D 14 87 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

SECTIONARY Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00211

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-000058		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80
PLOT ROW GRAVE COUNTRY					CAUSE OF DEATH
1630 NEW GUINEA					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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK-X-000058 UNK X-2709 (Mausoleum)				22 Sept. '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU Embalmer	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

GR - 1630

MINOR DISCREPANCIES 1

2 Identification tags show UNK X-2709 Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept. '48	BY GEORGE SIMONEAU
CASKET SEALED BY GEORGE SIMONEAU	EMBALMER (Signature) <i>George Simoneau</i> GEORGE SIMONEAU
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 22 Sept '48 BY HORACE L. ALLISON, Sgt. INF	CHARLES R. BATES, 1st Lt., USAFR

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM ACRS Mausoleum		TO Fort McKim, Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Car</i>	DATE 03 28 1949

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>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY MAIL ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>MAIIGA' BHITIBYME ISLANDS</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1020 NEW GARDEN		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>CHINA V...</i>	DATE <i>...</i>	SIGNATURE OF RECEIVER <i>...</i>	DATE <i>...</i>

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

AIRMAIL

293 unk n.g. 1.38 Finschhafen #2

QCMT 293

Unknown X-2709

AGRS Mausoleum, Manila, P.I.

9 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-2709, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-58/USAF Finschhafen #2, N. G.) as Pvt Harold H. Carlson, 37111340, are returned herewith disapproved for the following reasons:

a. Although the remains were found in the general area where Pvt Carlson was killed, there is no definite clue that the Unknown is Harold H. Carlson, other than near agreement of the height comparison.

b. The meager dental data of the Unknown is insufficient to establish the identity 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:

1 Incl
Bd Proceedings (Carlson)

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

REB

REB

TEC

M. Donovan
M. Donovan:lrc

Ball
JW

cc--Administrative Section
cc--CinC

SEP 12 12 39 PM '49

OCMC M. S. R. ER

AIRMAIL

X293 Carlson, Harold H 37111340

SEP 15 15 37 PM '49

COMMUNICATIONS SECTION



JAMRIA

QMGMT 293 Unk. N. G. X-71 (Finschhafen #2)

Unknown X-1561

AGRS Mausoleum, Manila, P. I.

6 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 that the remains of Unknown X-1561, AGRS Mausoleum, Manila, P. I., (formerly Unknown X-71, USAF Cemetery #2, Finschhafen, N. G.) be identified as T/4 Oscar C. Burnett, 36155636, are returned herewith disapproved for the following reasons:

a. Height listed on Army records on T/4 Burnett does not compare favorably with that listed on QMC Forms accomplished for Unknown X-1561.

b. The dental information available on Army records for T/4 Burnett is very meager. Dental comparisons of charts accomplished for T/4 Burnett are not contradictory with dental data for Unknowns X-1547 and X-2709, AGRS Mausoleum, Manila, recovered from same area as Unknown X-1561. There are several Unknown remains recovered from this area for which dental charts could not be accomplished.

2. In view of the above it is requested that further investigation be conducted by your headquarters and findings forwarded upon completion thereof.

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

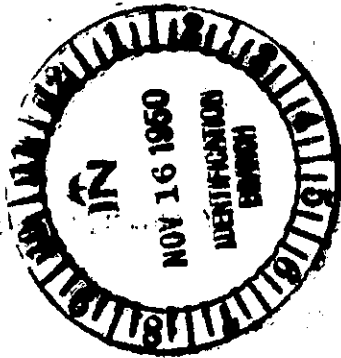
1 Incl:

Bd Proceedings (Burnett)



COPY
msb

X 293 Unk P. I.
X-2709
(Manila)



1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

X-2709

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-2709 (Formerly Unk X-58
USAF Cem Finschhafen #2, N.G.)

6 Dec 47
DATE

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

UNIT
Kelton Road N.G.
PLACE OF DEATH

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

ORGANIZATION
802 F 1875
-PLOT ROW GRAVE NO.
TANGER BAY CRATER

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

Mandible missing *No mandibular teeth present*

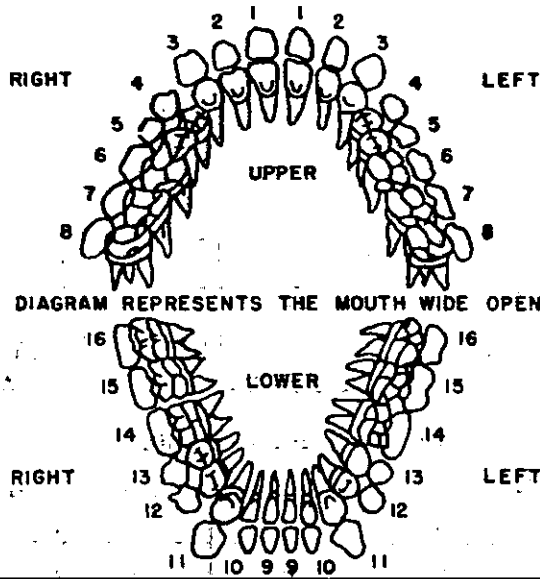
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
RIGHT										LOWER TEETH					LEFT				
TYPE																			TYPE
LOCATION																			LOCATION

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		ORYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Maxilla missing from L 5 thru L 8, no maxillary teeth present. R 6 linguallly chipped off.
Mandible missing, no mandibular teeth present.

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

/s/ Melvin S. Mittenthal
VERIFIED BY GRS OFFICER

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

/p/ MELVIN S. MITTENTHAL
NAME AND RANK TYPED OR PRINTED

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

6 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)

(Formerly Unk X-58
 (USAF Cem Fins-
 Unknown X-2709 (chhafen #2, N.G.
 Cemetery AGRS Mausoleum, Manila, P.I
⁴ANGER BAY CRPT
 Plot 802 Row F Grave 1875

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 6 Dec 47
(Hour) (Date)
2. Place of death Kelton Road, N.G.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by AGRS Det. #2, Finschhafen New Guinea
(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	N		
Sweater	O		
Jacket, HBT	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) N

(Other item) N

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

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. Only chart attached.

Age UTD Est Height 6' 3/8" Weight UTD Description of wounds UTD

Bandages or dressings / Scars (Length, width, location) /

Tattoos (Number, location -- illustrate on separate page) /

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

Sunburn or tan, other than hand and face /

Complexion (Light, medium, dark, clear, pimples, poeks, freckles) /

Build (Large, fat, thin, muscular) /

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

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

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

Goatee (Light, color, extent)

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

Nose (Side, 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 (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, hooked, 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 ID tags, personal effects, burial bottle or physical characteristics found to warrant identification. Estimated weight of remains 6 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:

G. T. Gamboa

G T GAMBOA
2d. Lt MAC

/s/ Charles Feeney
(Officer's Name)

SP-6 C-063090

Rank Service

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

6 Dec 47

X-2709

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

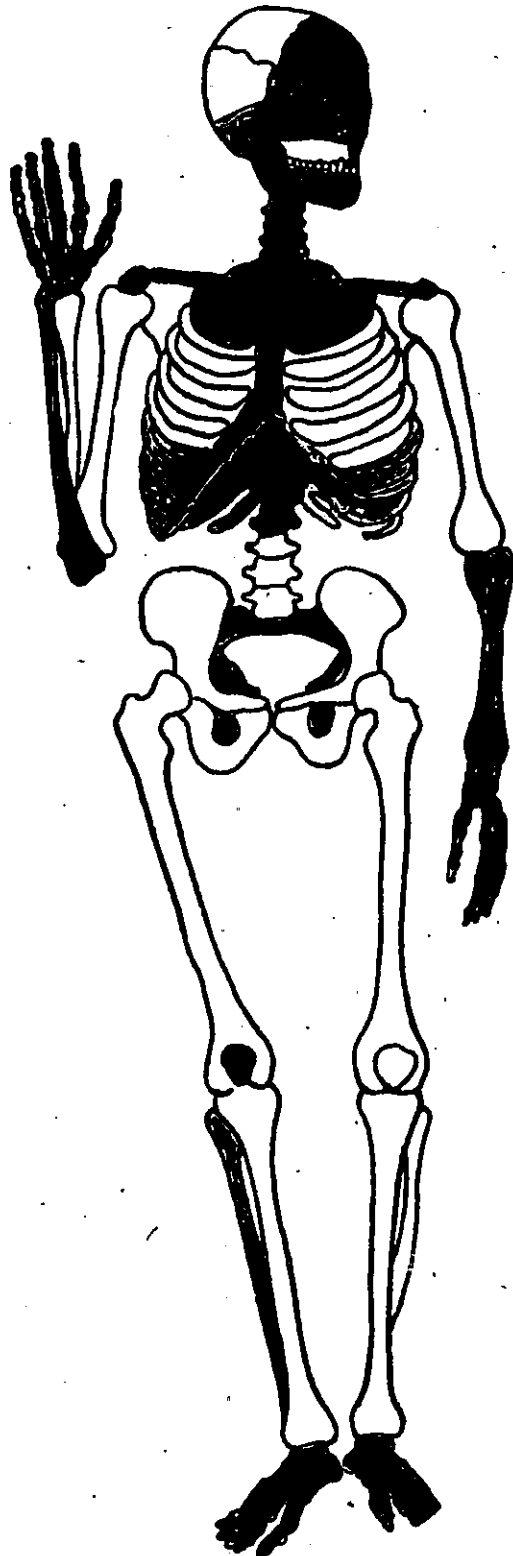
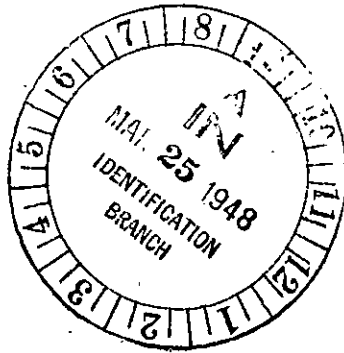


CHART "A"

RD



IDENTIFICATION BRANCH

*REPORT OF DENTAL SURVEY

X-15 #92

UPPER TEETH

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

LOWER TEETH

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

L-1, 5, 6, 7, 8 MISSING NOT EXTRACTED

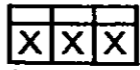
Mandible missing

Date Sept. 12, 1944

Sp. Sgt. Burton E. Lator
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



REGISTER OF DENTAL PATIENTS AT

X-15 Grave 93

(1) SURNAME

(2) CHRISTIAN NAME

Sop. # 1

(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, SURGICAL, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

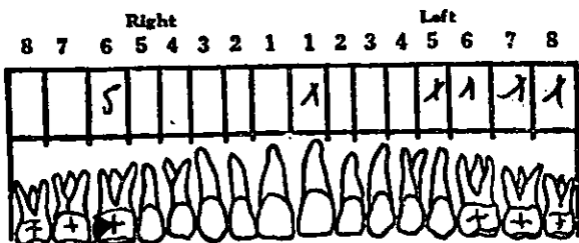
(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

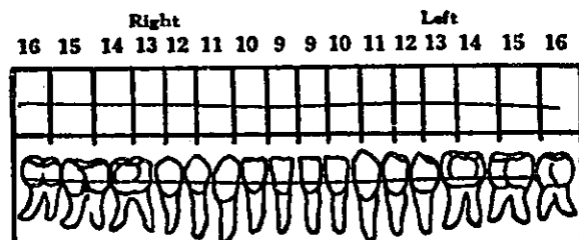
***REPORT OF DENTAL SURVEY**

X-15 # 93

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

L- 1, 5, 6, 7, 8 MISSING NOT EXTRACTED

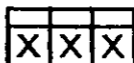
Mandible Missing

Date Sept 12, 1944

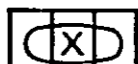
W. H. Burton & Co.
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



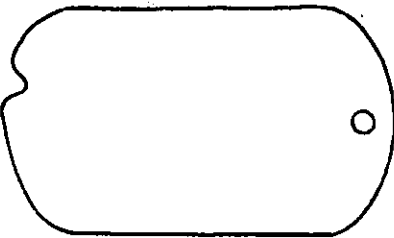
Teeth replaced by fixed bridge (oval to include abutments)



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:
17 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-2709 (Formerly Unk X-58 USAF Cem Finschhafen #2, N.G.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Kelton Road, N.G.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL STORAGE 8 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. F	GRAVE No. 1875
--	--------------	--	------------------------------	-----------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen #2, N.G.	PLOT No.	ROW No.	GRAVE No. 1630
---	---	----------	---------	-------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2711	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1877
---	------	------------	--------------	-----------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial). STORED UNKNOWN X-2705	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1873
---	------	------------	--------------	-----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R R Acierito</i> R R ACIERITO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L S Panopio</i> 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.

File 1000

MAR 25 1948

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

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

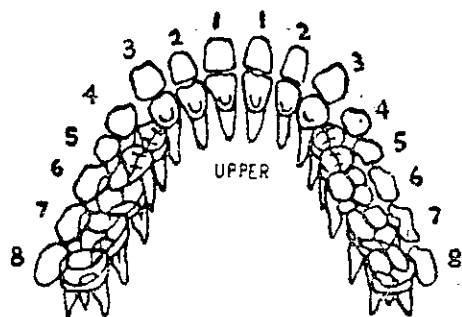
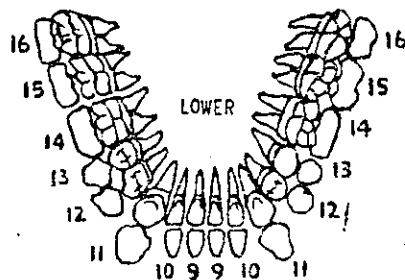
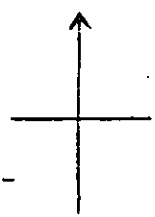


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List and Dental Chart accomplished.

10 FEB 1948

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

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

UNKNOWN X-58
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Kelton Road N.G.
(Place of death) (Date of death) (Cause of death)

0900 hrs. 3 April 1945 USAF CEMETERY " 2 FINSCHHAFEN, N.G.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 93 USAF CEMETERY SOPUTA " 1 NG (as unknown x-15)
1630 Cross-regulation
(Grave number) (Row number) (Plot number) (Type of marker—Regulation Y-shaped or other)

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

Religion.....

Paul J. Tonn
CERTIFIED TRUE COPY: P. J. TONN, Capt., QMC

(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	EASTWOOD, Howard N.	38063831	Pvt	Co. C 126 Inf	1631
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	TITECA, Francis E	10075120	Pvt		1629
	(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)

965

None reinterment

RESTRICTED

RESTRICTED

RE-

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1338

1338

UNKNOWN

X

58

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Kelton Road,

NG

(Place of death)

(Date of death)

(Cause of death)

0900hrs 3 April 1945 USAF CEMETERY #2 FINSCHAFEN, NG

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 93 USAF CEMETERY SOPUTA #1 NG *as Unknown X-15*

1630

(Grave number)

(Row number)

(Plot number)

Cross, Regulation

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

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

(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 EASTWOOD, Howard N. 38 063 831 Pvt Co C 126 Inf 1631
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT TITECA, Francis E 10 075 120 Pvt 1629
(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

RESTRICTED

966

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

Charles R Myers
CHARLES R. MYERS, OMC.
- (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
8 MAY 1945

RIGHT HAND

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

1338

UNKNOWN X-15, Soputa No. 1.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Kelton Road, New Guinea
(Place of death) (Date of death) (Cause of death)

April 7, 1943, 11.00 a.m. U.S.T.C. No. 1, Soputa N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

93 7 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 Unidentified American Soldier were disinterred
from Grave No. 67, U.S.T.C No. 2, Soputa N.G.

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

Religion

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

Body buried on RIGHT Unidentified American Soldier 94
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BLAND, Norman L., 20634432, S/Sgt. Co. C. 126 Inf. 92
(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. TONN, 1st Lt., QMC.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).

If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

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

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

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

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

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

S/Sgt. Winsor, GRS.

(Signature of officer or other person reporting burial)

STEWART W. ABEL, 1st Lt., 48th AM Co. GRS
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT **CONFIDENTIAL** ^{NOV 3 1948}

UNKNOWN X 15 Soputa No.1
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Kelton Road, New Guinea
 (Place of death) (Date of death) (Cause of death)

April 7, 1943, 11:00 a.m. U.S.T.C. No.1, Soputa, N.G.
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

93 7 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 Unidentified American Soldier were disinterred from Grave No. 67, U.S.T.C. No.2, Soputa, N.G.

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

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

Body buried on **RIGHT** Unidentified American Soldier 94
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** BLAND, Norman L., 2063/432, S/Sgt., Co.C.126 Inf. 92
 (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:

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. : Mem. Div.

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

S/Sgt. Winsor, GRS,

(Signature of officer or other person reporting burial)

STEWART W. AB

1st Lt. (Verified by Army GRS Officer)

48th QM. Co. GRS

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

(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)

93
Kelton Road, New Guinea (Place of Death) (Date of Death) (Cause of Death)

April 7, 1943, 11:00 A.M. (Time and Date of Burial) U.S.T.C. #1, Soputa, N.G. (Place of Burial - Name and No. of Cemetery, if in a cemetery)

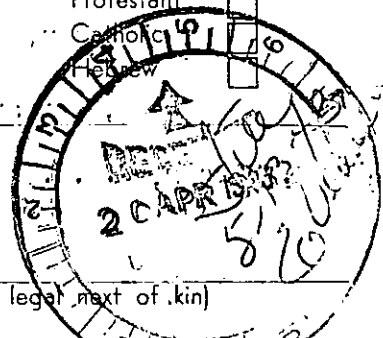
93 7 Temp. cross Buried with body
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) Attached to marker

Remains of Unidentified American Soldier were disinterred from
Grave # 67, U.S.T.C. #2, Soputa, N.G. Protestant
 Catholic
 Hebrew

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

#293 New Guinea (Unknown)
#293 (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 positive identity cannot otherwise be established)

(Par. 25e (2)
TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

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

On Right— Unidentified American Soldier

Grave # 94

On Left— BLAND, Norman L., 20634432, S/Sgt. Co. C 126 Inf.

Grave # 92

S/Sgt. Winsor, G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer
Stewart W. Abel
STEWART W. ABEL
1st Lt.
48th QM. Co. GRS

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

011

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

1338

~~293~~ *293* (Par. 21d - TM 10-630)

CONFIDENTIAL

UNIDENTIFIED AMERICAN SOLDIER

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

Kelton Road, New Guinea

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

March 1, 1943, 10:30 A.M.

U.S.T.C. #2 Soputa, N.G.

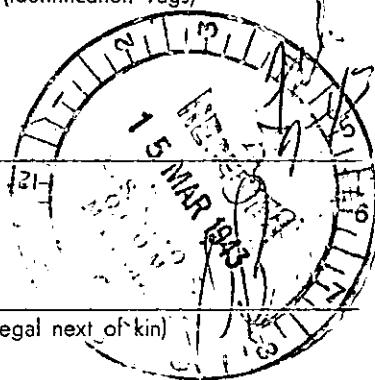
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

Buried with body
Attached to marker

67 5 Cross
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

~~292~~
~~293~~

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) (P) (2)

TS 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- VACANT

On Left- BROWN, Emil J., Pfc., 20634608, Co. D 126 Inf.

Grave # 66 row 5

A/Sgt., L.G. Brady, 163 Inf.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

James T. McConaughy
JAMES T. McCONAUGHEY
2nd. Lt. QMC.

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

Graves Reg. Officer