

293 Unk. P.I. (Misc) Maus. Manila X-194, X-243, X-1483, X-1185,  
X-1823, X-1570, X-2322, X-2234

QMGM 293  
GRS Far East

27 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-194, AGRS Maus. Manila, Unit 2, Page 16  
" X-243, " " " " 2, " 16  
" X-1483, " " " " 2, " 17  
" X-1185, AGRS Maus. Manila, formerly X-34, USAF Cem.  
Finsch #2, Unit 2, Page 27  
" X-1823, AGRS Maus. Manila, formerly X-59, USAF Cem.  
Finsch #2, Unit 2, Page 27  
" X-1570, AGRS Maus. Manila, formerly X-70, USAF Cem.  
Finsch #2, Unit 2, Page 27  
" X-2322, AGRS Maus. Manila, formerly X-618, USAF Cem.  
Leyte #1, Unit 2, Page 13  
" X-2234, AGRS Maus. Manila, formerly X-630, USAF Cem.  
Leyte #1, Unit 2, Page 13

2. Recommendations for Unidentifiability have been approved by this Office. Request that your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

COPY  
cr

X 293 Unk M.G. X-59 (Finsch #2)

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

10 MAR 1950

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 GAU 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:

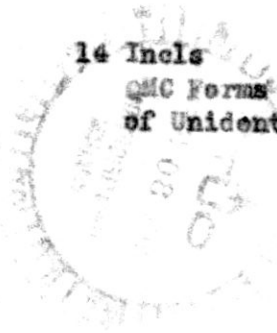
UNKNOWN X-194	AGRS Mslm	UNKNOWN X-1483	AGRS Mslm
X-243		X-1570	
X-669		X-1823	
X-715		X-2032	
X-727		X-2234	
X-816		X-2322	
X-1185		X-2906	

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

14 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

4 March 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 59, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1748, USMC Finschhafen #2, N. G., have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
B. MCNEMAR  
Captain, QMG  
Chief, Records Branch

Received 21 March 1950  
Not identifiable from  
information presently 23 March 1950  
available EQ Kaye

1 of 10'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-1823 (Formerly X-59 Finsch #2)				2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2632	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10½"	10. COLOR OF HAIR U T D	11. RACE White
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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

N O N E

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"**

*Smith 1/8*

18.

TOOTH CHART

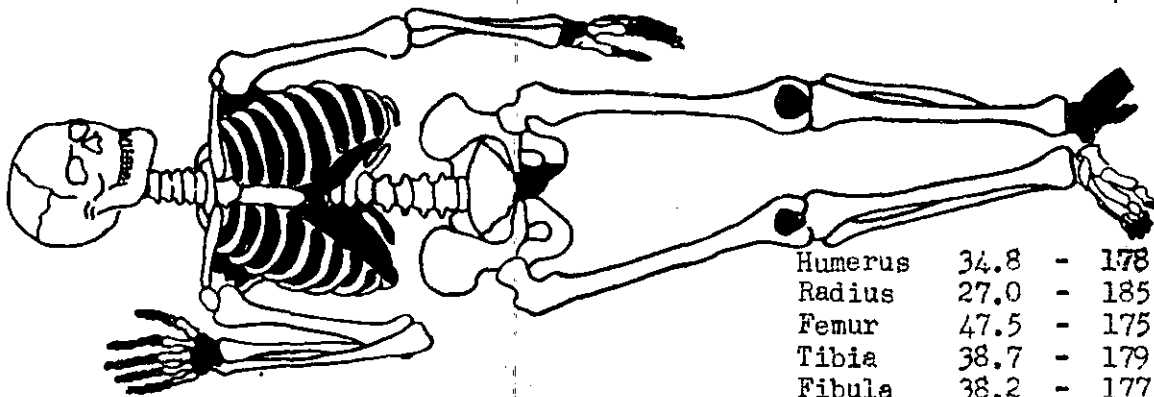
	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>		
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	⊕	A mo o	A mo od	A od	X			⊕				A od	A mo od	X	A o	o	
Side Views																	Side Views
Top Views																	UPPER LOWER
Side Views																	
	A o	A o	X	A od								X		X	o		
	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."

**"UNIDENTIFIABLE"**  
 REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?  
 Paul R Nichols  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	34.8	-	178
Radius	27.0	-	185
Femur	47.5	-	175
Tibia	38.7	-	179
Fibula	38.2	-	177

5/896  
178-4/5

Estimated height - 5' 10 $\frac{1}{2}$ "

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 21 inches.

Estimated weight of remains - 11 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

X-1823

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1823 (Formerly UNK X-59  
USAF Cem Finschhafen #2, Luzon, P.I.) Unknown

21 Nov 47

DATE

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Soputa, Sanananda Area,  
New Guinea

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

810

H

2632

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT  
RANGER

ROW  
BAY

GRAVE NO.  
GRYET
















*see Remarks*

		RIGHT								LEFT									
		UPPER TEETH																	
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A	A	A	X				S	S		A	A	X		O	TYPE	
LOCATION		o	mo	mo	od					d	m		od	mo			o	LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		LOWER TEETH																	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A	X	A	O							X	P	X	OA		TYPE	
LOCATION		o	o		od	d										o	m	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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)



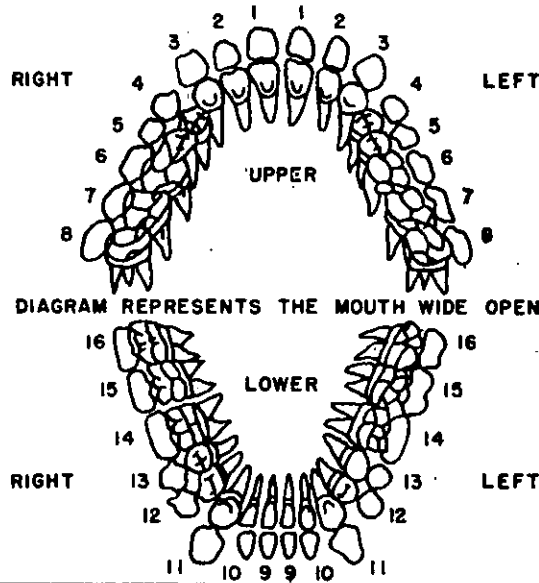
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:** L 7 chipped halfway towards lingual and mesial.

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

/p/ CIRILO R. SARIO  
NAME AND RANK TYPED OR PRINTED  
CIP Laboratory, Manila, P.I.

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  
21 Nov 47

DATE

**CERTIFIED TRUE COPY:**

930-PHILRYCOM-4-47-30M

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

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-1823 (Formerly UNK X-59  
 USAF Cem Finschhafen #2, New Guinea)

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 BANGER Row H BAY Grave 2632 CRIP

AGRS Mausoleum Manila, P.I.  
 21 Nov 47

1. Arrived at ~~cemetery~~ Soputa-Sanananda Area,

2. Place of death New Guinea  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS Det #2  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

EST. 5'10  
 Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Description of wounds \_\_\_\_\_  
 Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_ (Length, width, location)  
 Tattoos \_\_\_\_\_ (Number, location — illustrate on separate page)  
 Outstanding moles, warts or birthmarks \_\_\_\_\_ (Yes-no; description, location)  
 Sunburn or tan, other than hand and face \_\_\_\_\_  
 Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build \_\_\_\_\_ (Large, fat, thin, muscular)  
 Hair \_\_\_\_\_ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair \_\_\_\_\_ (Baldness, widow's peak, distinctive cutting or other characteristics)  
 Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or \_\_\_\_\_  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... (Light, color, extent)

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

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

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

Teeth ..... **See chart attached**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      **Skull** Circumference of **head** in inches **21"** (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands .....  
 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 ..... (Muscular, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks No personal effects, no ROI bottle nor identification tags found with remains. Estimated weight of remains eight (8) lbs.

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

/s/ Victor O. Neimeyer  
(Officer's Name)

Embalmer C-064997  
Rank Service

AGRS Mausoleum, Manila, P.I.  
(Organization)

21 Nov 47

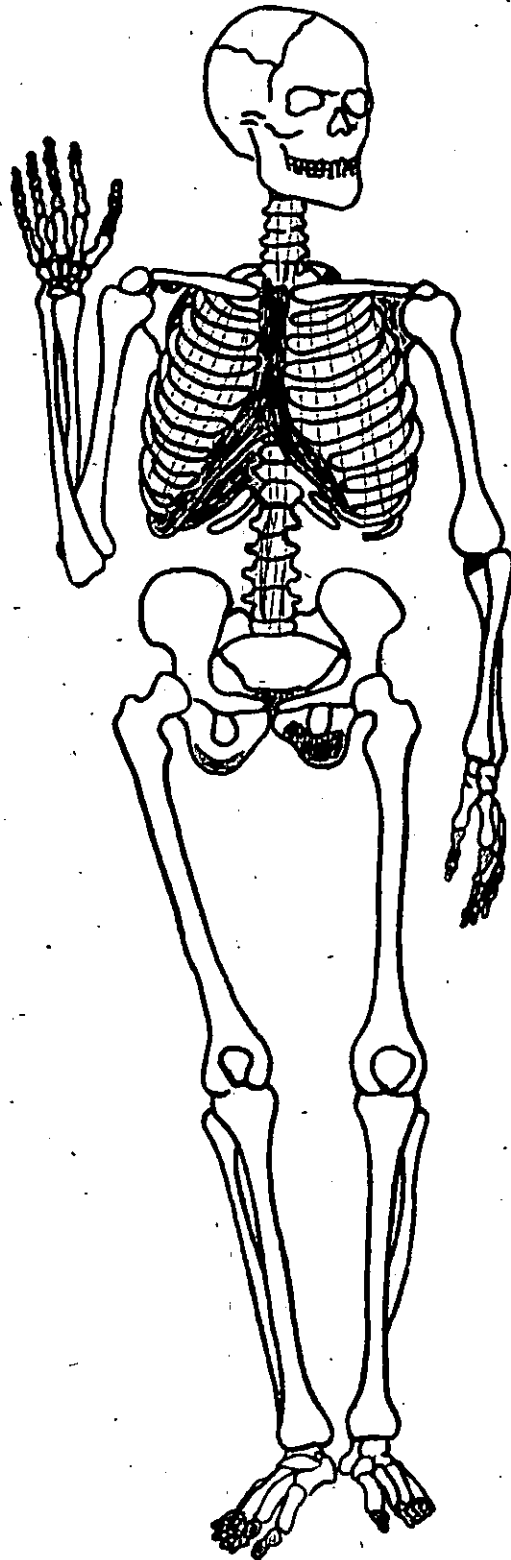
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-1823

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

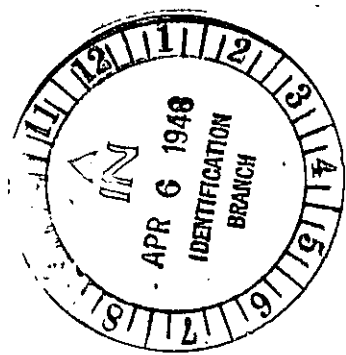


*fragments of ribs*

*4 - cervical } vertebrae  
7 - dorsal }  
5 - lumbar }*

*Q*

CHART "A"







# \*REPORT OF DENTAL SURVEY

## UPPER TEETH

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

## LOWER TEETH

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

CLASS .....

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

L6, 12, 14 R14 Missing Extracted

L13 Missing Not Extracted

Date Sept. 16, 1944

Sgt. Burton S. Lator  
GRS  
Dental Corps, U. S. A.

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

Teeth replaced by denture  
(horizontal line)

X	X	X

Teeth replaced by fixed bridge  
(oval to include abutments)

	X	

REGISTER OF DENTAL PATIENTS AT

*Unknown X 31 Grave 225*

(1) SURNAME		(2) CHRISTIAN NAME	
<i>Saputa</i>		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, SEQUELAE, ETC.									
(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS									
(12) RESULTS AND REMARKS									

Dental Corps, U. S. A.

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

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

**LOWER TEETH**

Right									Left						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
A	A	X	A							X	Y	Y	A		

CLASS .....

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected:      Yes                      No

Other conditions .....

*46, 12, 14 RIN Missing Extracted*  
*413 Missing Not Extracted*

Date Sept. 16 ....., 1944

W. H. Burton      J. L. 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)      

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

Teeth replaced by fixed bridge  
 (oval to include abutments)      

○	X	○
---	---	---

4 FEB 52

/drs  
1  
/log.

Interred 9-1-1950  
N. 4. 108 Ft. McKinley  
CARRINGTON  
CARL R F MARK  
DISINTERMENT DIRECTIVE

Cemetery Superintendent.  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
6911 00215  
DATE  
15 01 48  
DAY MONTH YEAR

NAME  
SERIAL NUMBER  
RANK  
ARM  
DATE OF DEATH  
UNKNOWN X-000059  
Q

CEMETERY  
BRITISH GUINEA USAF FINSCHAFFEN NO 20  
DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
1748 NEW GUINEA  
CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
SERIAL NUMBER  
RANK  
DATE OF DEATH  
DATE DISTINTERRED  
UNKNOWN X-59  
UNKNOWN X-1823 (Maus)  
4 Oct '48  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION  
UNKNOWN  
RELIGION  
IDENTIFICATION VERIFIED BY  
JOSEPH W GESUSE  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
SHELTER HALF  
CONDITION OF REMAINS  
SKELETAL

OTHER MEANS OF IDENTIFICATION  
Gr # 1748

MINOR DISCREPANCIES 1  
Two (2) tags UNKNOWN X-1823 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 4 Oct '48 BY JOSEPH W GESUSE

CASKET SEALED BY  
JOSEPH W GESUSE  
EMBALMER (Signature)  
JOSEPH W GESUSE

CASKET BOXED AND MARKED  
4 Oct '48 HORACE L ALLISON,  
Sgt, INF  
SHIPPING ADDRESS VERIFIED BY  
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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>MAR 9 1950</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 <b>UNKNOWN</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>MARINA BRITISH ISLANDS</b>	DATE	SIGNATURE OF RECEIVER	DATE

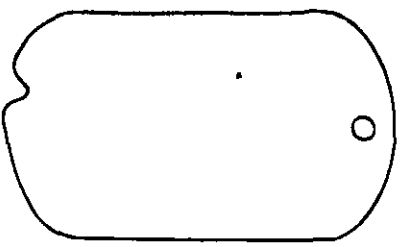
### 6. SHIPPED

FROM <b>LANG KHE COLONY</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <i>[Signature]</i>

### UNKNOWN/SHIPPED 00000

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>00512 12 01 43</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 5 Feb 1952		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>					
		NAME (Last, first, middle initial) UNKNOWN X-59 Finschhafen #2			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 Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) <i>293 unk Finschhafen #2 X-59</i> Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 2 (Substitute)		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) No		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.							
DATE OF BURIAL 4 Feb 1952	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Cross	PLOT No. N	ROW No. 4	GRAVE No. 194
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY						
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)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <i>Edward M. BERS</i> EDWARD M. BERS, Cpl., RA			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whyalen</i> CHARLES R. WHAYLEN, 1st Lt., QMC				

MAR  
 FILE  
 RECORDS  
 DATE 4 MAR 52  
 NAME *Reg. [unclear]*  
 [unclear] DIV

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.

*made 36' copy to AAME*

RESTRICTED

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

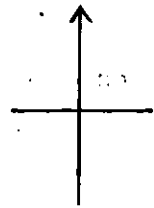
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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



**REMARKS:**

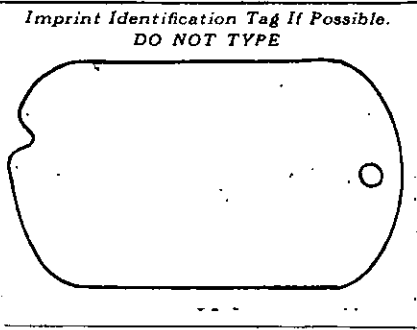
Grave 194, Row 4, Plot N, was previously occupied by UNKNOWN X-776 Leyte #1, disinterred and shipped to ZI as part of a Group Burial (Palawan Project).

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

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

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

DATE OF REPORT  
22 Nov 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-1823 (Formerly UNK X-59 USAF Cem Finschhafen #2, 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>Sopyta-Sana- nanda Area, New Guinea</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>

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

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  
**Yes (2)**

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

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  
**GRS MAUSOLEUM, MANILA**

DATE OF BURIAL <b>STORAGE 23 Nov 47</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORER Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT NO. <b>HANGER 810</b>	ROW NO. <b>BAY H</b>	GRAVE NO. <b>CRYP 2632</b>
--	---------------------	---	-------------------------------------	-----------------------------------	-----------------------------	-----------------------------------

WAS THIS A REBURIAL? (Yes or no) <b>RESTORED Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Finschhafen #2, New Guinea</b>	PLOT NO.	ROW NO.	GRAVE NO. <b>1748</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) <b>STORER Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORER UNKNOWN X-1825</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. <b>CRYP 2634</b>
--	------	------------	--------------	-----------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORER UNKNOWN X-1821</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. <b>CRYP 2630</b>
---	------	------------	--------------	-----------------------------------

SIGNATURE OF PERSON PREPARING REPORT  
**R. R. ACIERTO, Pvt.**

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
**L S PANOPLO 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.



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


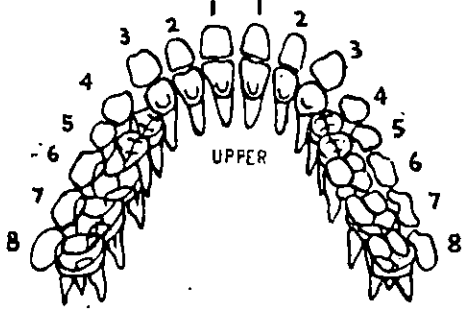



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

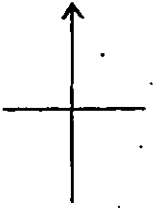
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER			
RIGHT RING FINGER			
RIGHT LITTLE FINGER			

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



**REMARKS:**

**Identification Check List and Dental Chart accomplished.**

**18 JAN 1948**

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

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

UNKNOWN X-59  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa Sananada Area, N.G.  
(Place of death) (Date of death) (Cause of death)

1000 hrs. 2 April 45 USAF CEM Finschhafen 2, NG  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 225 USFC 1, Soputa NG as Unknown X-31

1748  
(Grave number) (Row number) (Plot number) Cross-regulation w/plate  
(Type of marker—Regulation V-shaped or other)

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

Religion.....

CERTIFIED TRUE COPY  
(If no identification tags, what means of identification are buried with the body?)  
P. J. TONI, Capt., QMC. Skeleton found on Mar 28, 43 by 116 Eng and buried.  
(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT** Petrey, Elmer 37130360 Pvt Co B 128 Inf 1749  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Vingling, Elmer E. 23067567 Sgt Co F 158 Inf 1747  
(Name) (Serial number) (Rank) (Organization) (Grave number)

111  
(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. :

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

Geo A. Ross, M/Sgt OMC GRS  
(Signature of officer or other person reporting burial)

CHARLES E. MYERS, Lt., MC  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

**RESTRICTED**

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

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

1532

1532

UNKNOWN X 59

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

Soputa-Sanananda Area, N. G. Unknown

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

1000 Hrs. 2 April 1945, USAF CEMETERY, FINSCHHAFEN, #2, N. G.

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

Disinterred from grave #225 USTC #1, Soputa, N. G. *as unknown X-31*

1748

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

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

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

Skeleton found on March 28, 1943 by 116 Eng and buried Religion

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

Body buried on RIGHT **PETREY, Elmer** 37 130 260 Pvt. **Co B 128 Inf** 1749  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT **YINGLING, Elmer E.** 23 067 567 Sgt. **Co F 158 Inf** 1747  
(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**

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. R. Kopp*  
GEO. R. KOPP, 17/SGT., GRS.  
(Signature of officer or other person reporting burial)

*Charles R. Miller*  
CHARLES R. MILLER, 12., GRS.  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED  
MAY 1943

~~RESTRICTED CONFIDENTIAL~~

1532

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

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

**UNKNOWN X-31 Soputa No. 1**  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

**Soputa - Sanananda area, N.G. Unknown**  
(Place of death) (Date of death) (Cause of death)

**1100 hours May 5, 1943, U.S.T.C., No. 1, Soputa N.G.**  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

**Unidentified stamped on canteen and disc.**

**225 17 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

**Disinterred from U.S.T.C., No. 3, Sanananda, N.G. Grave No. 24**  
(If no identification tags, what means of identification are buried with the body?)

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

**Skeleton found on March 28, 1943 by 116 Eng. and buried.**  
Body buried on **RIGHT UNIDENTIFIED AMERICAN SOLDIER**  
(Name) (Serial number) (Rank) (Organization) (Grave number) **226**

Body buried on **LEFT Beginning of Row**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Certified true copy.

*Paul J. Tonn*  
**PAUL J. TONN** (Name and address of EMERGENCY ADDRESSEE)  
**1st Lt. 1st Inf. Div. 1st Cav. Div. 1st Cav. Div. 1st Cav. Div.** (Name and address of LEGAL NEXT OF KIN)

1st Lt. 1st Inf. Div. 1st Cav. Div. 1st Cav. Div. 1st Cav. Div. 1st Cav. Div.  
No. 1247

~~CONFIDENTIAL~~ 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.:

TOOTH CHART

Upper Rt. No. 4, 5 & 7 filled, No. 6 missing  
Lt. No. 6, 7 & 8 filled

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

Lower Rt. No. 5, 7 & 8 filled  
Rt. No. 6, missing  
Lt. No. 2, 4 & 6 missing.

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

S/Sgt. Johanning,

(Signature of officer or other person reporting burial)

STEWART W. ABEL,  
1st Lt., OMC., Adv. Base GRO

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

THUMB

4

3

2

THUMB

RIGHT HAND

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

~~RESTRICTED CONFIDENTIAL~~ 1532  
1943

UNKNOWN X 31 Soputa No. 1  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda area, NG Unknown  
(Place of death) (Date of death) (Cause of death)

1100 hours May 5, 1943 U.S.T.C. No. 1, Soputa, N.G.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Unidentified stamped on canteen and disc

225 17 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   
Disinterred from U.S.T.C. No. 3, Sanananda, N.G., Grave No. 24.

(If no identification tags, what means of identification are buried with the body?)  
Skeleton found on March 28, 1943 by 116 Eng. and buried.  
Religion

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

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER 226  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Beginning of Row.  
(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~~

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.:

TOOTH CHART

Upper Rt. No. 4, 5 & 7 filled, No. 6 missing  
Lt. No. 6, 7 & 8 filled

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

Lower Rt., No. 5, 7 & 8 filled

Rt. No. 6, missing

Lt. No. 2, 4 & 6 missing

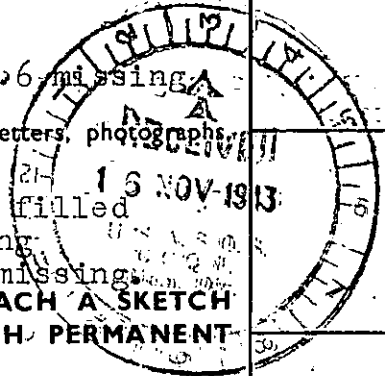
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION; ORIENTED WITH PERMANENT LANDMARKS.

S/Sgt. Johanning

(Signature of officer or other person reporting burial)

*Stewart W. Abel*  
STEWART W. ABEL

187  
I (verified by Army/GR officer)  
Adv. Base GPO



LEFT HAND

THUMB

RIGHT HAND

THUMB

UNKNOWN <sup>X-3/</sup> ~~X-2/~~ Grave <sup>225</sup> 220, Soputa #1

A canteen cup was found buried in this grave with the initials "E.Q.", also stamped on the cup was "Unid. Amer." A tooth chart has been made of the deceased.

RE  
REPORT OF INTERMENT

1532

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

293 New Guinea (Unknown) (Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

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

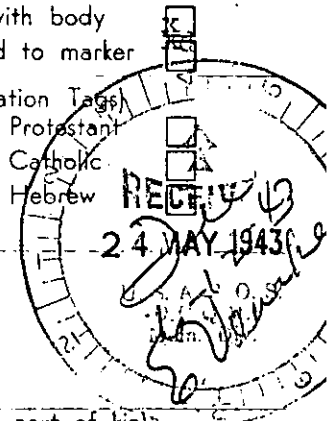
Soputa-Sanananda, Area, N. G. (Place of Death) Unknown (Date of Death) (Cause of Death)

1100 Hours May 5, 1943 (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)

Unidentified stamped on canteen and Buried with body  
Temp Cross Disc Attached to marker

225 (Grave No.) 17 (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Disinterred from U.S.T.C. # 3, Sanananda, N. G., Grave 24.



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

(Name and address of Emergency Addressee) (Name and address of legal next of kin)

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

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

TOOTHCHART

Upper Rt # 4, 5, and 7 filled, # 6 missing. Lower Rt # 5, 7, and 8 filled  
Lt # 6, 7, and 8 filled. Rt # 6 missing.  
Lt. # 2, 4, and 6 missing.

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

On Right— UNIDENTIFIED AMERICAN SOLDIER, Grave 226.

On Left— Beginning of Row.

S/Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

*Stewart W. Abel*  
STEWART W. ABEL

Verified by Army G.R.S. Officer.

Adv. Base GRO

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

REPORT OF INTERMENT

CONFIDENTIAL

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

(Par. 21d, TM 10-630)

293 New Guinea (unmarked)

UNIDENTIFIED AMERICAN SOLDIER

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

Seputa-Sanananda Area, N. G.

Unknown

K.I.A.

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

March 28, 1943

U.S.T.C. # 3, Sanananda, N. G.

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

24

3

Temp Cross

Buried with body

Attached to marker

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

Protestant

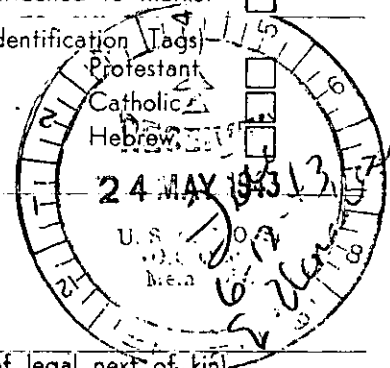
Catholic

Hebrew

Skeleton found on March 28, 1943 by 116 Eng. and buried.

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 with positive identity cannot otherwise be established) (Par. 25e (2)  
TM:40-630)

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— End of Row.

On Left— FOOTE, Robert L., Pvt., 36155415, Co K, 126 Inf., Grave 23.

S/Sgt. WINSOR

Signature of Officer or other person reporting Burial.

Stewart W. Abel  
STEWART W. ABEL

Verified by Army G.R.S. Officer.

Adv. Base GRO

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