QMGMT 293
ORS Far East

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

Unknown X-1117 (formerly Unknown X-60 Finschhafen #2)
Unknown X-5 (formerly Unknown X-55 Finschhafen #1)
Unknown X-130
Unknown X-1439
Unknown X-1557 (formerly Unknown X-67 Finschhafen #2)

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

FOR THE QUARTERMASTER GENERAL:

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

RKB
JS

J.Miller:lrc
Salser
JW

cc--Administrative Section

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9 APO 707

SUBJECT: Unidentifiable Remains 31 MAY 1949

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 QMGMG 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-5	UNKNOWN	X-1567	
"	X-190	"	X-1961	
"	X-684	"	X-1891	
"	X-957	"	X-5126	(Formerly X-216-B (AGRS Mausoleum)
"	X-1117			
"	X-1158	"	X-5133	(Formerly X-216-C, AGRS Mausoleum)
"	X-1499			

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

FOR THE COMMANDING GENERAL:

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

12 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

/rgb

/drs

1

Interred 13 October 1949
L 13 12 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
6911 00221	15 01 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-000060			

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

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		1870	NEW GUINEA	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK X-60 UNK X-1117 (Haus)				21 Sept 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[3] REMAINS [2] MARKER	UNKNOWN		GEORGE SIMONEAU Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *1*

Two (2) Identification Tags show UNK X-1117 Hausoleum.

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948 BY GEORGE SIMONEAU

CASKET SEALED BY	EMBALMER (Signature)
GEORGE SIMONEAU	George Simoneau GEORGE SIMONEAU

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY Sgt HORACE L. ALLISON	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

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

REMARKS: Unidentifiable - OQMG

Graves

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM: AGRS Mausoleum		TO: Fort McKinley Military Cemetery	
KIND OF CONVEYANCE: Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER: Earl R. Smark	DATE: 13 OCT 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-60, Plot _____, Row _____, Grave 1870, 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:

H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 3 June 1949 OQMG
Not identifiable from information presently available

Incl #5-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNKNOWN X-1117 (Formerly Unk X-60 Finschhafen # 2)	18 May 1949

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
AGRS MAUSOLEUM, MANILA, P.I	CAMIZER CAY CRYPT 812	E	1395		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
U.T.D.	U.T.D.	U.T.D.	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

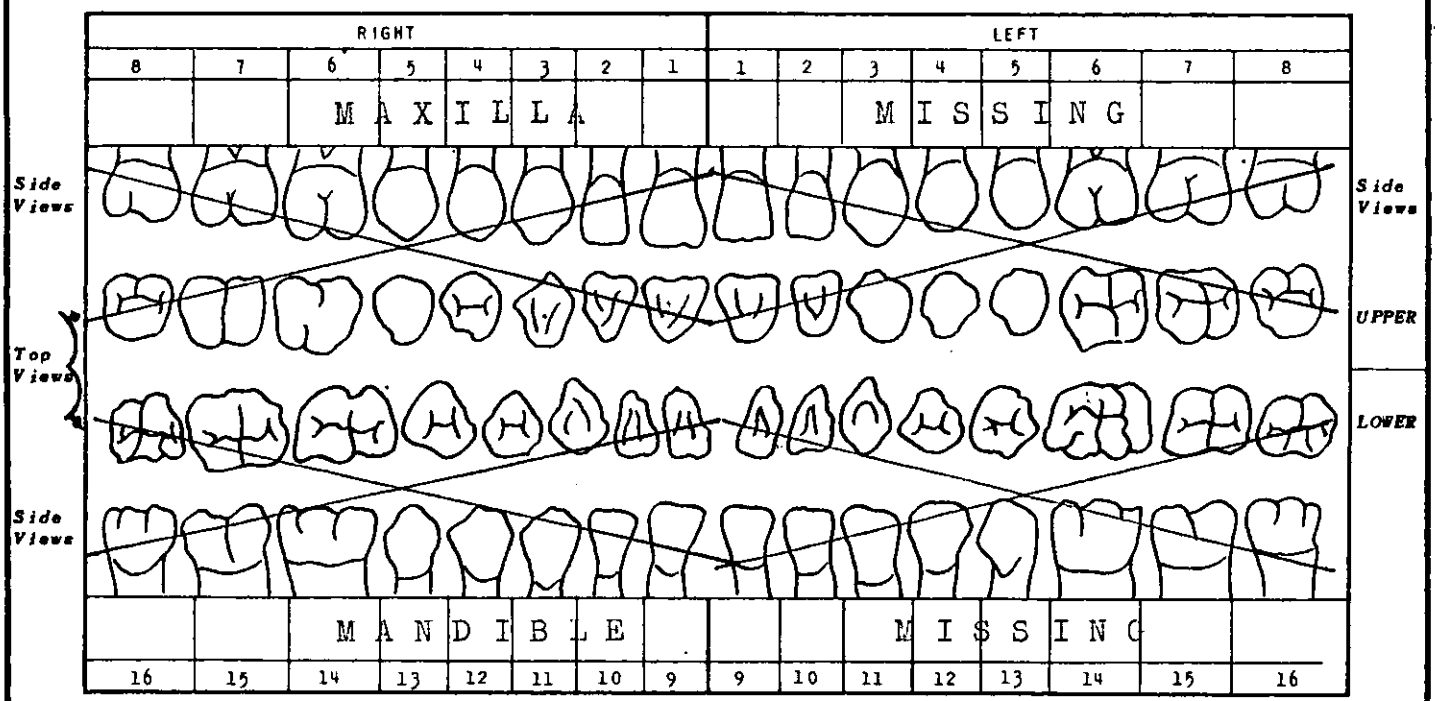
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. #5-2

18. TOOTH CHART

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



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.

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

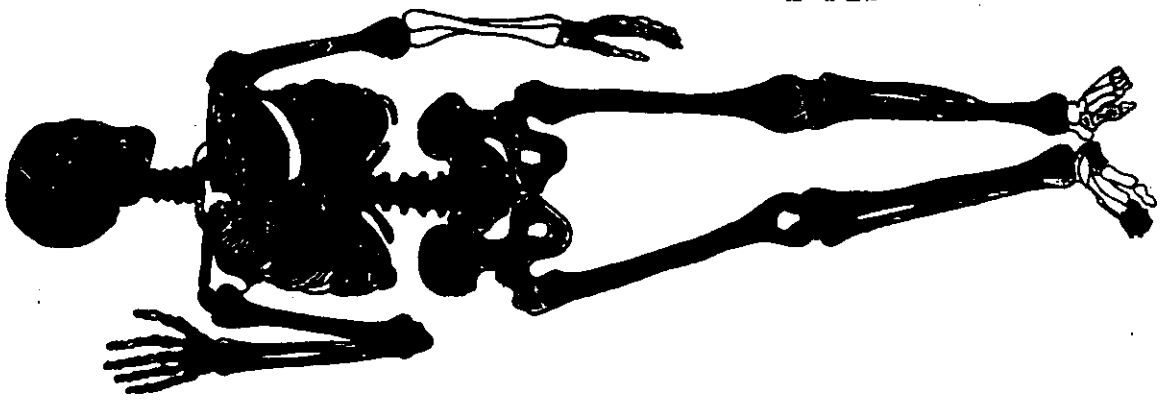
"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

X - 1117

19. BLACK-OUT PARTS OF BODY NOT REC[illegible]ED

RECEIVED: [illegible]

1 rib



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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 1 lb.

"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	SIGNATURE
JAMES J. McDERMOTT Laboratory Officer, CIP	Jas. J. McDermott

QMC FORM 18 MAR 47 1044b Incl. 5

29E-21-12-47

AGRC FORM No. 11
Revised 16 Sept. 1946
Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

UNKNOWN X-1117 (Formerly Unknown X-60, USAF Cem #2, Finschhafen, NG)

~~Cemetery~~ AGRS Mausoleum, Manila, P.I.
RANGER BAY CRYPT

Plot 812 Row E Grave 1395

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 24 Oct 47
(Hour) (Date)

2. Place of death Killerton Tract, N. G.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by
(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			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool ..... N

ON

Socks, cotton ..... E

* Shoes ..... (type) .....

Overshoes .....

Web Equipment ..... (type) .....

(Other item) .....

(Other item) .....

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

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

Shoulder Patch .....

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

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

Age ..... Height UTD Weight U.T.D. 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)

U

T

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

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

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

Teeth .....
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches .....
(Large, small, normal) (Hat band)

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

Shoulders ..... Arms .....
(Broad, straight, small, rounded) (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 ..... Circumcision ..... Pubic Hair .....
(Quantity and extent of hair) (Yes-no) (Color)

Herniaplasty .....
(Yes-no; location)

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

Feet ..... Toes .....
(Size, corns, callouses, flat) (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 (Yes-no) If not, explain

9. Remarks No R.O.I., I.D. tag, nor other means of identification found. No personal effects. Estimated weight of remains - 1 lb.

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/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

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

24 Oct 47

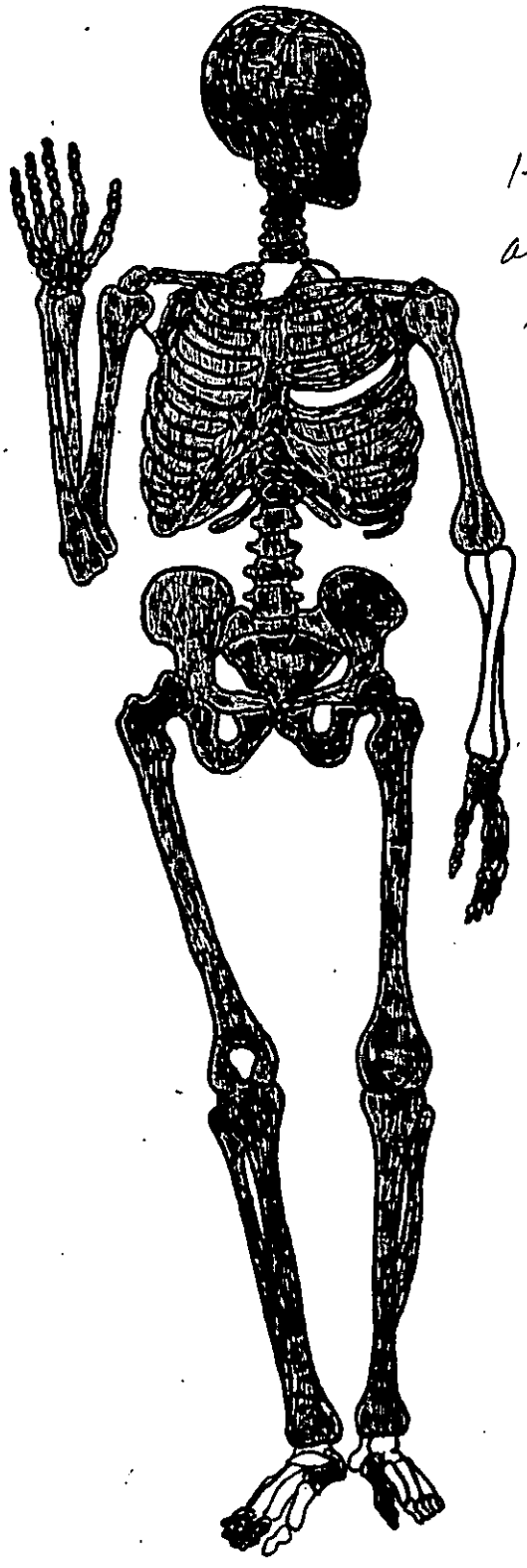
A CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

1493—PHILRYCOM—6/47—40M

SKELETAL CHART

X-1117

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1- Rib received
also small fragment
bones received.

CHART "A"

1493—PHILRYCOM—6/47—40M

/aam

RESTRICTED 1443

1443

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

REPORT OF INTERMENT STORAGE

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 29 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*): UNKNOWN X-1117 (Formerly UNK X-60, USAF Cem #2, Finschhafen, 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: Killerton Tract, N.G.	CAUSE OF DEATH: Unknown	DATE OF DEATH: Unknown

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: AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 25 Oct 47	1000	STORED Casket	None	HANGER 812	BAY E	CRYPT 1395

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 #2, Finschhafen, New Guinea — PLOT No.: ; ROW No.: ; GRAVE No.: 1870

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*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-1128				CRYPT 1397

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-1109				CRYPT 1393

SIGNATURE OF PERSON PREPARING REPORT: Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: LUCIO S PANOPIO, Jr., 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

Incl. 493.

16—43097-1

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	

12 JAN 1948

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

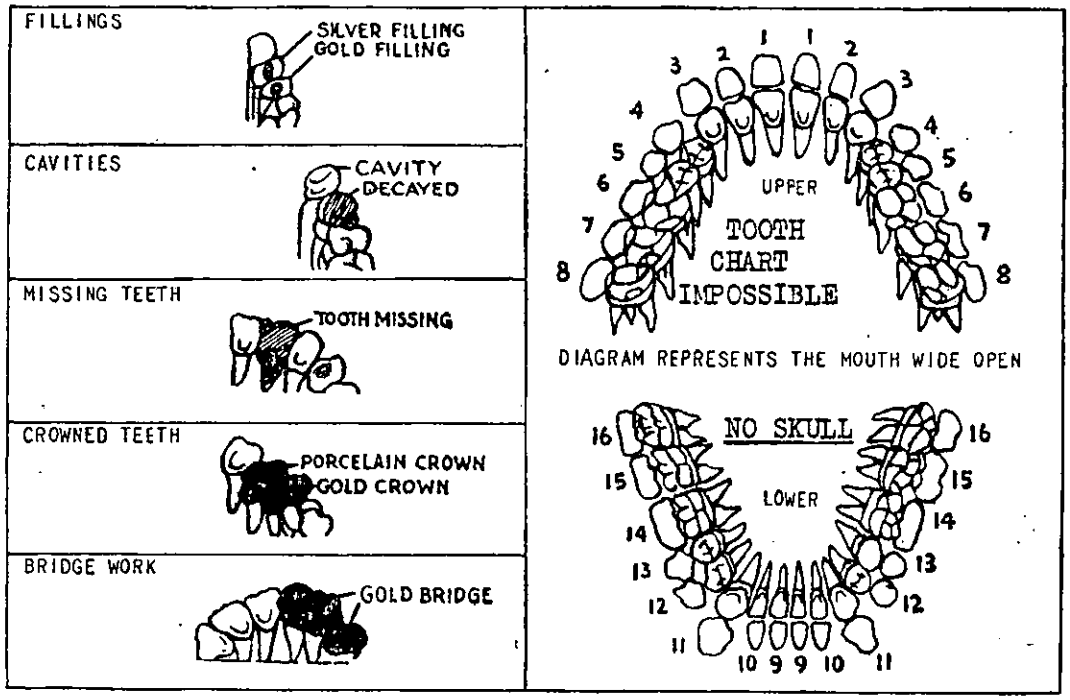
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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



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

REMARKS:

Identification Check List accomplished.

16—43997-1 U. S. GOVERNMENT PRINTING OFFICE

CORRECTED

A TRUE COPY:
George D. Redden Jr.
GEORGE D. REDDEN, JR.
1st Lt., Infantry

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

RE

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-60
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Killerton Tract, NG
(Place of death) (Date of death) (Cause of death)

1000 hrs 3 April 1945 USAF CEMETERY #2, Finschhafen, NG
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 88 USAF CEMETERY SOPUTA #1, NG

1870 Reg Cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion

(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** Fell, Joseph J. 602-42-20 MOMM 2/c 455 USS LST 1871
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** UNKNOWN X-43 1869
(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

(21)

8-15-46

LEFT HAND

4

3

2

1

THUMB

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 :

Weight :

Color of eyes :

Color of hair :

Race :

Apparent nationality :

Laundry marks :

Number of rifle :

Wear glasses ?

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/t/ G. A. ROSS M/SGT, QMC

(Signature of officer or other person reporting burial)

/s/t/ T. A. DANNER 1st Lt, QMC

(Verified by Army GRS [illegible]er)

4

3

2

1

THUMB

RIGHT HAND

CORRECTED

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

RESTRICTED

14431443

UNKNOWN X-60
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Killerton Tract, NG
(Place of death) (Date of death) (Cause of death)

1000 hrs 3 April 1945 USAF CEMETERY #2, FINSCHHAFEN, NG
(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 88 USAF CEMETERY SOFUTA #1, NG X-12

1870 Reg cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

Religion 455
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Fell, Joseph J. 602-42-20 MCMM 2/c USS LST 1871
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-43 1869
(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

(9) No. 1247

LEFT HAND

4

3

2

THUMB

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.

G. A. [illegible] M/SGT, QMC
(Signature of officer or other person reporting burial)

T. A. DANNER [illegible] Lt., QMC
(Verified by Army [illegible] Officer)

RIGHT HAND

4

3

2

THUMB

RESTRICTED

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

RE-
REPORT OF INTERMEN

(TM 10-630 AND AR 30-1815)

1443

1443

UNKNOWN X 60
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Killerton Tract, NG
(Place of death) (Date of death) (Cause of death)

1000hrs 3 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 88 USAF CEMETERY SOPUTA #1 NG as Unknown 1-12

~~1636~~ Cross, Regulation
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

(See corrected copy)

(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 KLINGENMEYER, Carl J 20 650 243 Cpl Hq 128 Inf 1637
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BARNHART, REX L 36 155 291 Pvt Co A 126 Inf 1635
(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

(9) No. 1247

LEFT HAND

4

3

2

1

THUMB

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

Chas R Myers

CHARLES R. MYERS, [redacted]., QMC.
(Verified by Army [redacted] Officer)

4

3

2

1

THUMB

RIGHT HAND

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

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

Unknown X-60
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Killerton ract, N. G.
(Place of death) (Date of death) (Cause of death)

1000 hrs 3 April 1945 USAF Cemetery #2 Finschhafen, N. G.
(Time and date of burial) reburial (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 88 USAF Cemetery Soputa #1 N. G. as Unknown X-12

~~1636~~ Cross, Regulation
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion (see corrected copy)

CERTIFIED TRUE COPY:
Paul J. Tonn
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 ~~Klingemmeyer, Carl J.~~ 20650243 Cpl. Hq 128 Inf. 1637
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT ~~Barnhart, Rex L.~~ 36155291 Pvt. Co. A 126 Inf. 1635
(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

(21) 978

RESTRICTED

LEFT HAND

4

3

2

1

THUMB

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 :
Weight :
Color of eyes :
Color of hair :
Race :

Apparent nationality :
Laundry marks :
Number of rifle :
Wear glasses ?
Is tooth chart attached ?

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

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

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

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

GEO. A. ROSS, M/Sgt. QMC, GRS
(Signature of officer or other person reporting burial)

CHARLES R. MYERS, J[illegible], QMC.
*(Verified by Army GRS [illegible]er)

4

3

2

1

THUMB

RIGHT HAND

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL

NOV 30 1943

UNKNOWN X 1 Soputa No.1 Unknown

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

Killerton Tract, NewGuinea

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

April 7, 1943, 3:00 p.m. U.S.T.C. No.1, Soputa, N.G.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

88 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 ☐

(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 89

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

Body buried on **LEFT** Unidentified American Soldier 87

(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

LEFT HAND

4

3

2

1

THUMB

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 :
Weight :
Color of eyes :
Color of hair :
Race :

Apparent nationality :
Laundry marks :
Number of rifle :
Wear glasses ?
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, G.R.S.
(Signature of officer or other person reporting burial)

STEWART W. ABBOTT,
1st Lt.
(Verified by Army Officer)
48th QM. Co., G.R.S.

RIGHT HAND

4

3

2

1

THUMB

QMC Form
No. 1-GRS

CONFIDENTIAL

REPORT OF INTERMENT

1443

(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)

pp-293

Killerton Tract, New Guinea (Unknown)
(Place of Death) (Date of Death) (Cause of Death)

April 7, 1943, 3:00 P.M. U.S.T.C. #1, Soputa, N.G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

88 7 Temp. cross
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker)

Buried with body ☐
Attached to marker ☐
(Identification Tags)
Protestant ☐
Catholic ☐
Hebrew ☐

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

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

Fingerprints (right hand) if right hand [redacted]ssing furnish prints of left hand.
(Required w[redacted]ositive identity cannot otherwise be est[redacted]) (Par. 7 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 # 89

On Left— Unidentified American Soldier Grave # 87

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. G.R.S.

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