

ifj  
bpa

Interred 11 Oct 49  
B 11 & Ft. McKinley

DISINTERMENT DIRECTIVE

1

*Carer's mark*  
**CARL R. H. MARK**  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**6911 00213**

DATE  
**15 01 48**  
DAY MONTH YEAR

NAME <i>W</i> <b>UNKNOWN X-000061</b>		SERIAL NUMBER	RANK <i>9118</i>	ARM <i>0</i>	DATE OF DEATH DAY MONTH YEAR
CEMETERY <b>BRITISH GUINEA USAF FINSCHAFFEN NO 20</b>					DISPOSITION OF REMAINS CODE DIST. PT. <b>7701 80</b>
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		<b>1639</b>	<b>NEW GUINEA</b>		<b>6</b>

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>MANILA, PHILIPPINE ISLANDS</b>  <b>(BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>Unk X-2706 (Mausoleum)</b> <b>Unk X-000061 (Finsch #2)</b>	SERIAL NUMBER <b>#2</b>	RANK	DATE OF DEATH	DATE DISTINTERRED <b>19 May '48</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>WILLIAM A. JOHNSON</b> Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
---	---

OTHER MEANS OF IDENTIFICATION.  
**Marker tag Unk X-61 Grave 1639**  
**Id Unknown X-2706, Form X-61, Finsch. #2 N.G.**

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET  
DATE **19 May '48** BY **WILLIAM A. JOHNSON**

CASKET SEALED BY **WILLIAM A. JOHNSON**  
EMBALMER (Signature) *William A. Johnson*  
**WILLIAM A. JOHNSON**

CASKET BOXED AND MARKED  
DATE **19 May '48** BY **PLACIDO M. CASTILLO**  
SHIPPING ADDRESS VERIFIED BY **AGUSTIN C. LIQUIGAN, 2nd Lt., FA**

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

*Agustin C. Liquigan*  
**AGUSTIN C. LIQUIGAN, 2nd Lt., FA**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

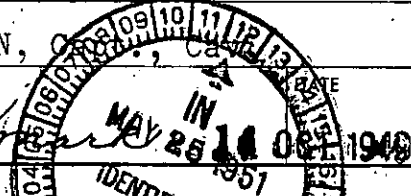
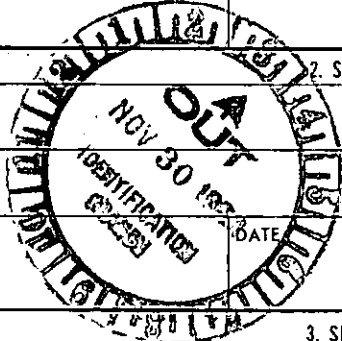
NOV 1948  
REGISTRATION  
*Graves*

REMARKS: Unidentifiable - OQMG

# RECORD OF CUSTODIAL TRANSFER

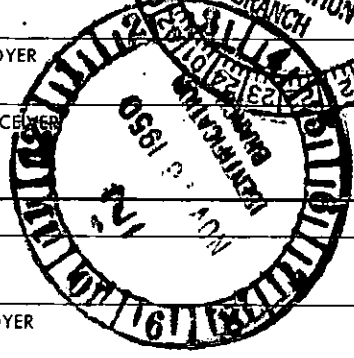
## 1. SHIPPED

FROM <b>AGRS REMAINS DEPOT</b>	TO <b>SUPT. MEMORIAL CEMETERY, P.I.</b>
KIND OF CONVEYANCE <b>Truck</b>	NAME OF CONVOYER <b>J. BULAWAN,</b>
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>
DATE	DATE <b>MAY 25 1951</b>



## 2. SHIPPED

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



## 3. SHIPPED

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

## 4. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	SIGNATURE OF RECEIVER
DATE	DATE

## 5. SHIPPED

FROM	TO
KIND OF CONVEYANCE <b>(BY ADMINISTRATIVE ORDER)</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	SIGNATURE OF RECEIVER
DATE	DATE

## 6. SHIPPED

FROM <b>1930 NEW GARDEN</b>	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>
DATE	DATE

RECEIVED SHIPPED

FROM	TO
KIND OF CONVEYANCE <i>[Handwritten Signature]</i>	NAME OF CONVOYER <i>[Handwritten Signature]</i>
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>
DATE	DATE

RECEIVED SHIPPED

6

DISINTERMENT DIRECTIVE

495 1st New Guinea P-611 Finckhaffens

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6911 00213

15 01 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
UNKNOWNX-000061 0

CEMETERY DISPOSITION OF REMAINS  
BRITISH GUINEA USAF FINCKHAPPEN NO 40 7701 60  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
1639 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  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

QUANT 293  
GHS Far East

22 July 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 remains now stored at AGRS Mausoleum, Manila, P.I.:

X-2237 (formerly X-558 Leyte #1, P.I.)  
X-2706 (formerly X-61 Finschhafen #2, N.G.)  
X-2703 (formerly X-53 Finschhafen #2, N.G.)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

H. Little:jdk  
Salser  
JW

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

REB

cc: Administrative Section

NJS

QMGMT 293  
GRS Far East

22 July 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 remains now stored at AGRS  
Mausoleum, Manila, P.I.:

X-2297 (formerly X-558 Leyte #1, P.I.)  
X-2706 (formerly X-61 Finschhafen #2, N.G.)  
X-2703 (formerly X-53 Finschhafen #2, N.G.)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

H. Little:jdk  
Salser  
JW

REB

NJS

cc: Administrative Section

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFPO 707.  
8 JUL 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

Unknown X-1128	Unknown Y-1894
" X-1346	" X-1907
" X-1403	" X-2057
" X-1522	" Y-2059
" Y-1612	" X-2237
" X-1713	" Y-2377
" X-1721	" X-2412
" X-1733	" Y-2433
" Y-1737	" X-2703
	" X-2706

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

FOR THE COMMANDING GENERAL:

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

19 Incls.  
QMC Forms 1044 w/certificate  
of Unidentifiability

*Rec'd 18 July 49*

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- 61, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1639, 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:



A. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 18 July 49 OQMG

Not identifiable from  
information presently

available 20 July 49 File

*See 6719'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-2706 (Formerly Unk X-61 Finschhafen # 2)				2. DATE OF REPORT 18 May 1949	
3. NAME OF CEMETERY  AGERS WASSERBURG, MAINT. P. R.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	E	1669	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT	10. COLOR OF HAIR U.T.D.	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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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

Received 7/19/49 ..... DQMG  
 Not identifiable from  
 information presently  
 available — *Lilly Ident Br*

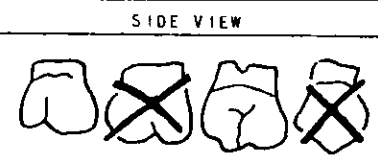
**"UNIDENTIFIABLE"**  
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Encl. # 192*

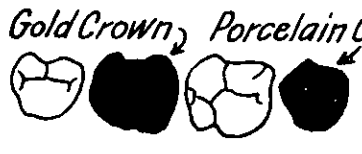


18. TOOTH CHART

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



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



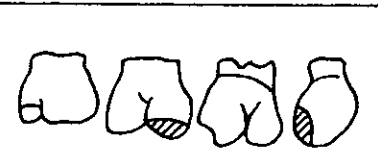
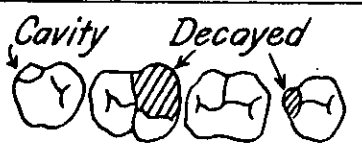
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



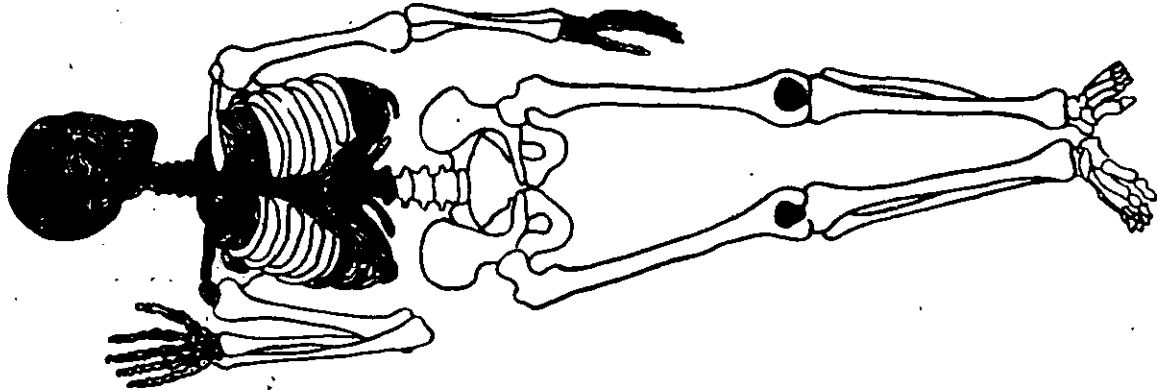
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth found with remains.

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

29. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 8 lbs.

Received 7/19/49 ..... OQMG  
Not available from  
information presently  
available - *Little Island, Pa.*

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

*James J. McDermott*



## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2706 (Formerly Unk X-61  
 USAF Cem Finschhafen #2, N.G.)

~~UNKNOWN X~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 Row CRIPA Grave 1669

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 6 Dec 47  
(Hour) (Date)
2. Place of death Sananando Road, N.G.  
(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	/		
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 <sup>U</sup> .....  
 Drawers, cotton <sup>T</sup> .....  
 Leggings, wool <sup>D</sup> .....  
 Socks, cotton .....  
 \* Shoes One pair of shoes (type) 9-E size service.  
 Overshoes .....  
 Web Equipment ..... (type) .....  
 (Other item) .....  
 (Other item) <sup>U</sup> .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains <sup>T</sup> .....  
 Chevrans or <sup>D</sup> .....  
 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 <sup>/</sup> ..... 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 <sup>T</sup> ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build <sup>D</sup> ..... (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 ..... (Length, heavy)  
 (Color, setting, shape) (Color, size, shape)

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

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

Nose ..... Ears .....  
 (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 ..... UTD  
 (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 .....  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers .....  
 (Unusual characteristics of fingernails) U T D

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)

Hernioplasty .....  
 (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 If not, explain No skull received.  
(Yes-no)

9. Remarks One pair of shoes 9-E size service was found with remains.  
No identification tags. No burial bottle found.  
Estimated weight of remains 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/ Vernon H. Korn

(Officer's Name)

Civ Emb. C-064977

Rank

Service

CIP Lab., Manila, P.I.

(Organization)

6 Dec 47

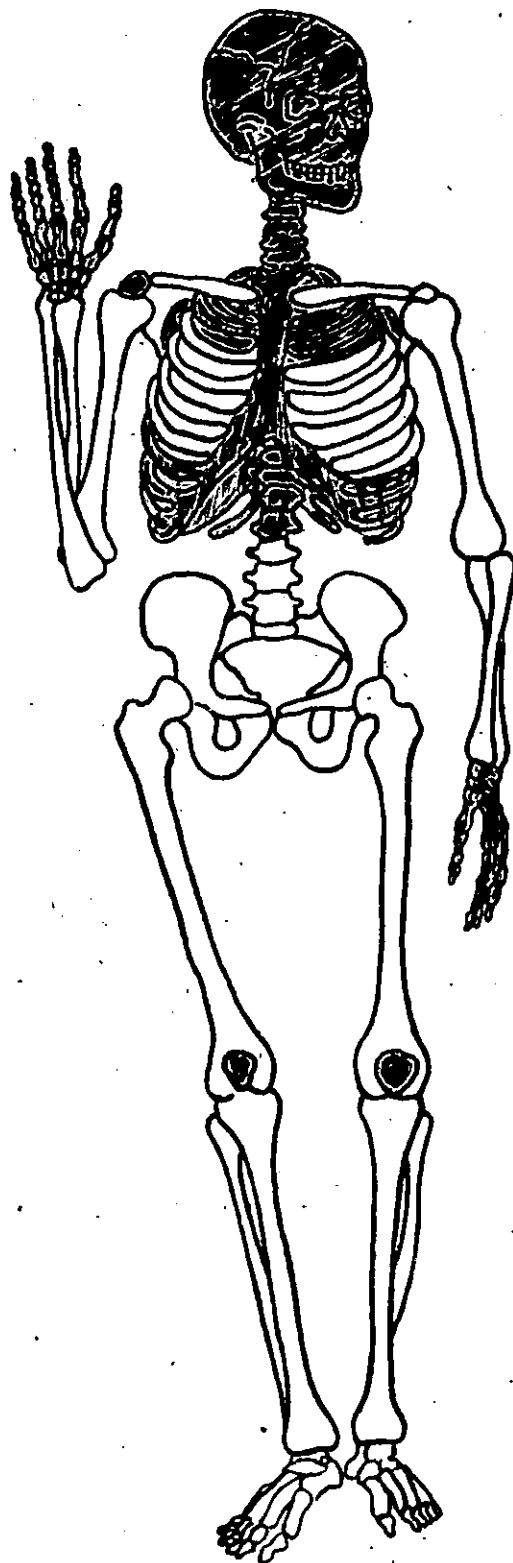
CERTIFIED TRUE COPY:

*G. T. Gamboa*

G T GAMBOA  
2d Lt MAC

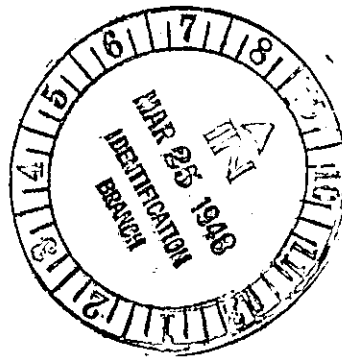
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X-2706





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

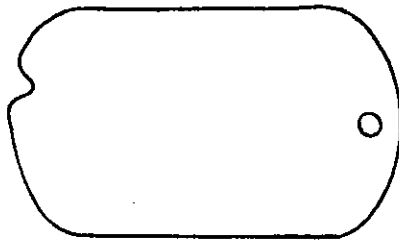
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

18 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-2706 (Formerly Unk X-61  
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

Sananando Road, 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

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

8 Dec 47

HOUR

0900

BURIED IN (Shroud, blanket, or name of other)

STORAGE  
Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

802

ROW No.

E

GRAVE No.

CRYPT  
1669

WAS THIS A REBURIAL?  
(Yes or no)

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.

1639

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)

STORAGE  
JONES, Perry T.

RANK

Capt

SERIAL No.

0-23796

ORGANIZATION

Btry C  
122 FA Bn

GRAVE No.

CRYPT  
1671

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

STORAGE  
UNKNOWN X-2701

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
1667


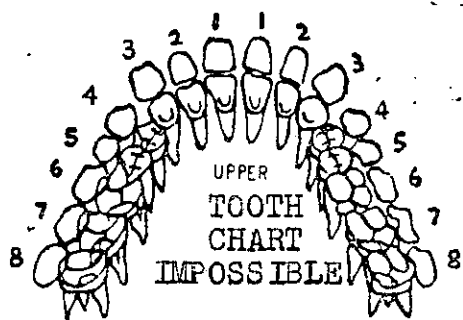




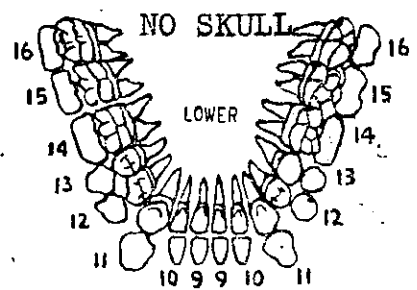
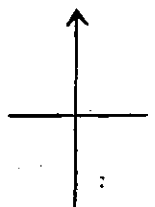
SIGNATURE OF PERSON PREPARING REPORT

R R ACIERO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOP IO, 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.

		<b>Section UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	One (1) Pair Service Shoes, size 9-E				
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER TOOTH CHART IMPOSSIBLE  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN			
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED				
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT THUMB	NO SKULL  LOWER				
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
RIGHT MIDDLE FINGER					
RIGHT LITTLE FINGER	REMARKS:  <p align="center" style="font-size: 1.2em;">Identification Check List accomplished.</p>				

10 FEB 1948

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

Unknown X-61

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Sananando Road, NG.

(Place of death)

(Date of death)

(Cause of death)

1045 hrs 3 April 1945 USAF Cemetery #2 Finschhafen, NG.

(Time and date of burial)

reburial

(Name of cemetery)

(Name or co-ordinates of location)

Disinterred from grave 72 USAF Cemetery Soputa #1 NG As Unknown X-6

1639

(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 

Religion

CERTIFIED TRUE COPY:

*Paul J. Tom*  
P. J. TOM, Capt. OMC.

(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 Bretzke, Ronald M.

(Name)

20929922

(Serial number)

Sgt. Co. G 163d Inf. 1640

(Rank)

(Organization)

(Grave number)

Body buried on LEFT Hughes, Donald E.

(Name)

20936093

(Serial number)

Pvt. Co. L, 163d Inf. 1638

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

**IF DECEASED UNIDENTIFIED**

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

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

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

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

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

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

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

(Signature of officer or other person reporting burial)

CHARLES R. MYERS, Lt., QMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

RE-  
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1329  
1329

UNKNOWN

X

- 61

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Sananando Road, NG

(Place of death)

(Date of death)

(Cause of death)

1045 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 72 USAF CEMETERY SOPUTA #1 NG *as Unknown X-6*

1639

(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 identity definitely established, give particulars)

Body buried on RIGHT BRETZKE, Ronald M 20 929 922 Sgt Co G 163d Inf 1640  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HUGHES, Donald E 20 936 093 Pvt Co L 163d Inf 1638  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

IF DECEASED UNIDENTIFIED

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

Height:	Apparent Nationality:
Weight:	Laundry marks:
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, LT 4sg, OMC.

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RECEIVED  
8 MAY 1945

RIGHT HAND

THUMB

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL NOV 28 07 1943 1329

Unknown card

UNKNOWN X 6, Soputa Cemetery No. 1  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanananda Road, New Guinea Unknown  
(Place of death) (Date of death) (Cause of death)

April 6, 1943, 4:00 p.m. U.S.T.C. No. 1, Soputa, N.G.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

72 6 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. 58, U.S.T.C. No. 2, Soputa, N.G.

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

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

Religion  
Religion

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER 73  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT KEAN, Jack R., 20634401, Cpl., Co. C. 126 Inf. 71  
(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





RE  
**REPORT OF INTERMENT**

**CONFIDENTIAL** 1329

(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)

**Unknown**

(Organization)

<sup>293</sup>  
**Sanananda Road, New Guinea**

(Place of Death)

~~Unknown~~ **Unknown**

(Date of Death)

(Cause of Death)

**April 6, 1943, 4:00 P.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)

**72**  
(Grave No.)

**6**  
(Row No.)

**Temp. cross**  
(Plot No.) (Kind Grave Marker)

Buried with body

Attached to marker

(Identification Tags)

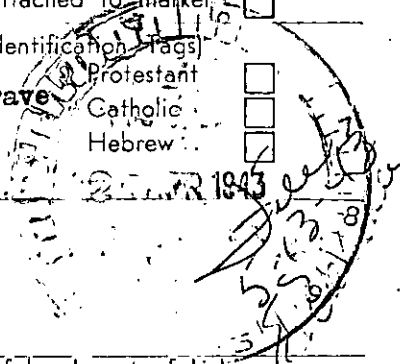
Protestant

Catholic

Hebrew

**Remains of Unidentified American Soldier were disinterred from Grave**

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



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

(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 where 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 # 73

On Left— KEAN, Jack R., 20634401, Cpl., Co. C 126 Inf.

Grave # 71

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

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer,  
1st Lt.

*Stewart W. Abel*  
STEWART W. A BEL

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.

# REPORT OF INTERMENT

CONFIDENTIAL 1329

(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)

293  
Sanananda Road, New Guinea (Koror)

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

Feb. 25, 1943, 9:50 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

58

5

Cross

(Grave No.)

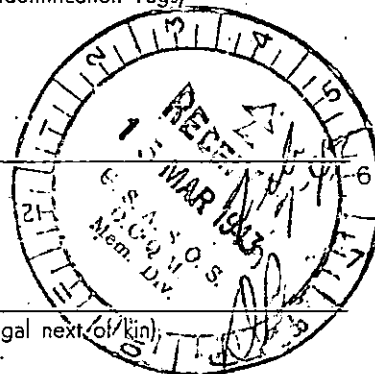
(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

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 15e (2))

T 0-630)

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- KEAN, Jack R., Cpl., 20634401, Co. C 126 Inf.

Grave # 59 row 5

On Left-

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

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

*James T. McGonnaughey*  
~~JAMES T. MCGONNAUGHEY~~  
2nd. Lt. Q.M.C.

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