

QUART 295  
ONS 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: AGAS, PHILCOM 295E

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

- Unknown X-1117 (formerly Unknown X-60 Finschhafen #2)
- Unknown X-5 (formerly Unknown X-33 Finschhafen #1)
- Unknown X-190
- Unknown X-1499
- Unknown X-1667 (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. W. KATE  
Lt. Colonel, GPO  
Memorial Division

J. Miller, Jr.  
Salsar  
JS



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 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-5	UNKNOWN X-1567
" X-190	" X-1961
" X-684	" X-1891
" X-957	" X-5128 (Formerly X-216-B (AGRS Mausoleum)
" X-1117	" X-5133 (Formerly X-216-C, AGRS Mausoleum)
" X-1158	
" X-1499	

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

FOR THE COMMANDING GENERAL:

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

12 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

1  
bpm

Interred 11 Oct 48  
H 6 24 Ft. Manley  
*checkmark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6911 00241

DATE  
15 01 48  
DAY MONTH YEAR

NAME  
*gof*  
UNKNOWNX-000067

SERIAL NUMBER  
UNKNOWNX-000067

RANK  
*2A10*

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

LOT  
ROW  
GRAVE  
2228

COUNTRY  
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  
UNKNOWN X-1567 (MAUSOLEUM)  
UNK X-000067 (Finsch.#2)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
17 May 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
HENRY P. SMITH  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
UNK X-67

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 May 48 BY HENRY P. SMITH  
CASKET SEALED BY HENRY P. SMITH

EMBALMER (Signature)  
*Henry P. Smith*  
HENRY P. SMITH

CASCKET BOXED AND MARKED  
DATE 17 May 48 BY PLACIDO M. CASTILLO

SHIPPING ADDRESS VERIFIED BY  
AGUSTIN 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 Liquigan*  
AGUSTIN LIQUIGAN, 2nd Lt., FA  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REMARKS: Unidentifiable - OQMG

REPAIRED  
*Graves*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Remains Depot</b>		TO <b>Supt. Memorial Cemetery, B.I.</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>J. BOLAWAN, Capt., Cav.</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE <b>11 OCT 1949</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		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>MANIGVA' BRITISH ISLANDS</b>	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- 67, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 2228, 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:

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

Atch: Form 1044

Received 13 June 1949 OQMG  
Not identifiable from  
information presently  
available

24 June 1949  
J. W. ... Id. Sec.

Incl. # 8'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-1567 (Formerly Unk X-67 Finschhafen # 2)				2. DATE OF REPORT 18 May 1949	
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA P I	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	A	163	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U. T. D.

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

**"UNIDENTIFIABLE"**

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

*Incl # 82*

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	
	P			P	P	P	P	P	P	P	P	P	P	P	P	P	
Side Views																	Side Views
Top Views																	UPPER
Top 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."

Mandible and mandibular teeth are missing.

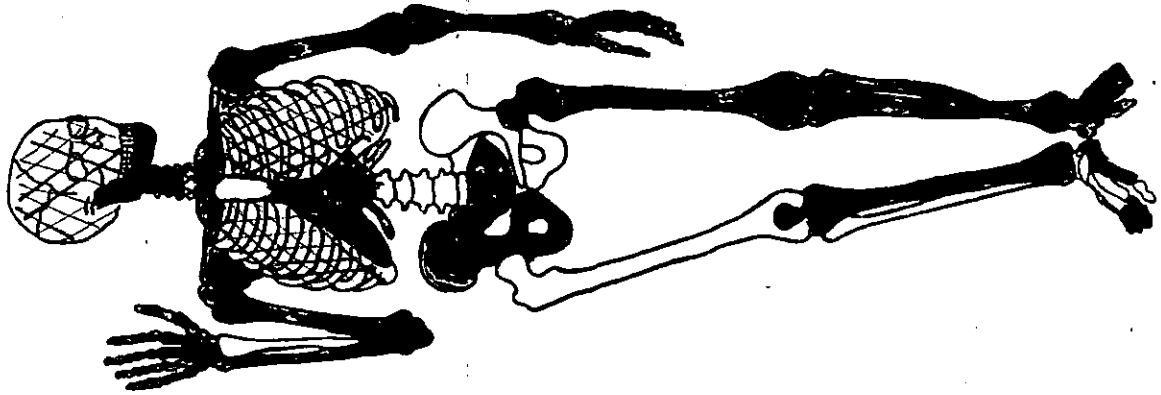
**"UNIDENTIFIABLE"**

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

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



19. 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 - 4 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

X-1569

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1567 (Formerly Unk X-67)  
USAF Cem #2, Finschhafen, N.G.)

10 Nov 47

DATE

LAST NAME FIRST INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

Unknown

UNIT  
Killerton Tract,  
New Guinea

PLACE OF DEATH

AGRS MAUSOLEUM  
Manila, P.I.

PLACE OF BURIAL  
STORAGE

ORGANIZATION

810

A

163

PLOT  
HANGER

ROW  
BAY

GRAVE NO.  
CRYPT















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

INSIDE — LOOKING OUT

*Mandible missing*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION.	 GOLD	 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)

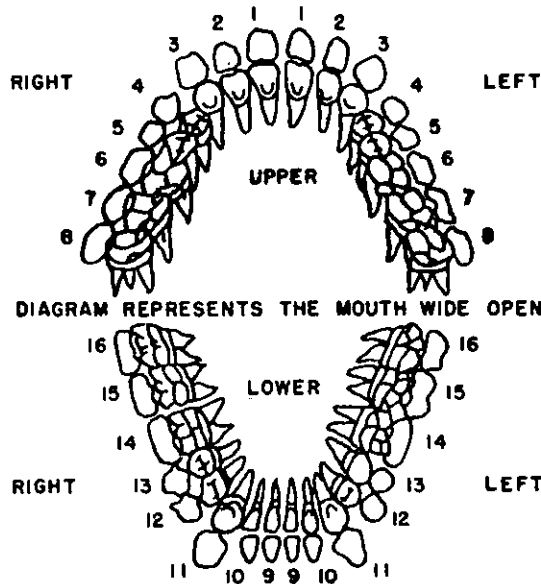
**INSTRUCTIONS:**

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:**

No mandible.

/s/ Troy H. Ellis  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.  
VERIFIED BY GRS OFFICER

/p/ TROY H. ELLIS T/5  
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT Jr.  
NAME AND RANK TYPED OR PRINTED

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

10 Nov 47  
DATE

**CERTIFIED TRUE COPY:**

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



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 - Skeletal chart attached**

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, widows 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 ..... **Tooth chart attached**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches **UTD** ..... (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 ..... **UTD**

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)      **UTD**  
 (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

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

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

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

9. Remarks No identification tags found with remains. No burial bottle. No personal effects. Estimated weight of remains 4 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/ Chas A. Burkett  
(Officer's Name)

Civ. Embalmer C-064895  
Rank Service

AGRS MAUSOLEUM Manila, P.I.  
(Organization)

10 Nov 47

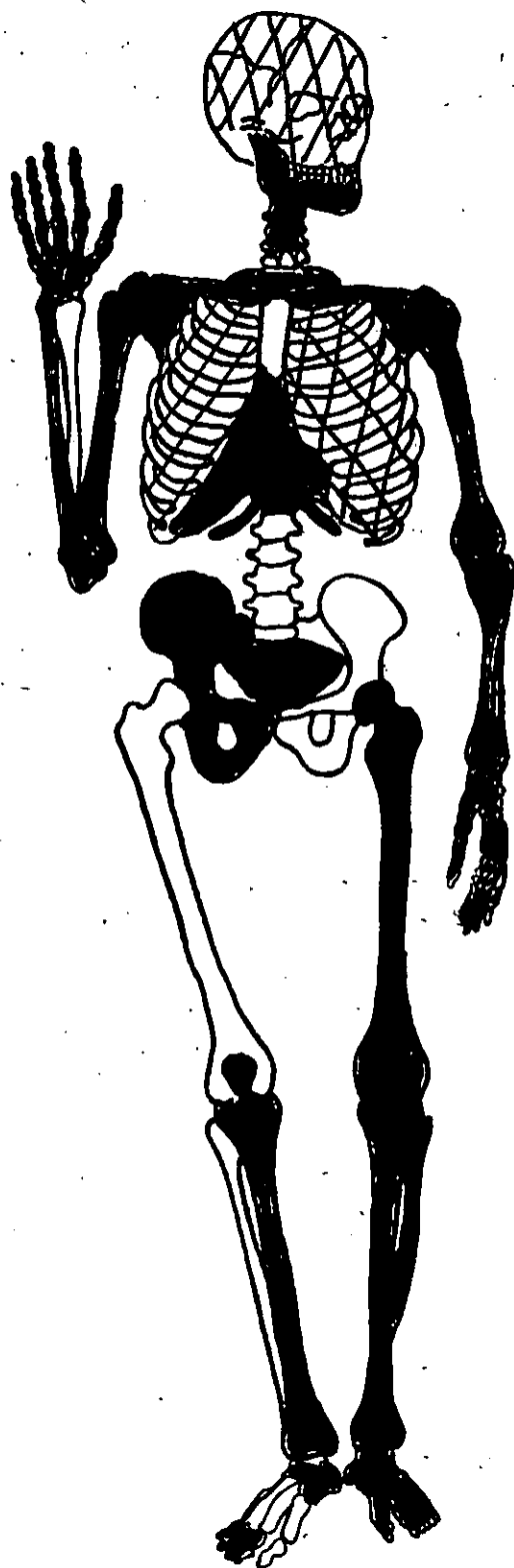
CERTIFIED TRUE COPY:

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

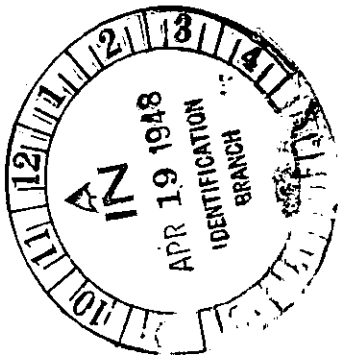
# SKELETAL CHART

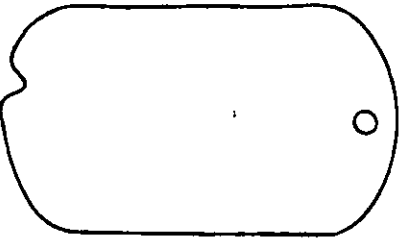
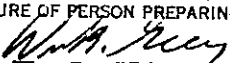
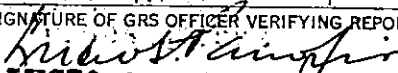
X-1567

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)







WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT <b>14 Nov 47</b>	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) <b>UNKNOWN X-1567 (Formerly Unk X-67 USAF Cem #2, Finschhafen, 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>Killerton Tract, New Guinea</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		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) <b>Yes (2)</b>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>None</b>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  <b>GRS MAUSOLEUM, MANILA, P.</b>							
DATE OF BURIAL STORAGE <b>12 Nov 47</b>	HOUR <b>0830</b>	BURIED IN (Shroud, blanket, or name of other) STORED <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. DANGER <b>810</b>	ROW No. BAV <b>A</b>	GRAVE No. CRYPT <b>163</b>	
WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery #2, Finschhafen, N.G.</b>				PLOT No.	ROW No.	GRAVE No. <b>2228</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) STORED <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>						
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial). STORED <b>UNKNOWN X-1556</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT <b>165</b>	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED <b>UNKNOWN X-1561</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT <b>161</b>	
SIGNATURE OF PERSON PREPARING REPORT  <b>Wm R GILBERT, Adm Asst</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>LUCIO S. PANOPIO, 2d Lt., Inf</b>				
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:**


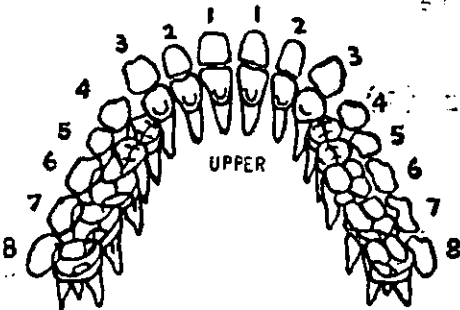
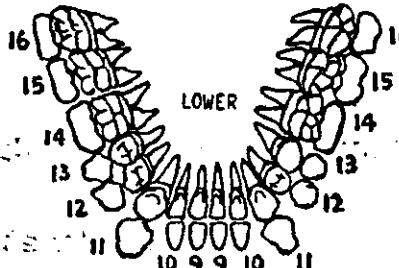




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

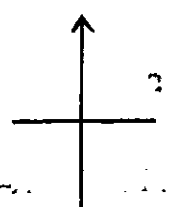
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS  SILVER FILLING GOLD FILLING	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	

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



REMARKS:

**Identification Check List and Dental Chart  
accomplished**

6 JAN 1948

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

UNKNOWN X-67

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

KILLERTON Tract, NG

(Place of death)

(Date of death)

(Cause of death)

1400 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 90 USAF CEMETERY SOPUTA 1, NG (as Unknown X-14)

2228

(Grave number)

(Row number)

(Plot number)

Cross-regulation

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

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

Religion

*Paul J. Tom*

CERTIFIED TRUE COPY: P.J. TONY, 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** KEELE, Charles C 0910420 1st Lt Co A 532 BS Bn 2229  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** SCHNEIDER, Warren E 20646884 Pfc Co F 127 Inf 2227  
(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:

None-reinterment

(at)

*977*

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. :

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 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

RIGHT HAND

4

3

2

1

THUMB

**RESTRICTED**

RE-

**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

1441

1041

UNKNOWN X - 67  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

1400 hrs 3 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG  
(Time and date of burial) Reburied (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 90 USAF CEMETERY SOPUTA #1 NG *at unknown 274*

2228 Cross, Regulation  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation Y-shaped or other)

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

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

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

Body buried on RIGHT KEELE, Charles C 0 910 420 1st Lt Co A 532 BS Bn 2229  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SCHNEIDER, Warren E 20 646 884 Pfc Co F 127 Inf 2227  
(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**

980

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, 1/SGT., GRS.

(Signature of officer or other person reporting burial)

*Charles R Myers*  
CHARLES R. MYERS, QMC.

(Verified by Army GRS Officer)

RECEIVED  
8 MAY 1945

LEFT HAND

THUMB

RIGHT HAND

THUMB

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

NOV 30 1943  
**CONFIDENTIAL** 1441  
*Card*

UNKNOWN

X 14 Soputa No.1

Unknown

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Killerton Tract, New Guinea

(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)

90

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** WELLS, Thomas D., 35206852, T/4, Co.D.126 Inf. 91  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Unidentified American Soldier 89  
(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**



IF DECEASED UNIDENTIFIED

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

Height : Apparent nationality :

Weight : Laundry marks :

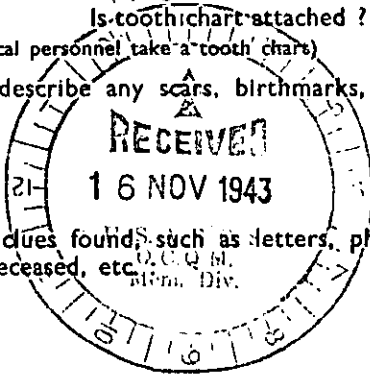
Color of eyes : Number of rifle :

Color of hair : Wear glasses ?

Race : Is tooth chart attached ?

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

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



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

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

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

(Signature of officer or other person reporting burial)

*Stewart W. Abbott*  
STEWART W. ABBOTT

1st (Verified by Army GR Officer)

48th QM. Co., GRS

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

**REPORT OF INTERMENT**

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

(Par. 21d - TM 10-630)

**UNIDENTIFIED AMERICAN SOLDIER**

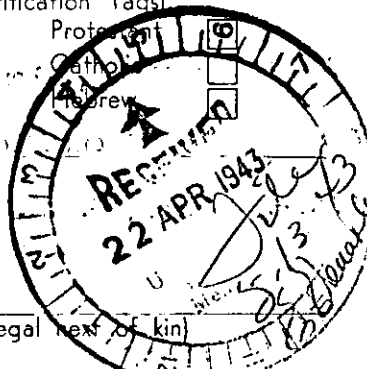
(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

<sup>2293</sup>  
**Killerton Tract, New Guinea** (Date of Death) (Cause of Death)

**April 7, 1943, 3:00 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)

90 (Grave No.) 7 (Row No.) (Plot No.) ~~Temp. cross~~ (Kind Grave Marker) (Identification Tags) Buried with body  Attached to marker

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)

(Para 25e (2)  
TM 10-630)

Place X mark  
below when  
prints are of  
left hand



Thumb	1	2	3	4	5
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List of personal effects and disposition of same

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

On Right— WELLS, Thomas D., 35206852, T/4, Co. D. 126 Inf.

Grave # 91

On Left— Unidentified American Soldier

Grave # 89

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.

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

48th QM Co. GRS