

AIRMAIL

QMOMT 293

16 February 1950

Unknown X-1546  
AGRS Mausoleum, Manila, P.I.

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Unknown X-1546, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-68, Finsch #2).

2. Subject case has been reviewed and this Office approves the classification of the above listed Unknown as Unidentifiable.

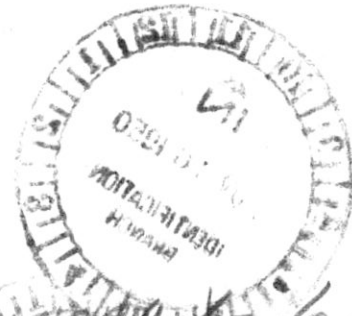
FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc  
Salsar  
JW

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

JMN  
XXX  
TEC

cc--Administrative Section  
cc--Cincfe



*Handwritten:* #293 Unk - New Admission #68 (Finsch #2)

AIRMAIL



cc--[illegible]  
cc--[illegible]

[illegible]  
[illegible]  
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JBC  
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**AIRMAIL**  
**RESTRICTED**

*293 Unk P.G. X-1546 (maus manila)*

**QMGMT 293**  
**GRS Far East**

**10 February 1950**

**SUBJECT: Identification of World War II Deceased**

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

1. Proceedings of the Field Board of Review, dated 28 November 1949, recommending that Unknown X-1546, AORS Mausoleum, Manila, P.I., (formerly Unknown X-68, USAF Cemetery #2, Finschhafen, N. G.) be identified as Pvt Richard J. Albert, 20 632 921, are returned herewith disapproved for the following reason:

a. The dental chart accomplished for Unknown X-1546, while not contradictory with Army dental records for Pvt Albert, would not justify identification as the dental chart lacks any outstanding peculiarities for comparison. Due to the numerous casualties sustained in this area, a very favorable dental comparison would be necessary, as well as other identifying factors to warrant a conclusive identification.

2. It is requested that further investigation be conducted in an effort to establish the identification of subject Unknown.

**FOR THE QUARTERMASTER GENERAL:**

1. Inc. 1  
1. Hd Proc (Albert, Richard J.  
20 632 921)

*X-293 Unk N.G. X-68 Finschhafen*  
*X-293 Albert, Richard J.*  
T. H. METZ  
Lt. Colonel, QMG  
Memorial Division  
20632921  
JMN  
TEC

Adm Section  
R. Miller: dal  
C. Salser  
J. Windsor

**REGISTERED**  
**NO. 1310957**

Cpy furnished: **CINCPAC, APO 500**

1310958

**RESTRICTED**  
**AIRMAIL**



1. FILE UNDER NO. 293 Unk - New Guinea X-68 (Finsch #2)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 16 Feb 50  
4. FROM: OQMG  
5. TO: Commanding Officer, AGRS PZ, APO 900 c/o PM San Francisco, Calif.  
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED UNDER NO. 293 - Unk X-1546 AGRS Mausoleum, Manila, P.I.

eb

**INSTRUCTIONS.**—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

AIRMAIL

RESTRICTED

293 UNK P.I. X-1546 (Manila Manila) *Em*

Q1087 482  
GRS Far East

10 February 1950

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review, dated 28 November 1948, recommending that Unknown X-1546, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-68, USAF Cemetery #2, Finschhafen, N. G.) be identified as Pvt Richard J. Albert, SO 632 921, are returned herewith disapproved for the following reason:

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2. It is requested that further investigation be conducted in an effort to establish the identification of subject Unknown.

FOR THE QUARTERMASTER GENERAL:

1 Incl  
M4 Proc (Albert, Richard J.  
SO 632 921)

T. H. MEFE  
Lt. Colonel, Q10  
Memorial Division

cc: Adm Section

R. Miller:dal  
C. Salsar  
J. Windsor

Copy furnished: CINCPAC, APO 500

RESTRICTED

AIRMAIL

X 293 UNK P.I. X-68 (Finschhafen #2)

/bpm

Interred 23 Jan 1950  
A 14 134 Ft. McKinley

DISINTERMENT DIRECTIVE

1 ✓

*caremark*

CARL R. H. MARK

Cemetery Superintendent

DIRECTIVE NUMBER

6911 00242

DATE

15 01 48  
DAY MONTH YEAR

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000068		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO. 20					7701 80
					CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		2236	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 DISINTERRED
UNKNOWN X-1546 (MAUSOLEUM)				17 May 1948
UNK X-000068 (Finsch. #2)				
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		HENRY P. SMITH Embalmer	
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
UNK X-68	
MINOR DISCREPANCIES 1	

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 May 1948	BY HENRY P. SMITH
CASKET SEALED BY HENRY P. SMITH	EMBALMER (Signature) <i>Henry P. Smith</i> HENRY P. SMITH
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 17 May 48 BY FLACIDO M. CASTILLO	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

2 DEPT 1950  
REPATRIATION  
BRANCH  
OFFICE, CIVIL

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

# 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. BOLAWAN, Capt., Cav.</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Thomas</i>	DATE <b>JAN 23 1950</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

FROM <b>5532 WPA CAMP</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>COINER</i>	DATE <i>1/11</i>	SIGNATURE OF RECEIVER <i>MO FO</i>	DATE <i>1/11</i>

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>00585 12 01 53</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



C  
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Y

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFPO 900  
6 January 1950

GRPZ 293

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 QMGWU 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:

X-65 <i>Forwarded</i>	UNKNOWN X-1546	AGRS Malm	UNKNOWN X-3204	AGRS Malm
	" X-3107	" "	" X-3987	" "
	" X-3118	" "	" X-4127	" "
	" X-3202	" "		

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

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypala  
/t/ JOHN SHYPALA  
1st Lt., Infantry  
Adjutant

C  
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Y

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900  
6 January 1950

GRPZ 293

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
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<i>X-68 French</i>	UNKNOWN X-1546	AGRS Malm	UNKNOWN X-3204	AGRS Malm
	" X-3107	" "	" X-3987	" "
	" X-3118	" "	" X-4127	" "
	" X-3202	" "		

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

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypala  
/t/ JOHN SHYPALA  
1st Lt., Infantry  
Adjutant

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O  
P  
Y



*Handwritten:*  
100  
213  
L...  
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- W  
P...  
for

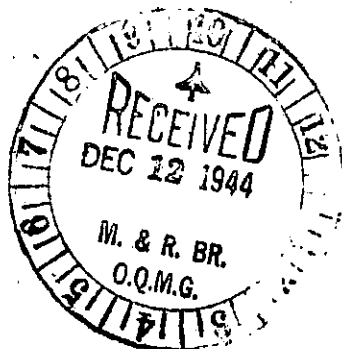
1ST IND.

BRN/cdr

Office of Chief, Dental Branch, ASFTC, SCU 1907, Ft. Lewis, Wa., 6 Dec. 44.

TO: Office of the Quartermaster General, Washington, D.C.

1. A thorough check through permanent files reveals no record of dental treatment at this Station for Pvt. Berryman.



ERNEST E. NICHOL, Major, DC,  
Acting Chief, Dental Branch.

SPQYG 293  
Unknown 654, SW Pacific

1st Ind.

Station Hospital, Fort Sheridan, Illinois. 21 November 1944.

TO: The Quartermaster General, U. S. Army, Washington 25, D. C.  
Thru: The Commanding Officer, Fort Sheridan, Illinois.

A thorough search has been made of all records at this hospital, the dental clinic and outpatient records for the post and there is no record of treatment in the case of Private Raymond A. Berryman, 36053059.

EDWARD B. JOHNSTON,  
Lt. Colonel, M. C.,  
Surgeon.

SPQYG 293

Unknown 654, SW Pacific

2d Ind.

ASF, 6SC, Hq., Pers. Ctr., Fort Sheridan, Illinois, 21 November 1944

TO: Commanding Officer, ASF, Office of The Quartermaster General, Washington, 25, D. C.

Inviting attention to preceding indorsement.

For the Commanding Officer:

J. C. HICKEY  
CWO, USA,  
Asst Adjutant



*Handwritten notes on the right margin:*  
10  
S. W. ...  
...

SFQYG 293

Unknown 654, SW Pacific

2d Ind.

ASF, 6SC, Hq., Pers. Ctr., Fort Sheridan, Illinois, 21 November 1944

TO: Commanding Officer, ASF, Office of The Quartermaster General, Washington,  
25, D. C.

Inviting attention to preceding indorsement.

For the Commanding Officer:

J. C. HICKEY  
CWO, USA,  
Asst Adjutant

1st Ind.  
ASF, NSC, Office of the Surgeon, Camp Roberts, California, 25 Nov 44.

TO: The Quartermaster General, Washington 25, D.C.

There are no dental records at this station to indicate that Pvt. Raymond A. Berryman received dental treatment at this station.

For the Surgeon:

PAUL F. MALON  
Major, MAC  
Executive Officer

1st Ind.  
ASF, NSC, Office of the Surgeon, Camp Roberts, California, 25 Nov 44.

TO: The Quartermaster General, Washington 25, D.C.

There are no dental records at this station to indicate that Pvt.  
Raymond A. Berryman received dental treatment at this station.

For the Surgeon:

PAUL F. NALON  
Major, MAC  
Executive Officer





SPQYG 293  
Unknown 664, SW Pacific

16 November 1944

SUBJECT: Identification of Unknown Deceased.

TO : Commanding Officer, Fort Sheridan, Illinois.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown Deceased American Soldier.
2. From information received, it has been tentatively determined that the unknown is Pvt. Raymond A. Berryman, 36063099, Infantry.
3. It is requested that this office be advised if available records show whether or not dental work was performed for Pvt. BERRYMAN while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

MAYO A. FARLING,  
Lt. Colonel, Q.M.C.,  
Assistant.

SFQYO 293  
Unknown 654, SW Pacific

15 November 1944

SUBJECT: Identification of Unknown Deceased.

TO : Commanding Officer, Camp Roberts, California.

ATTENTION: Post Surgeon.

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown Deceased American Soldier.
2. From information received, it has been tentatively determined that the unknown is Pvt. Raymond A. Berryman, 36053069, Infantry.
3. It is requested that this office be advised if available records show whether or not dental work was performed for Pvt. BERRYMAN while on duty at your station, and if so, a copy of Form 79, Medical Department be furnished with a view to definitely establishing the identity of the Unknown.

For The Quartermaster General:

MAYO A. DARLING,  
Lt. Colonel, Q.M.C.,  
Assistant.

SPQYO 295  
Berryman, Raymond A.

2 June 1944

SUBJECT: Information for Graves Registration.

TO : The Adjutant General, ASF, Washington, D. C.

1. It is requested that the inclosed Form 8 WA be completed with the information desired, and returned to this office.

2. Information is desired for use in the work of identification.

For The Quartermaster General:

MAYO A. DANLING,  
Lt. Colonel, Q. M. C.,  
Assistant.

1 Incl:  
1 8 WA Form.

B Miller  
15 Dec 49

HEADQUARTERS  
PHILCOMM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

5 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 68, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 2236, USMC USAF Cem Finsch #2, have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

  
H. S. MCNEMAR  
Captain, OMC  
Chief, Records Branch

Attch: Form 1044

20 Jan 1950 OMC  
Not identifiable from  
information presently  
available  
Robert W. Miller

End!!

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-1546 (Formerly Unk. X-68, Finsch Cem.#2)</b>				2. DATE OF REPORT <b>4 Jan. 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>HANGAR 810</b>	5. ROW <b>BAY A</b>	6. GRAVE <b>CRYPT 160</b>	7. DATE OF DISINTERMENT REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>136 - 160</b>	9. ESTIMATED HEIGHT <b>5' 9 5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unk</b>
-----------------------------------------	-----------------------------------------	-----------------------------------	------------------------

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

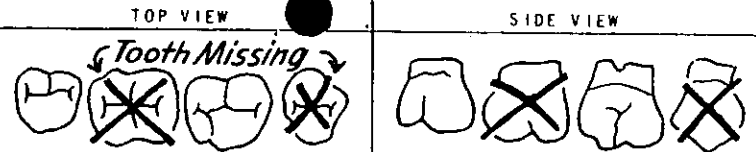
**N O N E**

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)

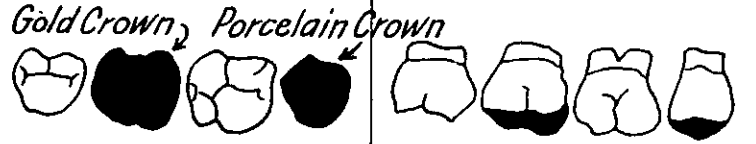
**N O N E**

VERIFIED  
 BY REASON OF  
 ...

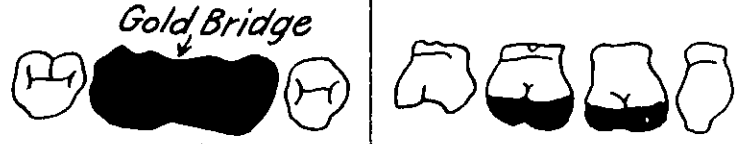
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



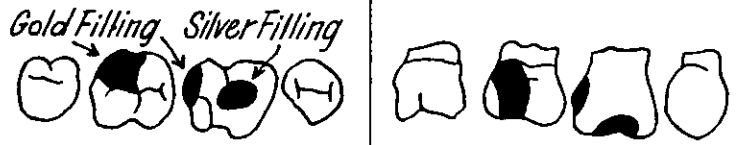
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



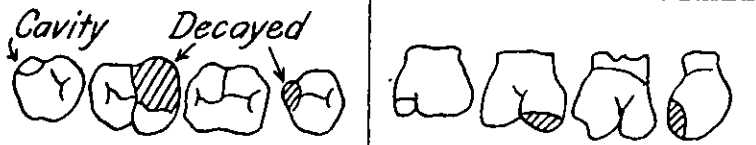
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:

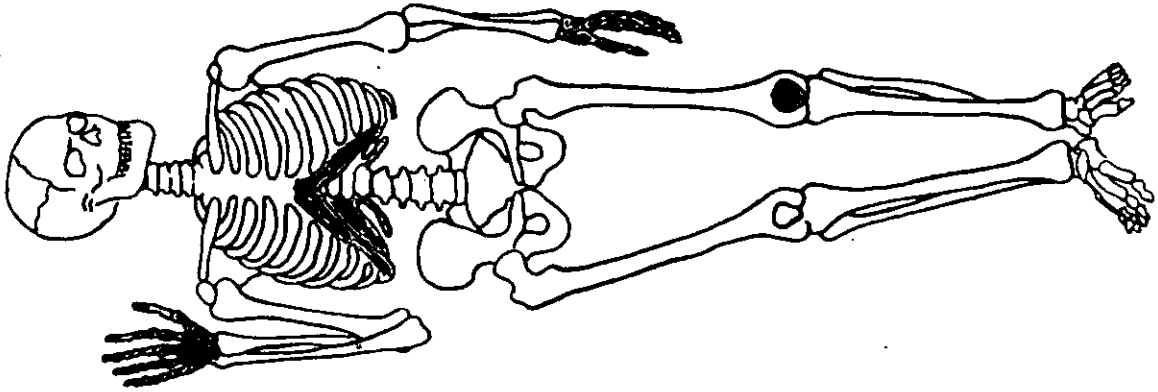


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			P			P	P	m	d		P				
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
			P			P	P						X		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

*Paul R. Nichols*  
**PAUL R. NICHOLS**  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 I.D. tags, burial bottle, personal effects or other means  
of identification found with remains.

Estimated weight of remains - 9 lbs.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

X-10-66

# 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-1546 (Formerly UNK X-68)  
USAF Cem #2, Finschhafen, New Guinea)

10 Nov 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Unknown

AGRS Mausoleum

Manila, P.I.

810

A

160

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

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															
LOCATION															
INSIDE — LOOKING OUT															
RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE															
LOCATION															

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		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.

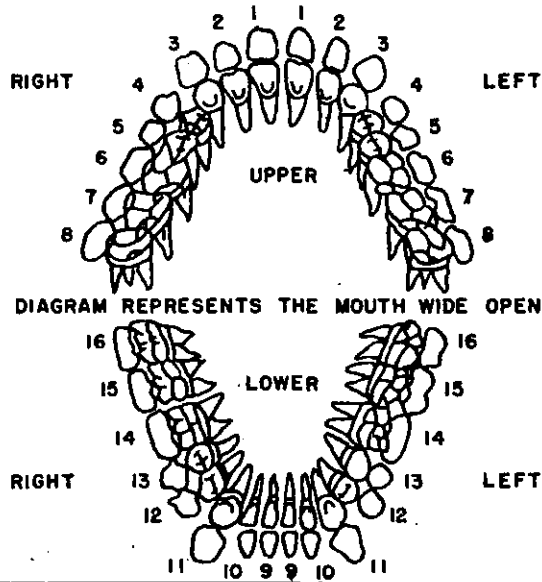


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

/s/ Magno A. Noble  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John J. Connors  
VERIFIED BY GRS OFFICER

/D/ MAGNO A. NOBLE  
NAME AND RANK TYPED OR PRINTED

SP-6 AGRS  
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

# IDENTIFICATION CHECK LIST

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

(Formerly UNK X-68 USAF Cem  
 Unknown X 1546 (#2, Finschhafen, N.G.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 810 <sup>HANGER</sup> Row A <sup>BAY</sup> CRYF Grave 160

AGRS Mausoleum  
 Manila, P.I.

1. Arrived at cemetery 10 Nov 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS Det #2  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

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

Shoulder Patch

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

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

Age Height UTD Weight UTD 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 U T (Light, medium, dark, clear, pimples, pocks, freckles)

Build D (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 Moustache 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 ..... Ears .....  
 (Size, shape, straight) (Size, set close to or far from head)

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

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

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

Jaw ..... Circumference of **skull** **head** in inches **21"** .....  
 (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)

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? Yes If not, explain  
(Yes-no)

9. Remarks No personal effects, no ROI bottle nor identification tags  
found with remains. 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/ John J. Connors  
(Officer's Name)

SP-6  
Rank Service

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

10 Nov 47

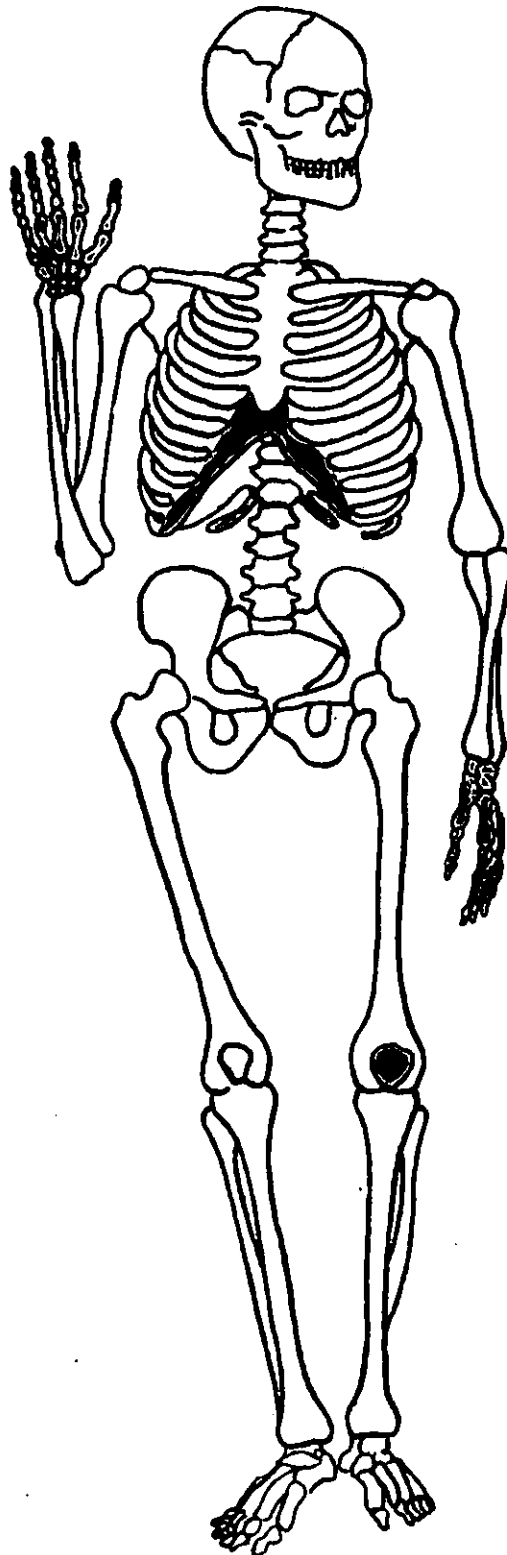
CERTIFIED TRUE COPY

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

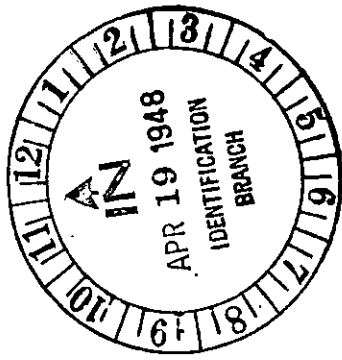
# SKELETAL CHART

X-1546

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6 Cervical Vertebrae  
22 Ribs present  
12 Thoracic Vertebrae  
5 Lumbar Vertebrae present



**RECORD OF DENTAL PATIENTS**

**UNKNOWN AMERICAN SOLDIER**

(1) ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ (2) ~~XXXXXXXXXXXXXXXXXXXX~~

**Grave #53 USAF Cemetery**

(3) ~~XXXXXX~~ (4) ~~XXXXXXXXXX~~ (5) ~~XXXXXXXXXXXXXXXXXXXX~~

**Soputa #1, New Guinea.**

(6) AGE YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS

										(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
										(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
										(12) RESULTS AND REMARKS
R1,	Chipped	on	ODF	surface						(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
	Possible	S	filling	lost.						
R2,	Chipped	on	ODF	surface						
	Possible	S	filling	lost.						(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
L16,	Decayed	on	OD	surface						
	Possible	A	filling	lost.						(12) RESULTS AND REMARKS

**T/Sgt. Fred Alexander GRS**

Dental Corp., U. S. A.

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~



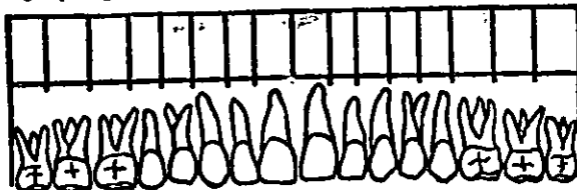
**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

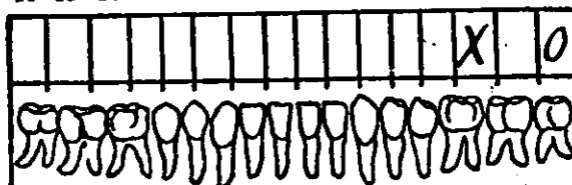


**LOWER TEETH**

Right

Left

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



CLASS .....

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

Periodontoclasia .....

Dental foci suspected:      Yes                      No

Other conditions .....

**REMARKS**

Fairly good specimen of maxilla, and mandible found. Small tufts of light brown hair found on skull.

Date 10, May ....., 1944

**T/Sgt. Fred Alexander GRS**

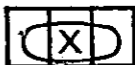
*Dental Corps U. S. A.*

\*Restorable carious teeth by 0  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



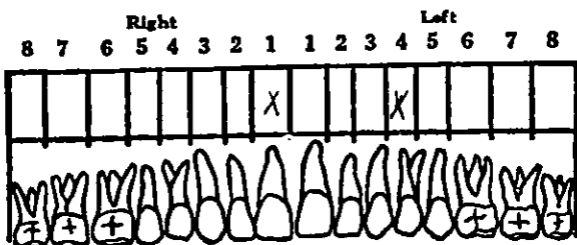




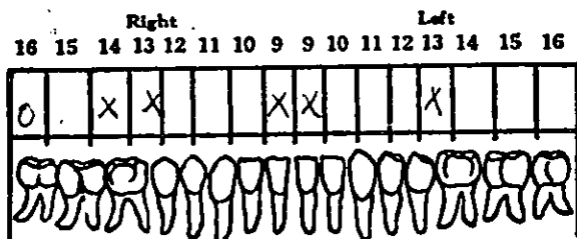


# \*REPORT OF DENTAL SURVEY

## UPPER TEETH



## LOWER TEETH



CLASS .....

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

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

R, 1, 9, 13 L 4, 9, 13 Missing Not Extracted

R 14 Missing Extracted

Date Sept. 8, 1944

*Sgt. Byron S. Stator*  
SRS

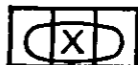
Dental Corps, U. S. A.

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

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



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

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

DATE OF REPORT

14 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1546 (Formerly UNK X-68  
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

Unknown

CAUSE OF DEATH

Unknown

DATE OF DEATH

Dec 1942

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 MANICA, P.I.

DATE OF BURIAL  
STORAGE  
12 Nov 47

HOUR  
0830

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

TYPE OF GRAVE  
MARKER  
None

PLOT No.  
DANGER  
810

ROW No.  
RAV  
A

GRAVE No.  
CRYPT  
160

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.  
2236

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) STORAGE  
Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)  
Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  
STORAGE  
UNKNOWN X-1540

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
162

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
STORAGE  
UNKNOWN X-1545

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
158

SIGNATURE OF PERSON PREPARING REPORT  
Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
LUCIO S PANOPIO 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.

Inf # 1218

**Section 3—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

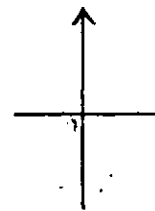
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



**REMARKS:**

Identification Check List and Dental Chart accomplished.

**68 JAN 1948**

RIGHT  
LITTLE FINGER

**RESTRICTED**

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

263<sup>54</sup>  
654

UNKNOWN

X 68

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

Dec 1942

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

1445 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 55 USAF CEMETERY SOPUTA #1 NG

*at Unknown 2-2*

2236

Cross, Regulation

(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 COX, John E 265 15 55 OMM (PA) USS LST 455 2237  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT CROWSON, Virgil R 174 91 55 MM 2/c USS LST 455 2235  
(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

771



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., GRS.

(Signature of officer or other person reporting burial)

*Char R Myers*  
 CHARLES R. MYERS, LT., OMC.

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

RECEIVED  
 8 MAY 1915

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

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

UNKNOWN X 68  
.....  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

.....  
(Place of death) Dec 1942 (Date of death) (Cause of death)

1445 hrs 3 April 1945 USAF CEMETERY #2, EINSCHLAFEN, NG  
(Time and date of burial) reburial (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 53 USAF CEMETERY, SOPUTA #1, NG as Unknown X-2

2236 ..... Cross-Regulation  
(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

Religion.....

CERTIFIED TRUE COPY

P.J. TONN, CAPT, QMC (If no identification tags, what means of identification are buried with the body?)

*Paul J. Tonn*

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

Body buried on RIGHT COS, John E. 26 515 55 CHM (FA) USS LST 455 2237  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT CROWNSON, Virgil R. 17 491 55 MM 2/c USS LST 455 2235  
(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

*7188*

**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

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

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

**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

UNKNOWN X-2. Soputa Cemetery No. 1

Unknown

(Last name) Soputa-Sanananda trail (First) (Initial) (Serial number) (Rank) (Organization)

three miles. N. Soputa Unknown G.S.W. K.I.A.

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

April 2, 1943

U.S.T.C. No. 1. Soputa, N.G.

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

53

4

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 an Unidentified American Soldier disinterred from U.S.T.C. No. 2.  
Soputa New Guinea. grave No. 28. Original burial -- Map ref. of large trees --

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

17.6-24.1 Gona Locality (Revised) 2/1 Aust. Topo. Survey Co. Dec. 1942  
Scale 4" - 1 mile.

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

Body buried on **RIGHT** UNIDENTIFIED AMERICAN SOLDIER 54

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

Body buried on **LEFT** SHERMAN, Kenneth E. Pvt. 37091422 Co. C. 163 Inf. 52

(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 : C.E. BUTTERWORTH,  
Certified a true copy. Lt. Colonel, QMC.

**IF DECEASED UNIDENTIFIED**

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

Height :	Apparent nationality :
Weight :	Laundry marks :
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. F. J. Winsor, GBS. ....

(Signature of officer or other person reporting burial)

● /s/ Stewart W. Abel, 1st Lt., ● C GRS. ....

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~ Nov 24 1943 654 card

UNKNOWN X. 2, Soputa Cemetery No. 1 Unknown  
 Soputa (Last name) Sanananda (First) Trail (Initial) (Serial number) (Rank) (Organization)  
 three miles N. Soputa Unknown G.S.W. K.I.A.  
 (Place of death) (Date of death) (Cause of death)  
 April 2, 1943 U.S.T.C. No. 1, Soputa, N.G.  
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

53 4 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 an Unidentified American Soldier disinterred from  
 U.S.T.C. No. 2, Soputa, N.G., grave No. 28.  
 Original burial --- Map ref. of large trees --- 17.6-24.1  
 Gona Locality (Revised) 211 Aust. Topo. Survey Co. Dec. 1942.  
 Scale 4" - 1 mile.

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

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER 51  
 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 Body buried on LEFT SHERMAN, Kenneth E., Pvt., 37091122, Co. C. 163 Inf. 52  
 (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~~

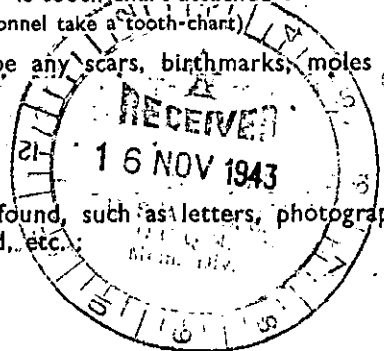
IF DECEASED UNIDENTIFIED

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. F. J. Winsor, GRS  
(Signature of officer or other person reporting burial)

STEWART W. AB... 1st Lt., QMC,

(Verified by Army GRS Officer)  
48th QM, Co. GRS.

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

~~CONFIDENTIAL~~  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

UNKNOWN X-2, Soputa Cemetery No. 1 ..... Unknown  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa- Sananda trail. three miles N. Soputa ..... GSW. KIA.  
(Place of death) (Date of death) (Cause of death)

April 2, 1943 ..... U.S.T.C., No. 1 Soputa, N.G.  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

53 ..... 4 ..... 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 an Unidentified American Soldier disinterred from U.S.T.C.,  
No. 2, Soputa, N.G. Grave No. 28.

Original burial Map ref. of large trees - 176-24-1  
(If no identification tags, what means of identification are buried with the body?)  
Gona Locality (Revised) - 2/1 Aust. Topo Survey Co. Dec. 1942. Scale 4" -  
Religion 1 mile  
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER ..... 54  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SHERMAN, Kenneth E., Pvt. 37091422, Co.C. 163 Inf. 52  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: Certified true copy:

~~CONFIDENTIAL~~  
*Paul Tonn*



IF DECEASED UNIDENTIFIED

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

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

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

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

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

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

S/Sgt. F. J. Winsor, GRS.

(Signature of officer or other person reporting burial)

STEWART W. ABEL, 1st Lt. QMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE  
REPORT OF INTERMENT

654

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

3700 *Unknown* (Par. 21d - TM 10-630)

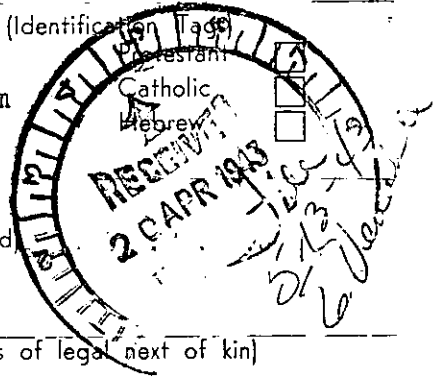
UNIDENTIFIED AMERICAN SOLDIER	Unknown	Unknown <sup>8</sup>	Unknown
(Last Name)	(Serial No.)	(Rank)	(Organization)
Soputa-Sanananda trail	Unknown		G.S.W.*K.I.A.
three miles N. Soputa.			
(Place of Death)	(Date of Death)		(Cause of Death)

April 2, 1943	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)

53	4	Temp Cross	Buried with body	<input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	Attached to marker	<input type="checkbox"/>
		(Kind Grave Marker)	(Identification Tags)	

Remains of an Unidentified American Soldier disinterred from U.S.T.C. # 2, Soputa, N. G. grave No. 28.

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



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

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

(Required ~~with~~ positive identity cannot otherwise be established) (Par. 25e (2)  
TM 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 No. 54.

On Left— SHERMAN, Kenneth E., Pvt., 37091422, Co C 163 Inf., Grave No 52.

S/Sgt. F. J. Winsor, GRS.  
Signature of Officer or other person reporting Burial.

*Stewart W. Abel*  
STEWART W. ABEL, 1st Lt. QMC.  
Verified by *4845* Army G.R.S. Officer.

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

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

~~CONFIDENTIAL~~

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

UNIDENTIFIED AMERICAN SOLDIER      Unknown      Unknown      Unknown  
(Last name)      (First)      (Initial)      (Serial number)      (Rank)      (Organization)

Soputa-Sanananda trail      Unknown  
three miles N Soputa      (Date of death)      G.S.W. KIA  
(Place of burial)      (Cause of death)

April 2, 1943      U.S.T.C. No. 1. Soputa, N.G.  
(Time and date of burial)      (Name of cemetery)      (Name or coordinates of location)

53      4      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 an Unidentified American Soldier disinterred from U.S.T.C. No. 2.  
Soputa, N.G. grave No. 28.  
(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** UNIDENTIFIED AMERICAN SOLDIER      Grave No. 54  
(Name)      (Serial number)      (Rank)      (Organization)      (Grave number)

Body buried on **LEFT** SHERMAN, Kenneth E., Pvt.      37091422,      Co. C. 163 Inf.      Grave No. 52  
(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 :      C.E. BUTTERWORTH,  
Certified a true copy.      Lt. Colonel, QMC.

~~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. F.J.Winsor, GRS.

(Signature of officer or other person reporting burial)

/s/ STEWART A. ABEL, 1st Lt. QMC  
48th QMC (Ver. by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

~~CONFIDENTIAL~~  
654

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

(Par. 21d - TM 10-630)

C-3003

UNIDENTIFIED AMERICAN SOLDIER

unknown

unknown

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

Soputa-Sanananda trail

Three miles N. Soputa

unknown

G.S.W.-K.I.A.

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

4 P.M. Dec 28, 1942

U.S. Cemetery-Soputa #2, 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

28

2

Cross

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

Map ref. of large trees--17.6-24.1

Gona Locality (Revised)-2/1 Aust. Topo. Survey Co. Dec'42

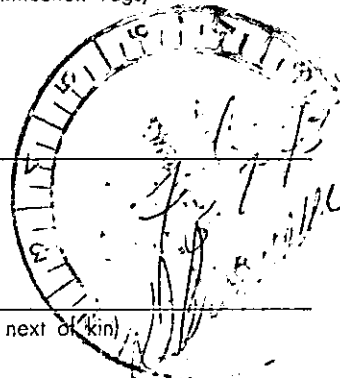
Scale 4"-1 mile

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

Unknown

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)



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

(Required when **[REDACTED]** identity cannot otherwise be established) ( **[REDACTED]** ) (2)

DA FORM 630

Place X mark  
below when  
prints are of  
left hand

<b>None</b>				
Thumb	1	2	3	4

List of personal effects and disposition of same

**None**

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

On Right- **Path**

On Left- **Wm. C. Nivison, Sgt., 20635928, Co I 126 Inf. Grave #27**

Signature of Officer or other person reporting Burial.

**LeRoy Turner, S/Sgt., G.R.S.**

Verified by Army G.R.S. Officer

**JAMES T. MCCONNAUGHEY**  
2nd. Lt., QMC.

**Graves Reg. Officer**

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

# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNIDENTIFIED AMERICAN SOLDIER  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
Soputa-Sanananda trail  
Three miles N. Soputa  
4 P.M. Dec. 28, 1942  
(Place of death) (Date of death) (Name of cemetery) (Name or coordinates of location)  
Unknown G.S.W. K.I.A.  
(Cause of death)  
U.S. Cemetery - Soputa No. 2. N.G.

28 2 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

Map ref. of large trees - 17.6-24.1

Gona Locality (Revised - 2/1 Aust. Topo. Survey Co. Dec. '42)

Scale 4"-1 mile (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** Path  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Wm. C. Nivison, Sgt. 20635928 Co. L. 126 Inf. 27  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Unknown  
(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: C.E. BUTTERWORTH,  
Certified a true copy. Lt. Colonel, QMC.



**IF DECEASED UNIDENTIFIED**

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

Height :	Apparent nationality :
Weight :	Laundry marks :
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.**

Leroy Turner, S/Sgt., G.P.S.

(Signature of officer or other person reporting burial)

/s/ JAMES T. McCONNAUGHEY, 2nd Lt. QMC

Graves Reg. Officer

LEFT HAND

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND