

QMGRIT 293  
GRS Far East

29 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

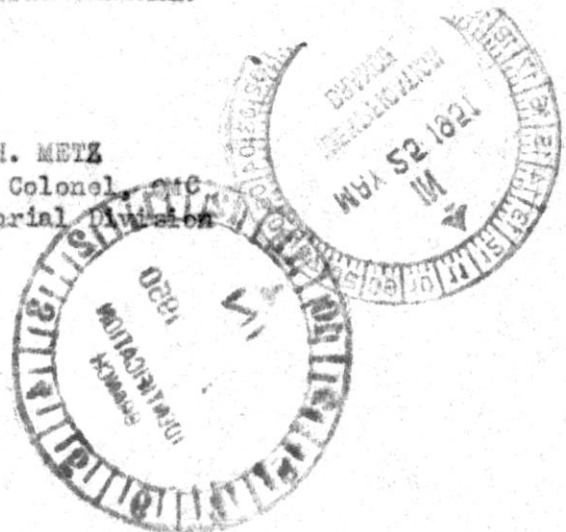
1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown X-250  
" X-400  
" X-1466 (formerly Unk. X-69, Finsch. #2)  
" X-1476 (formerly Unk. X-51, Finsch. #2)  
" X-1489 (formerly Unk. X-47, Finsch. #2)  
" X-85 (formerly Unk. X-226, Finsch. #5)  
" X-2248 (formerly Unk. X-614, Leyte #1)  
" X-3777 (formerly Unk. X-357, Leyte #1)  
" X-3778 (formerly Unk. X-359, Leyte #1)

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. H. METZ  
Lt. Colonel, MC  
Memorial Division





SUBJECT: Unidentifiable Remains

1 JUN 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-250	Unknown X-4088,	Manila #2 (formerly X-3578-B,	AGRS Maus.
" X-400	" X-4089	" "	" "
" X-1329	" X-4090	" "	" "
" X-1466	" X-5134	" "	" "
" X-1476	" X-5137	" "	" "
" X-1489	" X-5139	" "	" "

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

FOR THE COMMANDING GENERAL:

12 Incls:  
 QMC Forms 1044 w/certificates  
 of Unidentifiability

JOHN A MARZSAL  
 1st Lt. AGD  
 Asst Adj Gen



rsc  
**1**  
Interred 11 October 1949  
N 9 Ft. Meainley  
*Carl R. H. Mark*  
DISINTERMENT DIRECTIVE

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED  
Cemetery Superintendent  
DIRECTIVE NUMBER  
6911 00243  
DATE  
15 01 48  
DAY MONTH YEAR

NAME  
*29*  
SERIAL NUMBER  
UNKNOWNX-000069  
RANK  
ARM  
DATE OF DEATH  
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY  
2240 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  
UNK X-69  
(Maus) UNK X-1466  
SERIAL NUMBER  
RANK  
DATE OF DEATH  
DATE DISINTERRED  
22 Sept 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION  
UNKNOWN  
RELIGION  
IDENTIFICATION VERIFIED BY  
ROBERT F. STEVENSON  
Embalmers NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half  
CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
MINOR DISCREPANCIES 1

Two (2) Identification Tags show UNK X-1466 (Maus)  
REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948 BY ROBERT F. STEVENSON

CASKET SEALED BY  
ROBERT F. STEVENSON  
EMBALMER (Signature)  
*Robert F. Stevenson*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED  
DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt. I.F.  
SHIPPING ADDRESS VERIFIED BY  
HONORIO V. AURELIO, 1st Lt., INF.

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

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., INF.  
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

*Stevenson*  
BRANCH

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</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 <b>(BY ADMINISTRATIVE ORDER)</b>		TO	
KIND OF CONVEYANCE <b>NAVY BUREAU OF NAVAL STORES</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>5540 NEW GUINEA</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

100

100 210

Unknown New Guinea X-69 (Finchhafen #2)

SEARCHED

SERIALIZED

INDEXED

20 Mar. 1947

FILED  
830

COMM

Op. McDowell, Calif.

REMARKS:

Identification of Unknown Deceased

INCIDENT 2190 UNDER NO. 293 - Unknown New Guinea (Misc) (Finchhafen #2)

rtb

1  
CAB  
LETTER UNDER NO. 293 -

Unknown New Guinea X-69

(Finchhafen #2)

INDEX SHEET

SYNOPSIS

LETTER

20 Mar. 1947

FROM:  
TO:

COMO

Cp. McDowell, Calif.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown New Guinea (Misc) (Finchhafen #2)

rtb

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- 69, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 2240, USMC Fischhafen #2, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
H. B. McNEELAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received 23 Aug 49 QMG  
Not identifiable from  
information presently  
available M. W. Moran 24 Aug 49

*Handwritten initials*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-1466 (Formerly UNK X-69 Finsch #2)</b>				2. DATE OF REPORT <b>18 May 1949</b>	
3. NAME OF CEMETERY <b>AGPS MAUSOLEUM, MANILA P. I</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>B</b>	<b>622</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</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?  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**

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

*Incl # 4-a*

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>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	M A X I L L A								M I S S I N G								
Side Views																	Side Views
Top Views																	
	M A N D I B L E								M I S S I N G								
Side Views																	
	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 present with remains.

**"UNIDENTIFIABLE"**

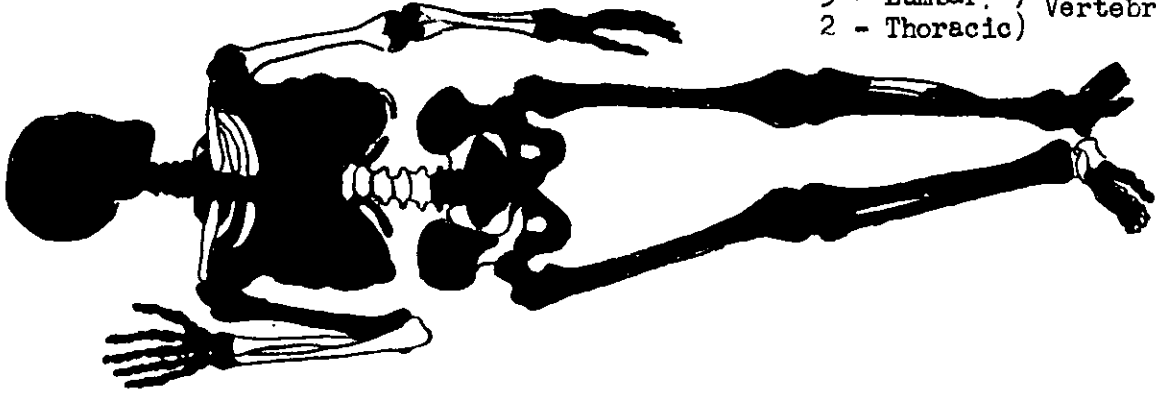
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received: ●

- 4 - Ribs
- 3 - Lumbar ) Vertebrae
- 2 - Thoracic )



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
NUMBER  
 OF THE FOLLOWING ANATOMICAL PARTS:

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
 Estimated weight of remains - 2 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

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-1466 (Formerly UNK X-69  
 USAF Cemetery  
~~UNKNOWN~~ Finschhafen #2, N.G.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row B Bay CR-PT Grave 622

C. I. P. AGRS  
 Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS~~ 4 Nov 47  
(Hour) (Date)

2. Place of death Killerton Tract, N.G.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by USAF Cem #2, Finsch., N.G.  
(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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton N O

\* Shoes N E (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 U.T.D. Weight U.T.D. Description of wounds

Bandages or dressings/ Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hands and face

Complexion (Light, medium, dark, clear, pimples, poeks, 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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

Goatee / / (Light, color, extent)

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

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

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

Teeth **No teeth received or skull.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / / (Large, small, normal) Circumference of ~~head~~ **skull** in inches **No skull** (Hat band)

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

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

Hands / /

Fingers U T (Short, ~~thick~~, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

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

Hernioplasty / / (Yes-no; location)

Legs / / (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 Skeleton received.

8. Has tooth chart been prepared? No If not, explain No teeth or  
(Yes-no)  
skull received.

9. Remarks No ROI bottle or identification tags found with remains.  
No personal effects or other means of identification. Unable to  
determine the height and weight due to the fractured of left  
humerus, radius, and absent of femur and tibia. No teeth or skull  
received. Estimated weight of remains two (2) 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/ Edward H. Marshall  
(Officer's Name)

SP-8

C-062874

Rank

Service

AGRS

(Organization)

4 Nov 47

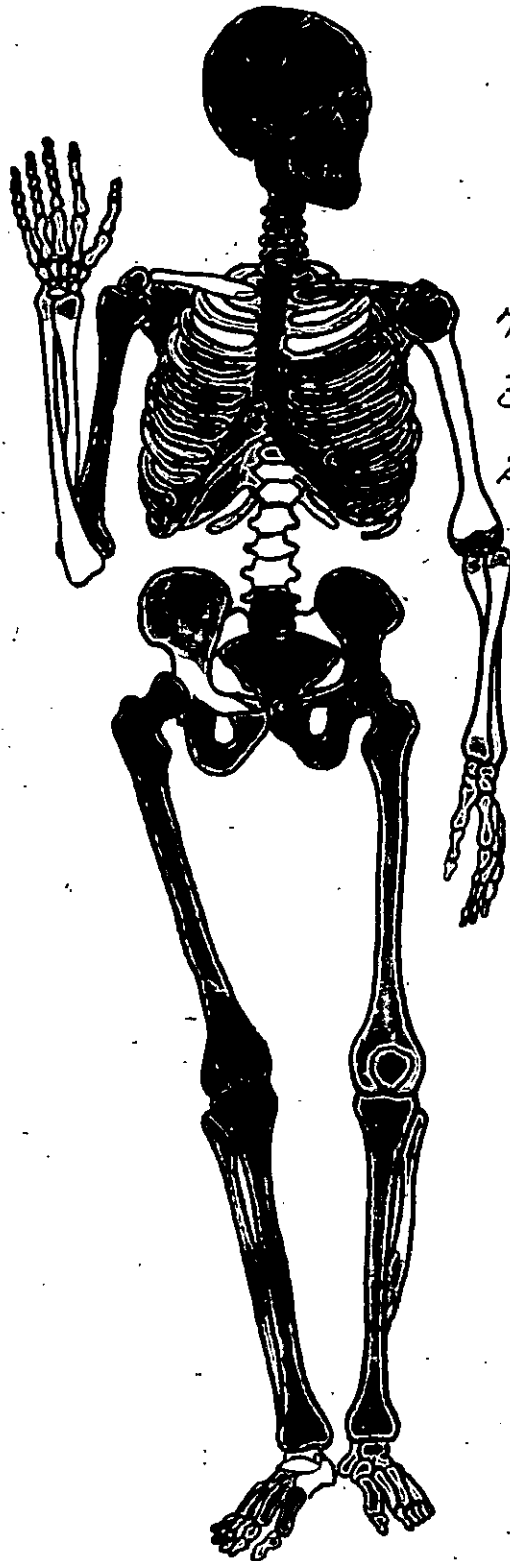
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X - 1466

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 4 Ribs vertebrae present
- 3 Lumbar vertebrae present
- 2 Thoracic vertebrae present



/yel

APR 5 - 1948

RESTRICTED

U 1794

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

6 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1466 (Formerly UNK X-69  
USAF Cem #2, Finschhafen, N. G.)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Killerton Tract, N.G.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Nov 47	0800	Casket	None	RANGER 812	BAV B	CRYPT 622

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, N.G.

PLOT No.	ROW No.	GRAVE No.
		2240

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORED

UNKNOWN X-1464-D

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

CRYPT

624

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

STORED

UNKNOWN X-1460

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

CRYPT

620

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, 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.

Incl 573

RESTRICTED

**Section 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	<p>SILVER FILLING GOLD FILLING</p>
CAVITIES	<p>CAVITY DECAYED</p>
MISSING TEETH	<p>TOOTH MISSING</p>
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	<p>GOLD BRIDGE</p>

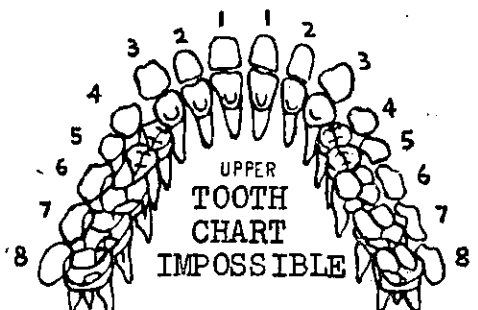
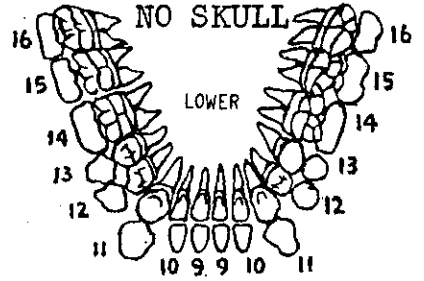
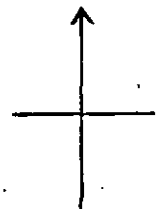


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  
**NO TEETH**  
**NO SKULL**



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



**REMARKS:**

Identification Check List accomplished.

**17 DEC 1953**

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

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

Unknown X-69  
.....  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

1500 hrs 3 April 1945 USAF Cemetery #2 Finschhafen, N. G.  
.....  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 87 USAF Cemetery #1 Soputa N. G. as Unknown X-11  
.....  
2240 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. Tamm*  
P. J. TAMM, 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 End of the Row.  
.....  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Bork, LaVerne N. 20650856 Sgt. Co. L 128 Inf. 2239  
.....  
(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

979

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., MC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

**RESTRICTED**

Graves Registration  
Form No. 1  
(Revised May 11, 1963)

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

1444

1444

UNKNOWN X 69

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

Killerton Tract, NG

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

1500 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 87 USAF CEMETERY #1 Soputa NG *on 7/1/61*

2240 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 identify definitely established, give particulars)

Body buried on RIGHT END OF THE ROW  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BORK, La Verne M 20 650 856 Sgt. Co L 128 Inf 2239  
(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**

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)

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

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

RECEIVED  
8 MAY 1945

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

NOV 3-0-1943  
**CONFIDENTIAL 444**

UNKNOWN X 11 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)

87 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 ?)

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

Religion

Body buried on **RIGHT** Unidentified American Soldier 88  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** HUMPHREY, Stanley (NMI) 35251546, Pvt., Co. K. 126 Inf. 86  
(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**

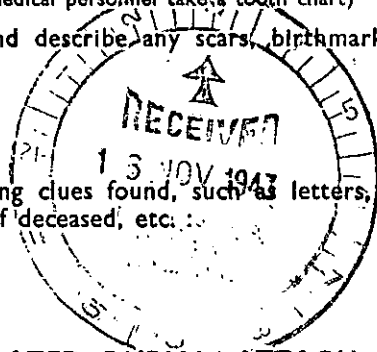
**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

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. Winson, G. P. S.  
 (Signature of officer or other person reporting burial)

*Stewart W. ABE*  
 STEWART W. ABE

1st (Verified by Army GRS 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>193</sup>  
Killerton Tract, New Guinea (Antenoma)  
(Place of Death) (Date of Death) (Cause of Death)

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

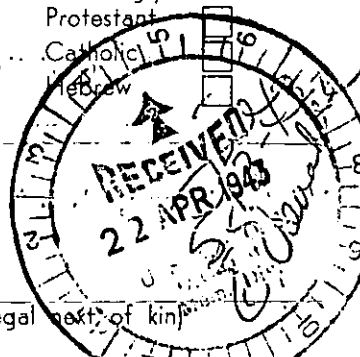
87 7 Temp. cross  
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Buried with body   
Attached to marker

Protestant   
Catholic   
Jewish

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

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



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

(Required when positive identity cannot otherwise be established) (Par. 25e(2))

TM 10-630

Place X mark below when prints are of left hand



Thumb	1	2	3	4	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— Unidentified American Soldier

Grave # 88

On Left— HUMPHERY, Stanley (NMI), 35251546, Pvt., Co. K 126 Inf.

Grave # 86

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. ABEL

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

48th Co. GRS.