

293 Unk. F.I. (Misc) Maus. Manila X-194, X-243, X-1483, X-1185,
X-1823, X-1570, X-2322, X-2234

QMCMT 293
GRS Far East

27 March 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. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-194,	AGRS Maus. Manila, Unit 2, Page 16
"	X-243,	" " " " 2, " 16
"	X-1483,	" " " " 2, " 17
"	X-1185,	AGRS Maus. Manila, formerly X-34, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1823,	AGRS Maus. Manila, formerly X-59, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1570,	AGRS Maus. Manila, formerly X-70, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-2322,	AGRS Maus. Manila, formerly X-618, USAF Cem. Leyte #1, Unit 2, Page 13
"	X-2234,	AGRS Maus. Manila, formerly X-630, USAF Cem. Leyte #1, Unit 2, Page 13

2. Recommendations for Unidentifiability have been approved by this Office. Request that your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

COPY
cr

X 293 Unk. M.G. X-194 (Finsch #2)



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GNPZ 293

APO 900

SUBJECT: Unidentifiable Remains

10 MAR 1950

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 QM GBU 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-194	AGRS Mslm	UNKNOWN X-1483	AGRS Mslm
X-243		X-1570	
X-669		X-1623	
X-715		X-2032	
X-727		X-2234	
X-816		X-2322	
X-1186		X-2906	

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

FOR THE COMMANDING OFFICER:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYRA
1st Lt., Infantry
Adjutant





HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 70, Plot _____,
Row _____, Grave 2102, USMC Finschhafen #2, N.G., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


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

Received 21 March 1950
Not identifiable from
information presently 23 March 1950
available Ea Kayy

Incl 91

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1570 (Formerly X-70 Finsch #2)				2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 810	5. ROW D	6. GRAVE 1234	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **AGE: 25 to 30 years**

8. ESTIMATED WEIGHT 143 to 170 lbs.	9. ESTIMATED HEIGHT 6' 3/8"	10. COLOR OF HAIR U T D	11. RACE White
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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

N O N E

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)







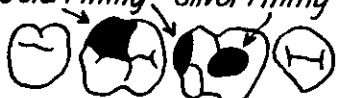



N O N E

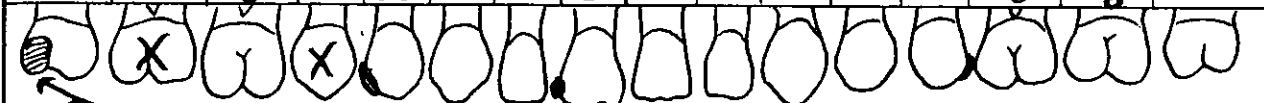


"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Ind 92

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:		
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								partially impacted
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
A	X	A	X	A			S				A	A	A	A	↓	
O		O		O			D				O	O	O	O		
Side Views																Side Views
Top Views																UPPER
Side Views																LOWER
← M A N D I B L E								M I S S I N G								→
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

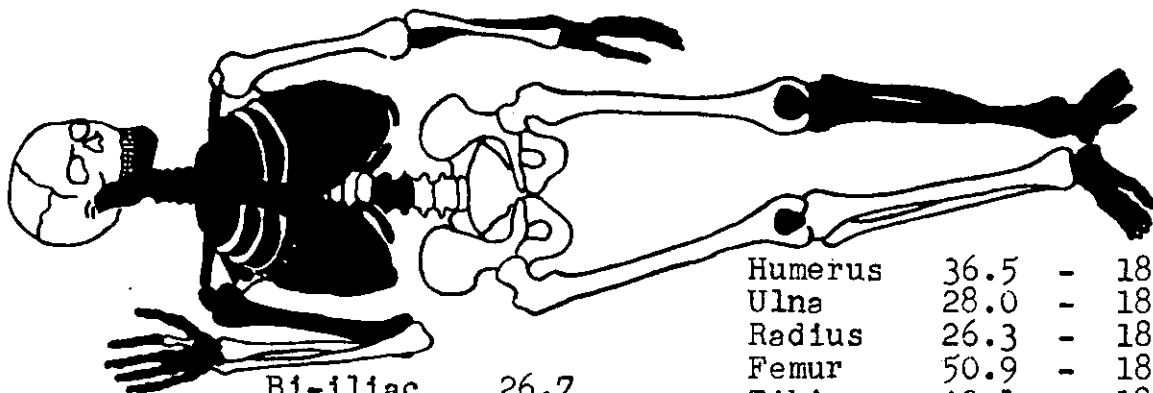
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose mandibular teeth present with remains.

"UNIDENTIFIABLE"

PAUL R NICHOLS
Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



Bi-iliac 26.7

Estimated height 6' 3/8"

Humerus	36.5	-	185
Ulna	28.0	-	181
Radius	26.3	-	181
Femur	50.9	-	186
Tibia	40.1	-	186
Fibula	40.6	-	186
			<u>6/1105</u>

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible) 184-1/6

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 identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 8½ 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
 PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

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.

10 Nov 47

UNKNOWN X-1570 (Formerly Unk X-70
USAF Cem #2, Finschhafen, N. G.)

Unknown

DATE
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

Soputa Sanananda
Area, New Guinea

AGRS Mausoleum
Manila, P.I.

ORGANIZATION
810 D 1234

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

STORAGE RANGER BAY CRYP















unencrypted

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	X	A	O	X	A						A	A	A	O	A
o		o	d		o						o	o	o	m	o

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

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)

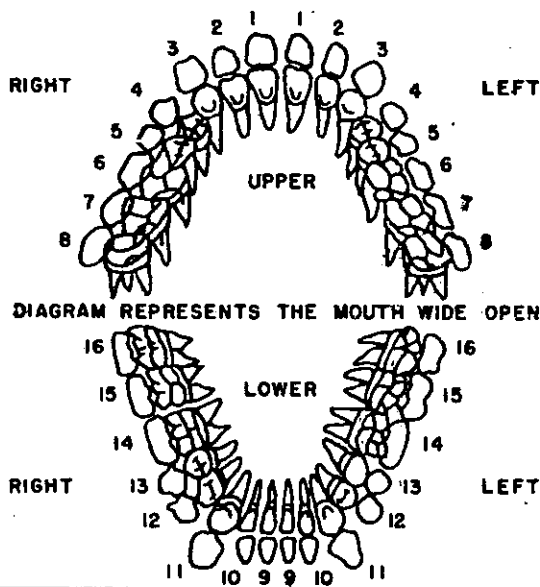
INSTRUCTIONS:

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:

Mandible and its teeth could not be found with remains.

/s/ Cirilo R. Sario
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ CIRILO R. SARIO
NAME AND RANK TYPED OR PRINTED
CIP, Mausoleum Manila, P.I.

/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED
10 Nov 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

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 **See tooth chart** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) **Skull** **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 ^U ^D (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 (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Muscular, 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 If not, explain _____
(Yes-no)

9. Remarks No ROI bottle found. No identification tags or personal effects found with remains.
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/ Alton E. Jones
(Officer's Name)

SP-6 062812
Rank Service

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

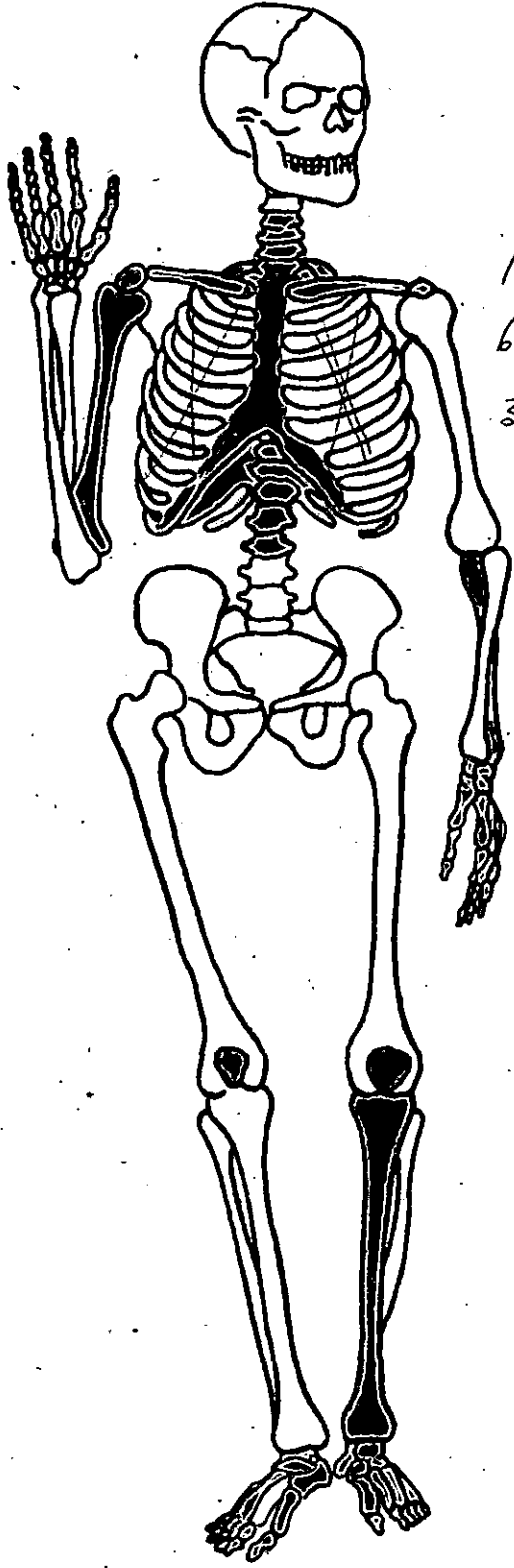
10 Nov 47

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 1 Cervical vert. present
- 6 ribs present
- 3 Thoracic vert. present
- 3 Lumbar vert. present



5 FEB 52

IRR

/ebc 1 /fbp	Interred 9 May 1950 N ^o X 103 Ft. McKinley <i>Carl R. H. Mark</i>		DISINTERMENT DIRECTIVE	
	Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6911 00232	DATE 15 01 48 DAY MONTH YEAR
NAME		SERIAL NUMBER UNKNOWN X-000070	RANK	ARM Q
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		2102	NEW GUINEA	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- 1570 - Maus Unknown X- 000070 (Finse)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 18 May '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY MAXLEE FANN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION X - 70	

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May '48 BY MAXLEE FANN

CASKET SEALED BY
MAXLEE FANN
EMBALMER (Signature)
Maxlee Fann
MAXLEE FANN

CASKET BOXED AND MARKED
DATE 18 May '48 BY
SHIPPING ADDRESS VERIFIED BY
CAMERON P. WILEY
1st Lt., USAFR

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

Cameron P. Wiley
CAMERON P. WILEY
1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

REPATRIATION BRANCH
J. B. ...

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS, Remains Depot		TO Supt. Memorial Cemetery, P.I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt., CAV	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barckmark</i>	DATE MAR 9 1950

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 (BY ADMINISTRATIVE ORDER) HAWAIIAN PHILIPPINE ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM SIOB NEW GUYANA		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

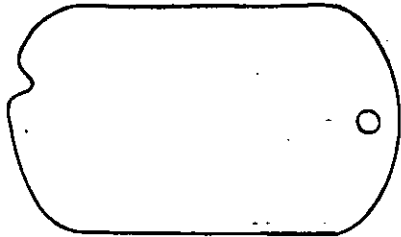
RESTRICTED

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT
6 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-70 Finschhafen #2		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 Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown 293 unk Finschhafen #2 X-70

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 2 (Substitute)	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) No	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

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
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL 5 Feb 1952	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. N	ROW No. 7	GRAVE No. 186
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY, P.I.	PLOT No. N	ROW No. 3	GRAVE No. 103
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No. RECORDS ORGANIZATION	GRAVE No.
--	------	------------------------------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No. RECORDS ORGANIZATION	GRAVE No.
---	------	------------------------------------	-----------

SIGNATURE OF PERSON PREPARING REPORT Edward L. Berg, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT Charles R. Whaylen, 1st Lt., QMC
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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: 351 Copy to ABMC

RESTRICTED

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.

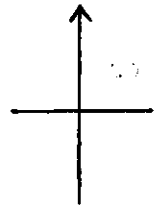
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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
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OTHER IDENTIFICATION CLUES

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



REMARKS:

Grave 186, Row 7, Plot N, was previously occupied by Unknown X-743 Leyte #1, disinterred and shipped to ZI as a part of a Group Burial (Palawan Project).

/ZVW

APR 29 1948

RESTRICTED

1528

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

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

DATE OF REPORT

17 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-1570 (Formerly Unk X-70
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

Soputa Sanananda
Area, New Guinea

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

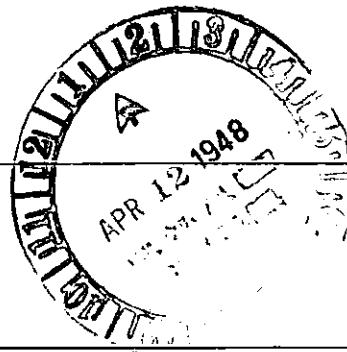
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

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.T.

DATE OF BURIAL 20 Nov 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 810	ROW No. BAH D	GRAVE No. CRYPT 1234
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WAS THIS A REBURIAL? (Yes or no) 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. 2102
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-1578	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1236
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-1580	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1232
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SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOP IO, 2d Lt., Inf
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

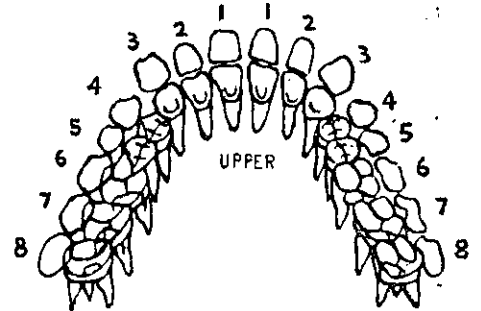
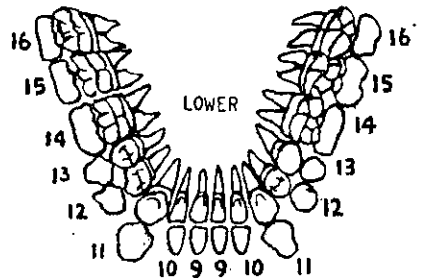


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List and Dental Chart accomplished

2 MAR 1948

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

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

UNKNOWN X-70
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa, Sanananda Area, N.G.
(Place of death) (Date of death) (Cause of death)

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

Disinterred from Grave 230 USAF Cem, Soputa 1, N.G.

2102 Cross-regulation w/plate
(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

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

P. J. TENN, Capt., OMC

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

Body buried on RIGHT Gorishek, Frank J. 36301901 Pfc Co B 163 Inf 2103
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Zimbal, Harold H. 36204964 Pfc Co A 127 Inf 2101
(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:

(21) 1010

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 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

UNKNOWN X-25 Grave 230, Soputa #1.

A canteen was found buried in this grave with the initials "N.H." "MEX", also stamped on the canteen "Unid. Amer". It was not possible to take a tooth chart of the remains as both mandible and maxilla were missing

1528

RE

RESTRICTED

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1528
1528

UNKNOWN X-70

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Soputa, Sanananda Area, N.G.

(Place of death)

(Date of death)

(Cause of death)

1000 hrs. 2 April 1945 USAF CEMETERY, FINSCHHAFEN #2, N.G.

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from Grave #230 USAF Cemetery, Soputa #1, N.G. *as Unknown X-38*

2102

(Grave number)

(Row number)

(Plot number)

Cross-regulation w/plate

(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 GORISHEK, Frank J. 36 301 901 Pfc Co.B,163 Inf 2103

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT ZIMBAL, Harold H. 36 204 964 Pfc Co.A,127 Inf 2101

(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:

(9) No. 1247

RESTRICTED

IF DECEASED UNIDENTIFIED

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

Height: _____

Weight: _____

Colour of eyes: _____

Colour of hair: _____

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 GRC

(Verified by Army GRS Officer)

Geo A Ross

4

3

2

1

THUMB

LEFT HAND

THUMB

1

2

3

4

RIGHT HAND

RECEIVED
 3 MAY 1945

~~CONFIDENTIAL~~
REPORT OF INTERMENT

RESTRICTED

1528

(TM 10-630 AND AR 30-1815)

UNKNOWN X-35, Soputa No. 1.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1100 Hours, May 5, 1943 U.S.T.C., No. 1, Soputa, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Unidentified stamped on canteen and disc.

230 17 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

Disinterred from U.S.T.C. No. 3, Sananda N.G. Grave No. 20

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

17' Skeleton found by 116 Eng. on March 28, 1943 and buried. Religion.

Body buried on RIGHT JOHNSON, Henry L. Sgt. 39377964, Co. B. 163 Inf. 231
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BURNETT, Louis Jr., S/Sgt. 20636054, Co. M. 126 Inf. 229
(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:

RESTRICTED
Certified a true copy:

8 No. 1247

mail 18

~~CONFIDENTIAL~~

Paul J. Tonn
PAUL J. TONN, 1st Lt. 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:
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. Johanning.....

(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

(TM 10-630 AND AR 30-1815)

UNKNOWN X 35, Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1100 Hours May 5, 1943 U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Unidentified stamped on canteen and disc.

230 17 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

Disinterred from U.S.T.C. No. 3, Sanananda, N.G., Grave No. 20.

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

Skeleton found by 116 Eng. on March 28, 1943 and buried.
Religion

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

Body buried on RIGHT JOHNSON, Henry L., Sgt., 39377964, Co. B. 163 Inf. 231
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BURNETT, Louis Jr., S/Sgt., 20636054, Co. M. 126 Inf. 229
(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:

~~RESTRICTED~~

~~CONFIDENTIAL~~

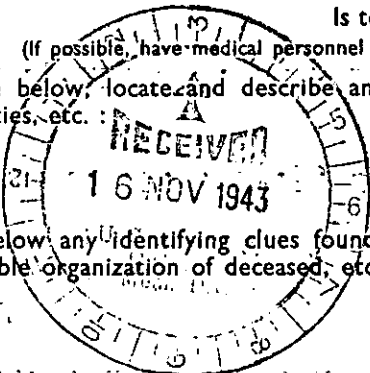
IF DECEASED UNIDENTIFIED

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. *Stewart W. Abel*
(Signature of officer or other person reporting burial)
STEWART W. ABEL
1st Lt (Certified by Army GRS Officer)
Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

RESTRICTED 1528

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

293 *New Guinea (Interwar)*
UNIDENTIFIED AMERICAN SOLDIER (Par. 21d-TM 10-630)

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

Soputa-Sanananda Area, N. G. Unknown
(Place of Death) (Date of Death) (Cause of Death)

1100 Hours May 5, 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)

Unidentified stamped on canteen and Buried with body

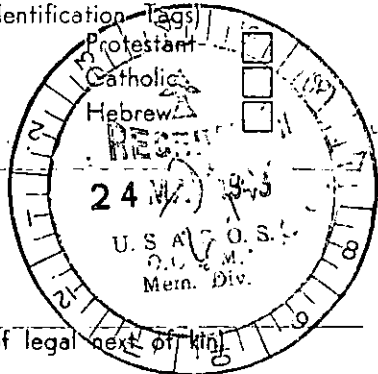
230 17 Temp Cross Disc Attached to marker
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Disinterred from U.S.T.C. # 3, Sanananda, N. G., Grave 20.

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
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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— JOHNSON, Henry L., Sgt., 39377964, Co B, 163 Inf., Grave 231.

On Left— BURNETT, Louis Jr., S/Sgt., 20636054, Co H, 126 Inf., Grave 229.

S/Sgt. JOHANNING

Stewart W. Abel
STEWART W. ABEL

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.
Adv. Base GRO.

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

QMC Form
No. 1-GRS

REPORT OF INTERMENT

RESTRICTED 1528

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

293 New Guinea (Unknown)
(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

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

Soputa-Sanananda Area, N. G. Unknown
(Place of Death) (Date of Death) (Cause of Death)

March 28, 1943 U.S.T.C. # 3, Sanananda, N. G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

20 3
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

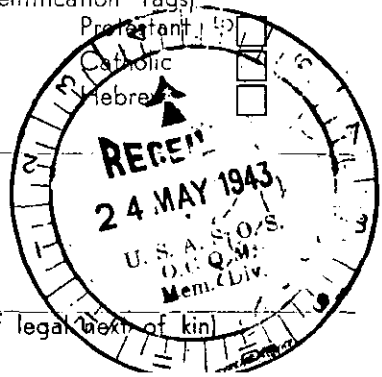
Buried with body
Temp Cross Attached to marker

Skeleton found by 116 Eng. on March 28, 1943 and buried.

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) FM 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 21

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave 19.

S/Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

Stewart W. Abel

STEWART W. ABEL

Verified by Army G.R.S. Officer.

Adv. Base GRO.

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