

1 /ebc

Interred 17 Oct 1948
L 17 83 Ft. McKinley
Carroll Mark
CARL R. N. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00237

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN X-000073

SERIAL NUMBER
UNKNOWN X-000073

RANK

ARM
8

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
ROW GRAVE
2161

COUNTRY
NEW GUINEA

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-1562 (MAUSOLEUM)
UNK X-000073 (Finsch. #2)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
17 May '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
GERARD A. BRICK
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Marker - UNKNOWN X-73 Grave 2161

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 May 1948 BY GERARD A. BRICK
CASKET SEALED BY
GERARD A. BRICK

EMBALMER (Signature)
Gerard A. Brick
GERARD A. BRICK

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

SHIPPING ADDRESS VERIFIED BY
AGUSTIN LIQUIGAN, 2nd Lt., FA

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

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

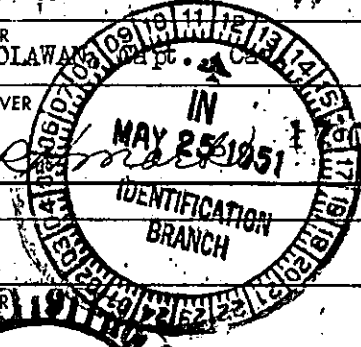
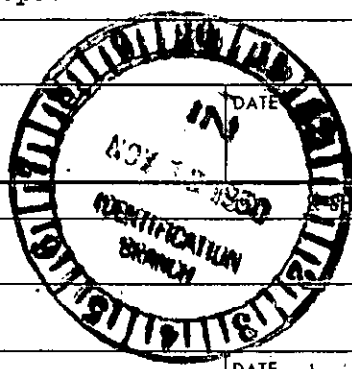
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REMARKS: Unidentifiable - OQMG

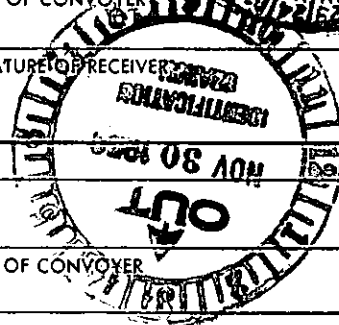
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Remains Depot	TO Supt., Memorial Cemetery, P.I.
KIND OF CONVEYANCE Truck	NAME OF CONVOYER J. BOLAWAN
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>Carer...</i>
DATE	DATE OCT 1949



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



3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (BA ADMINISTRATIVE CENTER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER NAVIGA' BRIGIPIHE ISLANDS	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

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

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

6

DISINTERMENT DIRECTIVE

393 Unk New Guinea P-136 Finschappen #3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6911 00237		DATE 15 01 48 DAY MONTH YEAR		
NAME UNKNOWNX-000073			SERIAL NUMBER	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR		
CEMETERY BRITISH GUINEA USAF FINSCHAPPEN NO 20						DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		
PLOT	ROW	GRAVE	COUNTRY 2161 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	
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

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

QMGMT 293
GCS Far East

16 May 1949

SUBJECT: Resolution of Unidentified Remains

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

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

X-102
X-1062
X-1068
X-2716
X-3936
X-4987

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

FOR THE QUARTERMASTER GENERAL:

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

HCB

J.E.Ball:rlc
Salser
JW

NJS

cc--Administrative Section

QMGMT 293
GRS Far East

18 May 1949

SUBJECT: Resolution of Unidentified Remains

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGES, PHILCON LONE

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

X-192
X-1562
X-1668
X-2716
X-3936
X-4987

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

FOR THE QUARTERMASTER GENERAL:

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

HCB

J.E.Ball:rlc
Salser
JW

NJS

cc--Administrative Section

GSGR 293.9

22 April 1949

SUBJECT: Unidentifiable Remains

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

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

Unknown X-192	Unknown X-1569
X-1208	X-2426
X-1389	X-2716
X-1562	X-3936
X-1568	X-4987

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

FOR THE COMMANDING GENERAL:

10 INCLS:

QMC Forms 1044 with
Certificates of
Unidentifiability

FRANK O. CALOCHAN, JR.
CWO USA
ASST ADJ GEN

12 April 1949

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X - 1562, Hangar 810, Bay K, Crypt 3696, AGRS Mausoleum, Manila, P.I., 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. McNEMAR
Capt., QMC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1562 (Formerly Unk X-73 Finsch # 2)				2. DATE OF REPORT 12 April 1949	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 5' 6"	10. COLOR OF HAIR U. T. D.	11. RACE UNKNOWN
--	-------------------------------------	--------------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

U. T. D.

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

NONE

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)

NONE

"UNIDENTIFIABLE"


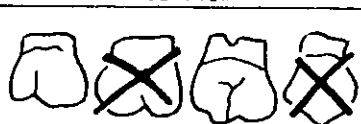
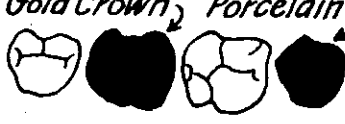





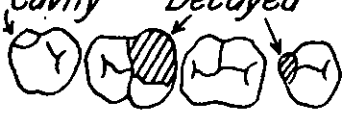

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Received 9 MAY 49 **QQMG**

Not identifiable from
information presently

available 12 MAY 49 **Boe**

Incl # 4²

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): 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															
UPPER															
LOWER															
Side Views															
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 teeth present-with-remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING L...

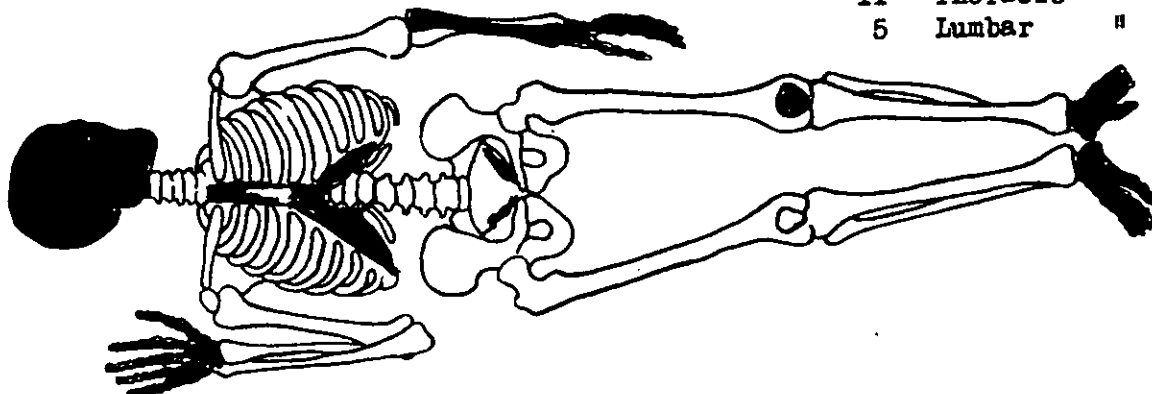
James J. McDermott

JAMES J. McDERMOTT
Laboratory Officer CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED

Received

- 24 Ribs
- 6 Cervical vertebrae
- 11 Thoracic "
- 5 Lumbar "



Estimated height: 5' 6 "

20.

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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, ident. tags or personal effects found with remains.

Estimated weight of remains - 10 lbs.

WHERE IDENTIFICATION IS NOT POSSIBLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

IDENTIFICATION CHECK LIST

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

UNKNOWN X-1562 (Formerly
 Unknown X-73, USAF Gen Finsch #2, N.G.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 ROW X Grave 2161

AGRS CIP ^A Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 10 Nov 47
(Hour) (Date)

2. Place of death Higgins, N.C.
(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	<small>(Type)</small>		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
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. Skeletal chart attached**

Age Height **Est 5'6"** Weight **Est 150** 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 /U

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	(Color, setting, shape)	Eyebrows	(Color, bushiness, extent across nose)
Nose	(Size, shape, straight)	Ears	(Size, set close to or far from head)
Mouth	(Large, medium, small)	Lips	(Small, large, full)
Teeth	(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	(Prominent, receding, pointed, dimples, double)		
Jaw	(Large, small, normal)	Circumference of head 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	(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	(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? **No** If not, explain **No skull**
(Yes-no)

9. Remarks **No ROI bottle or I.D. tags received with remains. No personal effects found to warrant identification. Estimated weight of remains is approximately 10 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/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

A G R S
(Organization)

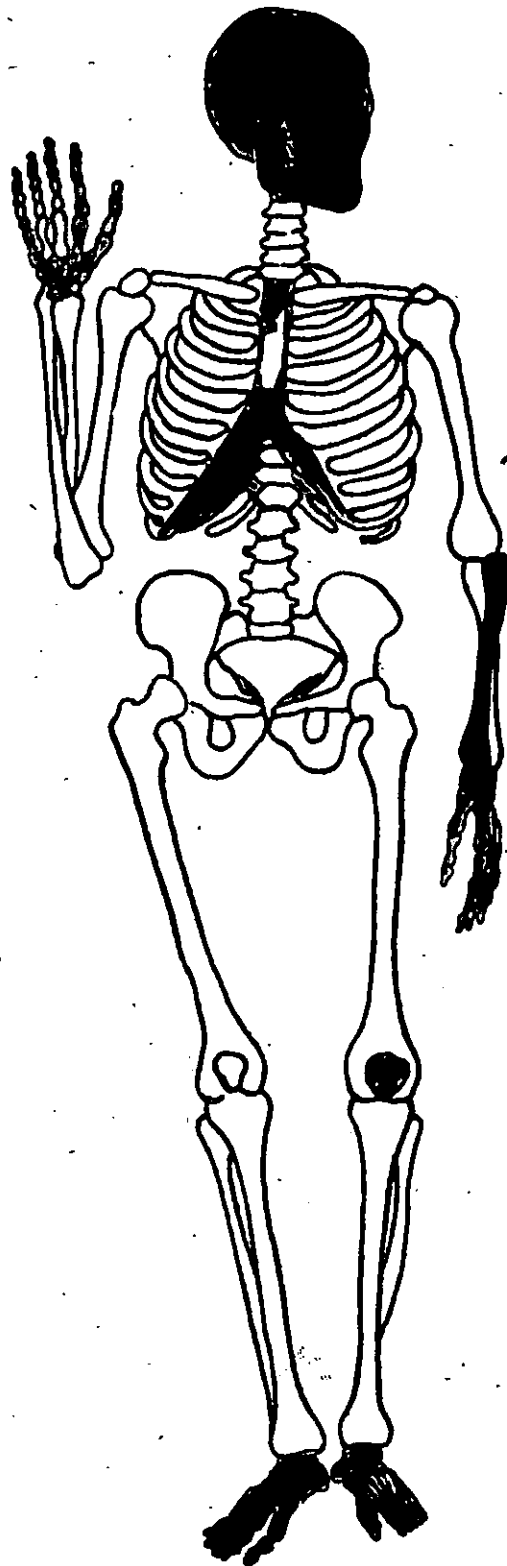
10 Nov 47

A CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-1562

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



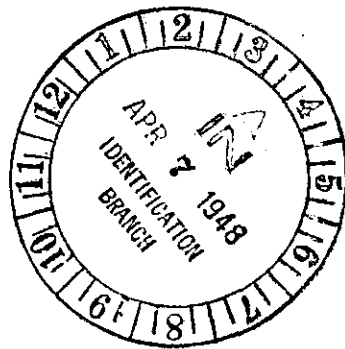
Received

24 Ribs

6 Cervical vertebrae

11 Thoracic "

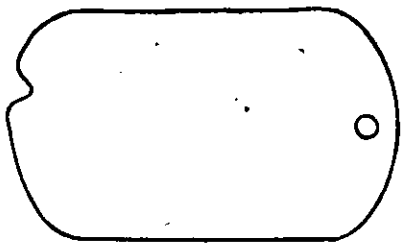
5 Lumbar "



/aan

RESTRICTED 1396

1396

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 Nov 47						
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.									
NAME (Last, first, middle initial) UNKNOWN X-1562 (Formerly UNK X-73, 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 Huggins, 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 Received 9 MAY 48 0900 Not identifiable from information presently available 12 MAY 49 Ball											
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.											
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.											
DATE OF BURIAL STORAGE 29 Nov 47		HOUR 0900		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None		PLOT No. ANGER 810	ROW No. BAY K	GRAVE No. CRYPT 3696	
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, New Guinea					PLOT No.	ROW No.	GRAVE No. 2161		
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES			IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY						
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes									
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED END OF BAY				RANK		SERIAL No.		ORGANIZATION		GRAVE No. CRYPT	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-1653				RANK		SERIAL No.		ORGANIZATION		GRAVE No. CRYPT 3694	
SIGNATURE OF PERSON PREPARING REPORT W. H. GILBERT, Adm. Asst.						SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANCIPO, 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 78

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


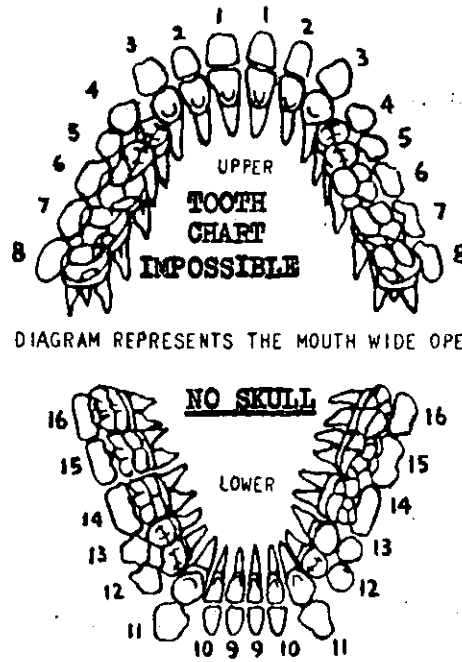




INSTRUCTIONS:

(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.

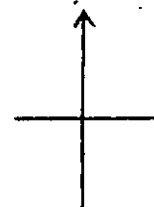
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth-chart 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  SILVER FILLING GOLD FILLING	 <p>UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO SKULL</p> <p>LOWER</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	

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



REMARKS:

Identification Check List accomplished.

20 JAN 1946

George B. Redden
GEORGE B. REDDEN, JR.
1st Lt., Infantry

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

UNKNOWN X- 73

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

Huggins, NG

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

0800 hrs. 1 March 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 103 USAF CEMETERY SOPUTA #1, NG *no interment X-20*

2161

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

(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** CLARKE, Bernard F 36 155 586 Sgt AT Co 126 Inf 2162
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** BEGINNING OF THE ROW
(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

file 18-11-46
J. B. [unclear]

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/t/ GEO. A. ROSS, M/SGT., GRS.

(Signature of officer or other person reporting burial)

/s/t/ CHARLES R. MYERS, LT., QMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

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

RE-CONFIDENTIAL

1396

1396

UNKNOWN

X 73

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Huggins, NG

(Place of death)

(Date of death)

(Cause of death)

0800 hrs, 4 March 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 103 USAF CEMETERY SOPUTA #1 NG as unknown X-20

2161

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 CLARKE, Bernard F 36 155 586 Sgt AT Co 126 Inf 2162
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BEGINNING OF THE ROW
(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, LT., QMC.

(Verified by Army GRS Officer)

LEFT HAND

3

2

1

THUMB

RECEIVED
3 MAY 1945

RIGHT HAND

3

2

1

THUMB

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

3/ 1396

261

UNKNOWN X 73

.....
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
HUGGINS, NG.

.....
(Place of death) (Date of death) (Cause of death)
0800 hrs., 4 March 1945 USAF CEMETERY " 2 FINSCHHAFEN NG

.....
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
Disinterred from grave 103 USAF CEMETERY SOPUTA "1 (RR UNKNOWN X-20

.....
2161 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..... *Paul J. Tonn*

CERTIFIED TRUE COPY: P. J. TONN, 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** CLARKE, Bernard F 36155586 Sgt A¹ Co 126 Inf 2162
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** BEGINNING OF THE ROW
(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:

(a1)

975

NONE REINTERMENT

RESTRICTED

REPORT OF INTERMENT

CONFIDENTIAL NOV 9 1943 1396

(TM 10-630 AND AR 30-1815)

UNKNOWN X 20 Soputa No.1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Huggins, New Guinea

(Place of death)

(Date of death)

(Cause of death)

1100 Hours April 8, 1943

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

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

103

8

Temp. Cross

(Grave number)

(Row number)

(Plot number)

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

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

Remains of Unidentified American Soldier was disinterred from
Grave No. 19, U.S.T.C. No.2, Sanananda, N.G.

(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 WOOTEN, Boyce D., Cpl., 38058670, Co.L.163rd Inf. 104
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 102
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

CONFIDENTIAL

RE
REPORT OF INTERMENT

1398

(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)

Huggins, New Guinea

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

1100 Hours April 8, 1943

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

103 8 Temp Cross.

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

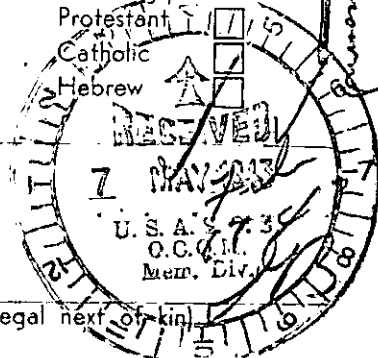
Buried with body None
Attached to marker

Remains of Unidentified American Soldier was disinterred from:
Grave No. 19, U.S.T.C. # 2, Sanananda, N. G.

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

X 293 New Guinea (A. S. L. ...)

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



293 New Guinea (A. S. L. ...)

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— WOOTEN, Royce D., Cpl., 38058670, Co L, 163rd Inf., Grave No. 104.

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave No. 102.

S/Sgt. F. J. WINSOR

Signature of Officer or other person reporting Burial.

James T. McConnaughey
JAMES T. McCONNAUGHEY

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.

REPORT OF INTERMENT

CONFIDENTIAL

1396

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

293 New Guinea (P.O. Box 2) d - TM 10-630

UNIDENTIFIED AMERICAN SOLDIER

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

Higgins, New Guinea

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

Feb. 24, 1943, 3:30 P.M.

U.S.T.C. #2 Sanananda Road, N.G.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

19

3

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

Buried with body

Temp. cross Attached to marker

Protestant

Catholic

Hebrew

New Guinea (P.O. Box 2)
Sanananda (P.O. Box 2)

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

Handwritten signature and date: Feb 24 1943

(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 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— **Vacant**

On Left— **Hughes, Donald E., Pvt., 20936093, Co. L 163 Inf.**

Grave # 18

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

James T. McConnaughey
JAMES T. McCONNAUGHEY
 2d Lt. OMC
 Adv. Base G.R.O.

Signature of Officer or other person reporting Burial.

Verified by 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.