

new IRR

1 fms

Interred 17 Oct. 49
C 13 87 Ft. McKinley
Carl H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00255

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
<i>8931</i> UNKNOWN X-000076		UNKNOWN X-000076		Q	15 01 48 DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		2417	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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-1565 (Mausoleum) UNK X-000076 (Finsch #2)				14 May 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY HENRY P. SMITH Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION Unk X-76	
MINOR DISCREPANCIES 1	

REMAINS PREPARED AND PLACED IN CASKET

DATE 14 May 48 BY HENRY P. SMITH
CASKET SEALED BY HENRY P. SMITH

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

CASKET BOXED AND MARKED
DATE 14 May 48 BY PLACIDO M. CASTILLO

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.

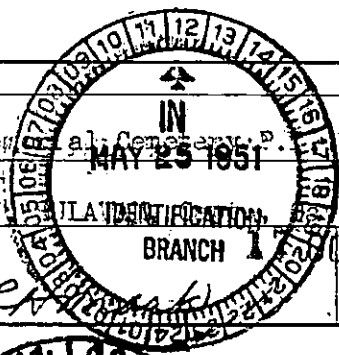
Cameron P. Wiley
CAMERON P. WILEY, 1st Lt. USAFR
SIGNATURE OF GRS INSPECTOR
REPAIR BRANCH

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

RECORD OF CUSTODIAL TRANSFER

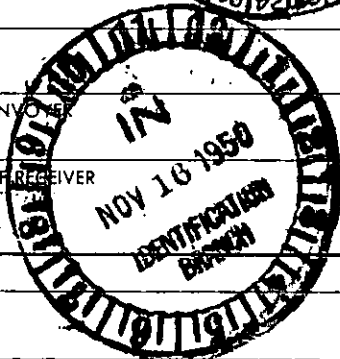
1. SHIPPED

FROM AGPS Remains Depot		TO Supt. Memorial Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. ...	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carver</i>	DATE MAY 25 1951



2. SHIPPED

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



3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

6

43 (1st) New Guinea Y-76 (Mudaffer #2)

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00233

DATE

15 01 48
DAY MONTH YEAR

NAME

UNKNOWNX-000076

SERIAL NUMBER

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

2417 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
 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
GRS Far East

1 November 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

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

Unknown	X-1493	(formerly	Unk X-52,	USAF Cemetery #2,	Finschhafen)
"	X-1565	("	" X-76,	" "	" "
"	X-2323	("	" X-619,	" "	#1, Leyte
"	X-3127	("	" X-44,	" "	#2, Finschhafen
"	X-3130	("	" X-133,	" "	" "
"	X-3233	("	" X-69,	" "	#1, Santa Barbara
"	X-3235	("	" X-71,	" "	" "
"	X-3401	("	" X-333,	" "	" Leyte
"	X-3403	("	" X-337,	" "	" "
"	X-3430	("	" X-331,	" "	" "

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. METZ
Lt. Colonel, QMC
Memorial Division

GSGR 293.9

APD 707
12 OCT 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-136,	Island Com.	UNKNOWN	X-3401	AGRS	Mslm
	X-700	AGRS	Mslm	X-3403	"	"
	X-1167	"	"	X-3430	"	"
	X-1887	"	"	X-3956	"	"
	X-1245	"	"	X-4132	"	"
	X-1493	"	"	X-4133	"	"
	X-1565	"	"	X-4134	"	"
	X-2323	"	"	X-4427	"	"
	X-3127	"	"	X-4676	"	"
	X-3130	"	"	X-4799	"	"
	X-3233	"	"	X-4803	"	"
	X-3235	"	"			

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

FOR THE COMMANDING GENERAL:

23 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C. H. LINSURANCE
2nd Lt., AGD
Asst. Adj. Gen

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

27 27 Sept 1949
Date

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

The records pertaining to Unknown X- 76, Plot _____,
Row _____, Grave 2417, USMC USAF Cem. Finsch. #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:

J. B. McEMAR
J. B. McEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 25 Oct. 49 QMC
Not identifiable from
information presently
available

T. A. Fields, TD
27 Oct. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1565 (Formerly UNK X-76 Finsch #2)			2. DATE OF REPORT 29 Sept 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	A	168	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 175 lbs.	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
---------------------------------	-----------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

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

18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
UPPER															
LOWER															
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."

REMARKS: No loose teeth present with remains.

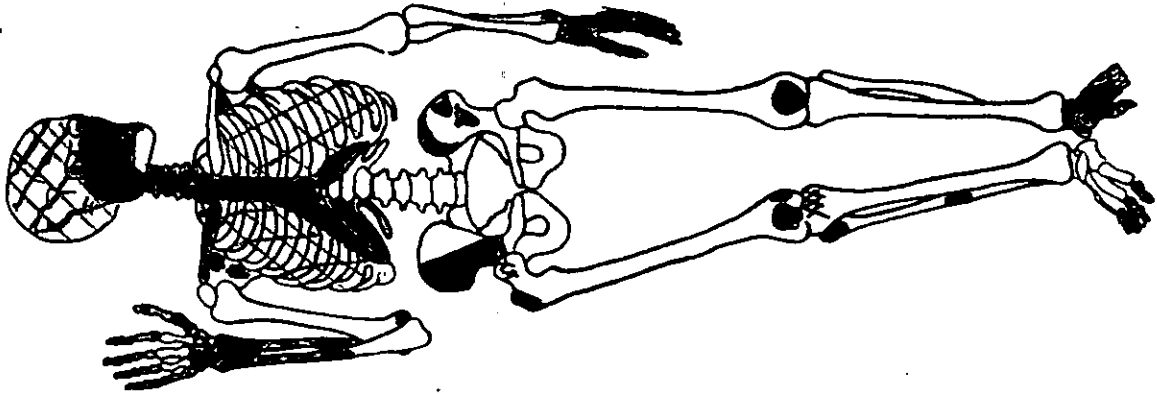
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT REQUIRED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 6 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 CHECK LIST

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

UNKNOWN X-1565 (Formerly UNK X-76 USAF
~~XXXXXXXXXX~~ Com #2, Finschhafen N.G.)

Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 ^{TANGER} Row A ^{BAY} Grave CRYPT 168

AGRS Mausoleum, Manila, P.I.
 10 Nov 47

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

2. Place of death Buna, New Guinea
 (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	/		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
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) **Burial bottle containing ROI.**

(Other item)
 *If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or
 Insignia
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

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

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

Age **UTD** Height **Est. 5' 8"** Weight **Est. 175 lbs.** Description of wounds

Bandages or dressings Scars
 (Length, width, location)

..... Tattoos
 (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face

Complexion
 (Light, medium, ~~dark~~, clear, pimples, pocks, freckles)

Build
 (Large, fat, thin, muscular)

Hair
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

Teeth **No Tooth Chart.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands (Unusual characteristics of fingernails)

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

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.

No

(Yes-no)

7. Have finger prints been placed on Report of Interment?

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? No If not, explain No teeth found with.

(Yes-no)

remains.

9. Remarks No Identification tags, personal effects, or other means of identification. Unable to determine circumference of skull due to fragmentation. Estimated weight of remains six (6) lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ John O. Brougham
(Officer's Name)

Civ Emp U.S. Army C-064899
Rank Service

CIP, AGRS Mausoleum
(Organization)

10 Nov 47

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAO

X-1565

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

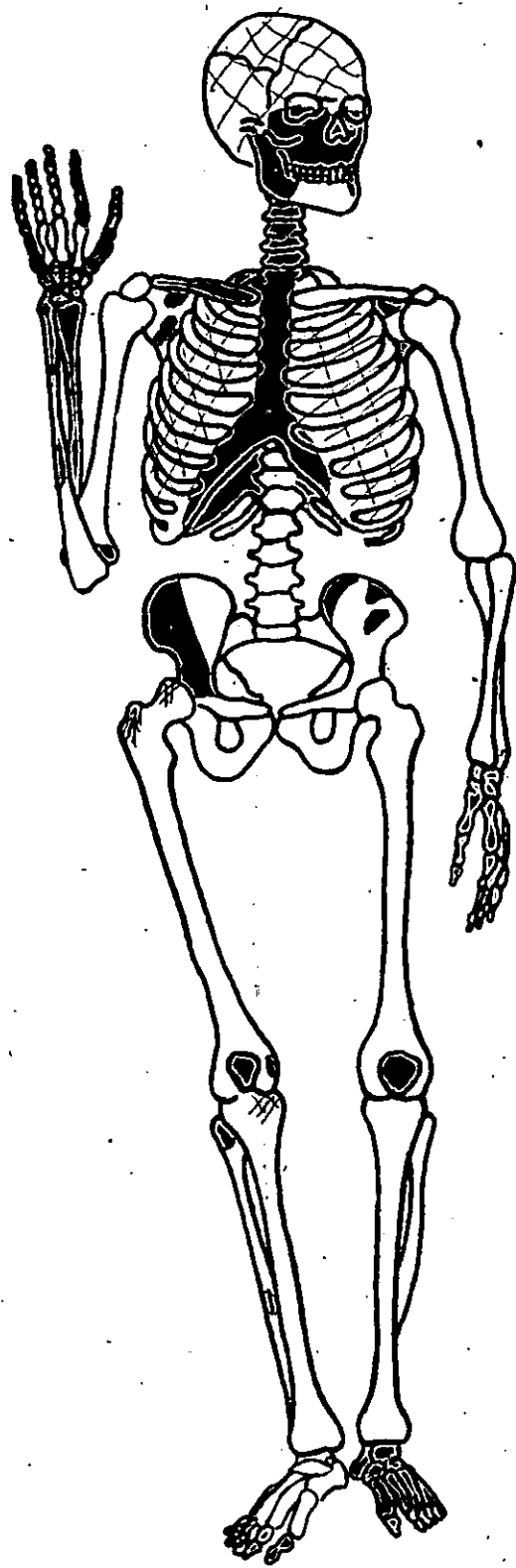
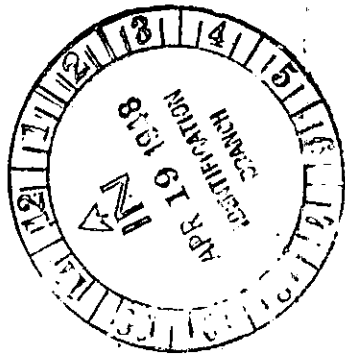


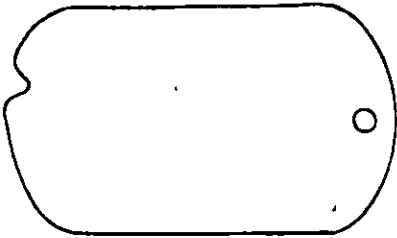
CHART "A"



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

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

DATE OF REPORT
14 Nov 47

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-1565 (Formerly UNK X-76 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 Buna, New Guinea	CAUSE OF DEATH GSW KIA	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.						
DATE OF BURIAL STORAGE 12 Nov 47	HOUR 0830	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 810	ROW No. BAY A	GRAVE No. CRYPT 168

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #2, Finschhafen, New Guinea	PLOT No.	ROW No.	GRAVE No. 2417
---	--	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE AISLE	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-1564	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 166

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Luio S Panopio</i> LUIO 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.

One # 1222

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


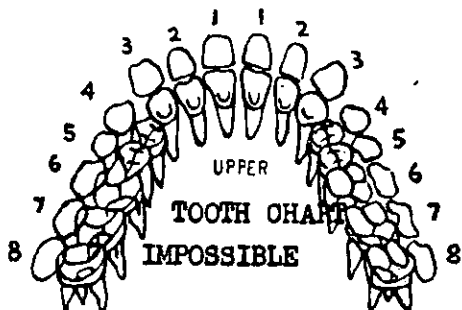
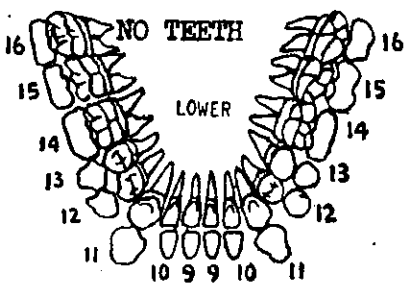




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

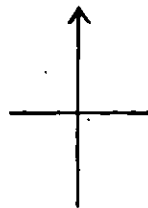
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>NO TEETH LOWER</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>	

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



REMARKS:

Identification Check List accomplished.

15 JAN 1948

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

727-227

UNKNOWN X 76

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Buna, New Guinea GSW KIA

(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) (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave #16 USAF Cemetery Soputa #1C, N. G. is Unknown X-1

2417 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

(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 UNKNOWN X 77
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SIMMERMAN, Ralph H. 35 280 011 Pvt Co C 127 Inf 2416
(Name) (Serial number) (Rank) (Organization) (Grave number)

536 (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:

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. C. Ross

(Signature of officer or other person reporting burial)

Chas. R. Meyer

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RECEIVED
3 MAY 1945

RIGHT HAND

THUMB

CONFIDENTIAL REPORT OF INTERMENT

INTERMENT

727

UNKNOWN, X-1 Soputa #1C
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Buna, New Guinea **GSW-KIA**
(Place of death) (Date of death) (Cause of death)

1325 hrs 21 July, 1944 **USAF Cemetery Soputa #1C, New Guinea**
(Time and date of ~~death~~ **reburial**) (Name of Cemetery) (Name of coordinates of location)

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

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
Remains disinterred from grave # 146, Buna #1, AS: Unknown X-13,
Reinterred as Unknown X-1, Soputa #1C, New Guinea

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

No tooth charts available, skull missing. Religion.....
(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT** **BENDER, Herman** **20 648 133** **Pfc** **Co M 127 Inf 17**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **PEEPER, Clarence R.** **20 634 786** **S/Sgt.** **Co E 126 Inf 15**
(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:

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL 7: 2927
8 1943

UNKNOWN X 13, Buna Village

Unknown

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Buna, New Guinea

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

(Place of death)

(Date of death)

(Cause of death)

Dec. 31, 1942

Buna Village Cemetery

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

146

10

Temp. Cross

(Grave number)

(Row number)

(Plot number)

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

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

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

Religion

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

Body buried on RIGHT PEEPER, Clarence R., Pvt., 20634786, Co.E.126 Inf. 145

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT BENDER, Herman, Pfc., 20648133, Co.M.127 Inf. 147

(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

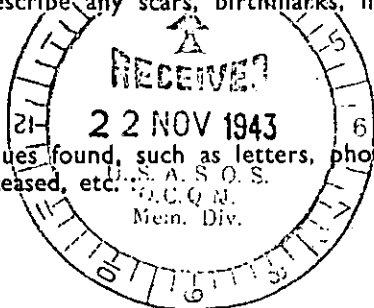
IF DECEASED UNIDENTIFIED

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. Barnes, G.R.S.,

(Signature of officer or other person reporting burial)

JAMES T. MCCORMAUGHEY,

2nd Lt., Arm. Corp.,
Graves Registration Officer.

LEFT HAND

2

1

THUMB

RIGHT HAND

2

1

THUMB

REPORT OF INTERMENT

C-3003^{ult}
727

(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)
<i>293</i> Buna, New Guinea		<i>(unintelligible)</i>			G.S.W., K.I.A.
(Place of Death)			(Date of Death)		(Cause of Death)

Dec. 31, 1942

Buna Village Cemetery

(Time and Date of Burial)

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

146

10

(Plot No.)

(Kind Grave Marker)

Temp cross

Buried with body

Attached to marker

(Identification Tags)

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

for S. 74

(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) (Form 25e (2))

DA Form 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- PEEPER, Clarence R., Pvt., 20634786, Co. E 126 Inf. Grave # 145 Row 10

On Left- BENDER, Herman, Pfc., 20648133, Co. M 127 Inf. Grave # 147 Row 10

S/Sgt. Barnes, G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

JAMES T. McCONNAGUEHY
JAMEST. McCONNAGUEHY
2nd. Lt. Q.M.C.
Graves Reg. Officer

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