

AIRMAIL

QMGT 293
GRS Far East

3 April 1960

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 the following Unknown remains now stored in AGNS Mausoleum, Manila, P.I.:

Unknown	X-35,	7th Div. Com #1	Okinawa, Unit 2, Page 1
"	X-58	" " " " " "	" 2, " 1
"	X-279,	Okinawa Island Com. Com.	" 2, " 3
"	X-280	" " " " " "	" 2, " 3
"	X-1545,	(form. Unk. X-36 Finsch #2),	Unit 2, Page 27
293	X-1548,	(" " X-79 " ")	" 2, " 27
"	X-2335,	(" " X-489 Leyte #1)	" 2, " 12
"	X-2695,	(" " X-33, Finsch #2)	" 2, " 27
"	X-2698,	(" " X-41, " ")	" 2, " 27
"	X-2707,	(" " X-29, " ")	" 2, " 26
"	X-2711,	(" " X-30, " ")	" 2, " 26
"	X-4928,	AGNS Maus. Manila, P.I.,	Unit 2, Page 23
"	X-4932,	" " " " " "	" 2, " 23
"	X-4933,	" " " " " "	" 2, " 23

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:lrs
Salser
JW
cc--Administrative Section
cc--Cincfe

T. H. METZ
Lt. Colonel,
Memorial Division

JMB

TEC





HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

6 March 1950

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 QMCMU 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-3153	Manila No. 2.	UNKNOWN	X-658	AGRS Malin
"	X-5395	" " "	"	X-673	" "
"	X-5396	" " "	"	X-945	" "
"	X-3145	" " "	"	X-2711	" "
"	X-29	Finsch No. 2	"	X-279	Is. Com. Okinawa
"	X-33	" " "	"	X-285	" " "
"	X-41	" " "	"	X-280	" " "
"	X-79	" " "			

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

FOR THE COMMANDING OFFICER:

15 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

1 /ebc Interred 13 Mar 1950
 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
 CARL R. H. MARK

SECTION A - Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6911 00246	DATE 15 01 48 DAY MONTH YEAR
NAME	SERIAL NUMBER UNKNOWNX-000079	RANK	ARM Q
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20			DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE 2286	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 UNK X-79 UNK X-1548 (I'aus.)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ALBION H. McLELLAN, JR. Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Identification Tags read: **UNK X-1548 (I'aus)**
Formerly UNK X-79 Finsch #2

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948	BY ALBION F. McLELLAN, JR.
CASKET SEALED BY ALBION H. McLELLAN, JR.	EMBALMER (Signature) <i>Albion H. McLeLLan Jr</i> ALBION F. McLELLAN, JR.

CASKET BOXED AND MARKED DATE 21 Sept 48 BY HORACE L. ALLISON Sgt Inf	SHIPPING ADDRESS VERIFIED BY CHARLES R. BATES, 1st Lt., USAF
---	--

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

Charles R. Bates
CHARLES R. BATES
 SIGNATURE OF GRS INSPECTOR
 RECORDS ANNOTATED
 NAME *Charles R. Bates*
 BR. MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carermark</i>	DATE MAR 14 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		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

SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

3 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- 79, Plot _____,
Row _____, Grave 2286, 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. McNEEMAR
H. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Received 24 MAR 50 OQMG

Not identifiable from 29 MAR 50
information presently available

James H. Miller

Incl # 8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-79 USAF Cem. Finch. #2				2. DATE OF REPORT 3 March 1950	
3. NAME OF CEMETERY AGRS "ausoleum, Manila, P.I"	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER	BAY	CRYPT	DISINTERMENT	REINTERMENT
	812	B	647		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 9"	10. COLOR OF HAIR UTD	11. RACE UTD
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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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO


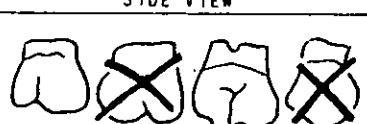






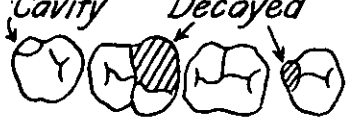

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

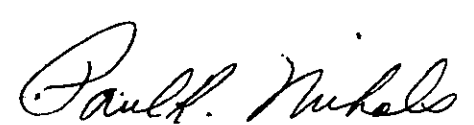
encl # 8 A

<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>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
X	⊗					⊗	⊗	⊗						⊗	X
													A	A	
													od	o	o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

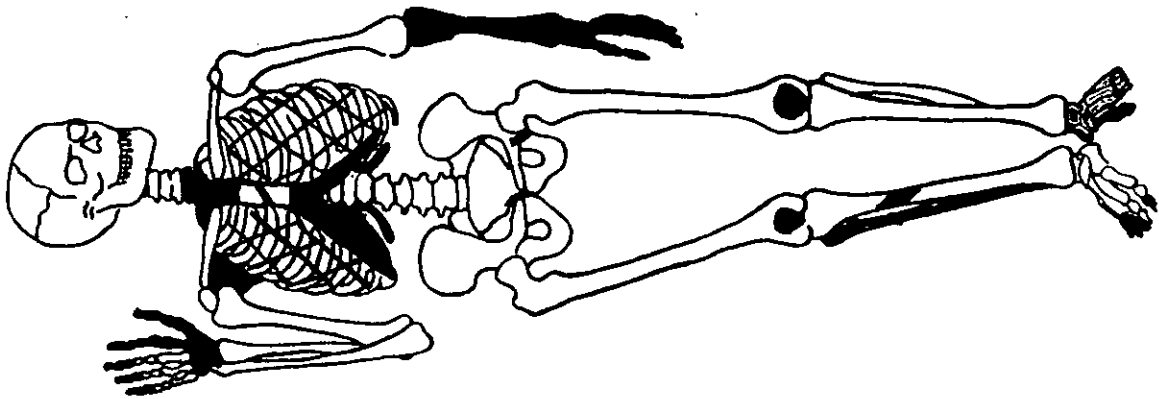
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: U-6 Crown missing


 PAUL R. NICHOLS
 Chief, Ident. Section

Incl # 8 B

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, burial bottle, personal effects, or other means of identification found with remains.

SEARCHED INDEXED SERIALIZED FILED
MAR 19 1947
FBI - MEMPHIS

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, Ident. Section

SIGNATURE

X-1548

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-1548 (Formerly Unk X-79)
USAF Cem #2, Finsch. N.G.)

Unknown

Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

Soputa-Sanananda
Area, N.G.

AGRS MAUSOLEUM
Manila, P.I.

ORGANIZATION

812 B 647

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT
RANGER

ROW
BAR

GRAVE NO.
CRY. #

See Remarks

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	⊗					⊗	⊗	⊗					X	⊗	X
TYPE															TYPE
LOCATION															LOCATION

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	A	A											A	A	o
TYPE															TYPE
LOCATION	o	do											do	o	o

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

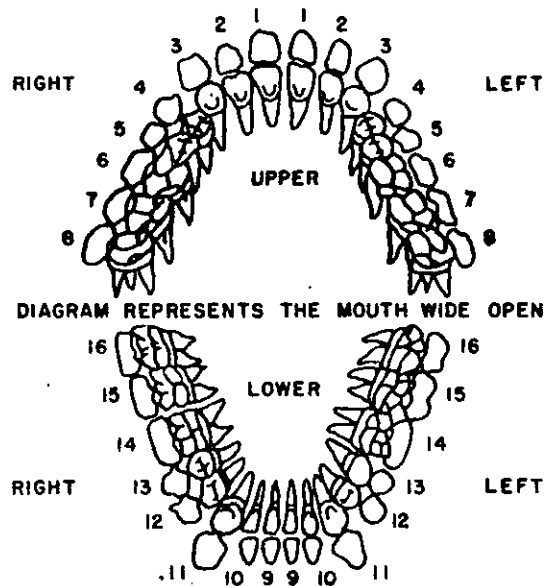
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS: 6 L has only root tips present in alveolar process.

/s/ John H. Bennett Jr
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ JOHN H. BENNETT Jr.
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT Jr.
NAME AND RANK TYPED OR PRINTED

CIP, AGRS MAUSOLEUM, Manila, P. I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

10 Nov 47
DATE

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

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 Est. Height 5'9" Est. Weight 170 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 (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 **Tooth chart attached.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches **20 1/2"** (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 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to condition of remains

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks Empty ROI bottle is received with remains. No I.D. tags
or any personal effects found to warrant identification.
Estimated weight of remains is about 9½ 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

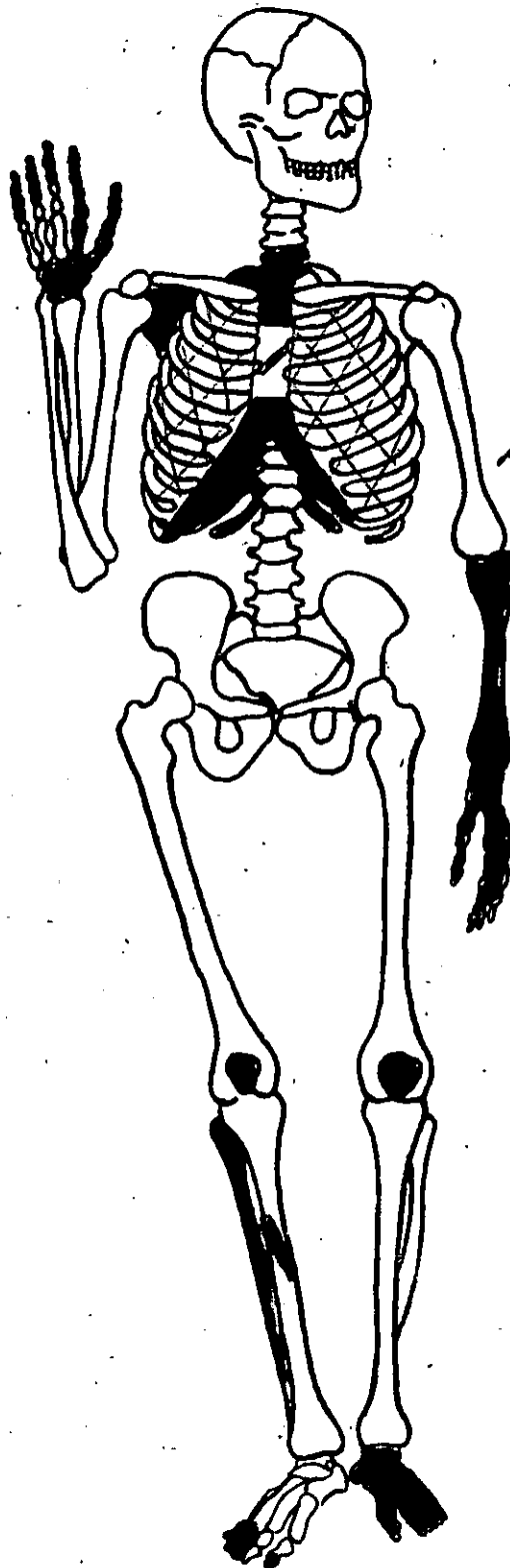
CERTIFIED TRUE COPY:

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

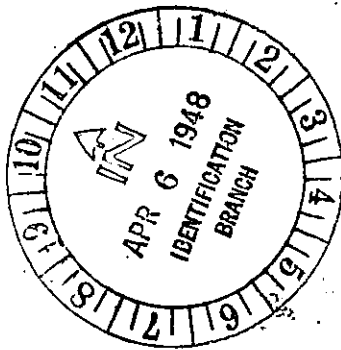
SKELETAL CHART

X-1548

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

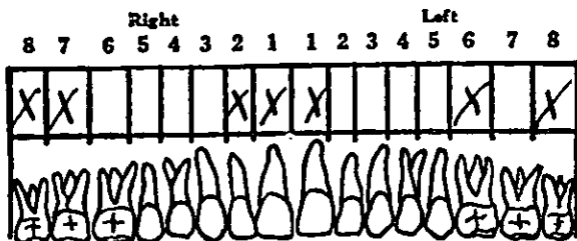


Received
27 Rib fragments
5 Cervical vertebrae
9 Thoracic "
5 Lumbar "

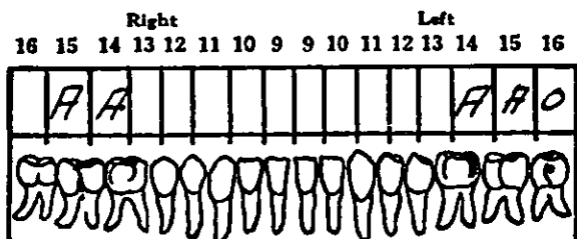


*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

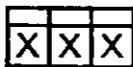
TR8, L6, L8 missing, extracted
L1, R1, R2, R7 missing, not extracted

Date *18 Sept*, 19 *44*

Sgt. Benton J. Lator
 Dental Corps, U. S. A.

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

Teeth replaced by denture
 (horizontal line)

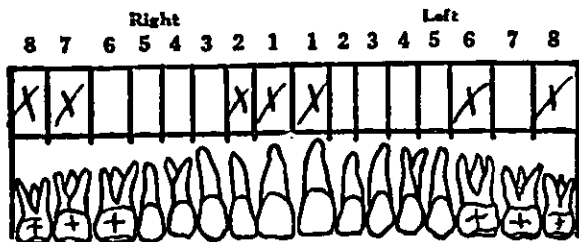


Teeth replaced by fixed bridge
 (oval to include abutments)

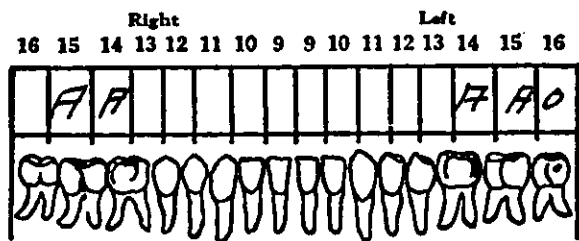


***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

RG, L6, L8 missing, extracted
L1, R1, R2, R7 missing, not extracted

Date 18 Sept, 1944

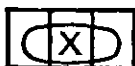
W. B. S. Tate
 Dental Corps, U. S. A.

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

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



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

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

DATE OF REPORT
14 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1548 (Formerly Unk X-79
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, N.G.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM MANICA, P.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO. HANGER	ROW No. ROW	GRAVE No. GRAVE
STOPAGE 18 Oct 47	1300	Casket	None	812	B	647

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery #2, Finschhafen, N.G.

PLOT No.	ROW No.	GRAVE No.
		2286

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORED

UNKNOWN X-1529

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRUP

649

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

STORED

UNKNOWN X-1541

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRUP

645

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, 2d Lt., Inf

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

incl=486

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

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

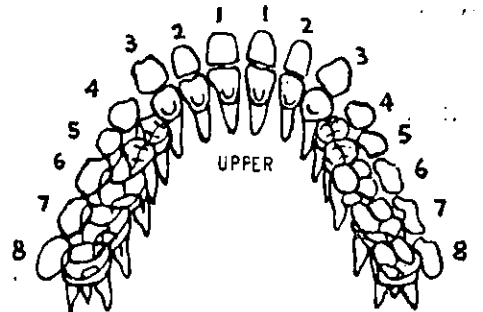
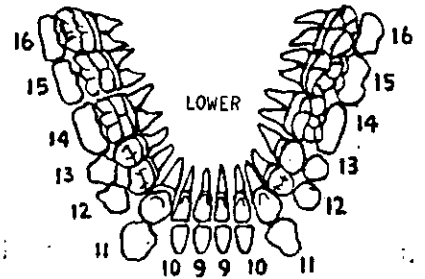
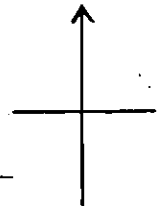


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List and Dental Chart accomplished

18 JAN 1948

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

RE-

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-79

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Soputa Sanananda Area, NG

(Place of death)

(Date of death)

(Cause of death)

1000 hrs., 2 April 45 USAF CEM, Finschhafen 2, NG

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

Disinterred from grave 227 USAF CEM 1, Soputa, NG as Unknown X-33

2286

(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

Religion

CERTIFIED TRUE COPY

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

P. J. TONN, Capt., OMC

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

Body buried on **RIGHT** McMillan, Donald F. 162929 Eng USS LST 471 2287

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on **LEFT** Sandell, Edward H. 0-385301 Capt Hq 32 Inf 2285

(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

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

RE

CONFIDENTIAL

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1530
1530

UNKNOWN X 79

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

Soputa-Sanananda^A rea, N. G.

Unknown

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

1000 hrs., 2 April 1945

USAF CEMETERY FINSCHHAFEN #2, N. G.

(Time and date of interment) (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave #227 USAF Cemetery #1 Soputa, N. G. as Unknown X-83

2286

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 identity definitely established, give particulars)

Body buried on RIGHT McMILLAN Donald F. 162 929 Ensign USS LST 471 2287
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SANDELL, Edward H. 0 385 301 Capt Hq 32 Inf 2285
(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:

(*) No. 1247

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. Rose
GEO. A. ROSE, SGT. CMC, GRS.
(Signature of Officer or other person reporting burial)

Charles R. Myers
CHARLES R. MYERS, LT. CMC.
(Verified by Army GRS Officer)

LEFT HAND

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
3 MAY 1943

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

*changed per
Restricted per
6th AR 30-1815 1530
Jm*

UNKNOWN X-33 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
227 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 28.

(If no identification tags, what means of identification are buried with the body?)
Skeleton found on March 28, 1943, by 116 Eng. and buried. Religion

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

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER 1 228
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 226
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same: Certified true copy:
8 No. 1247 *Jm 16 516* ~~CONFIDENTIAL~~ *Paul Gunn*
PAUL J. TONN, 1ST LT, OMC.

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. Johannig
(Signature of officer or other person reporting burial)

STEWART W. ABEL,
1st Lt., QMC, Adv. Base GRO
(Printed by Army GRS Office)

LEFT HAND

THUMB

RIGHT HAND

THUMB

REPORT OF INTERMENT

~~CONFIDENTIAL~~ 1530
1943

(TM 10-630 AND AR 30-1815)

Soputa No. 1

UNKNOWN -X 33

(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.

227 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 28.

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

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

Religion

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

Body buried on RIGHT UNIDENTIFIED AMERICAN SOLDIER 228

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

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 226

(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:

Checked to Restricted Per Auths A R 30-1815
~~CONFIDENTIAL~~

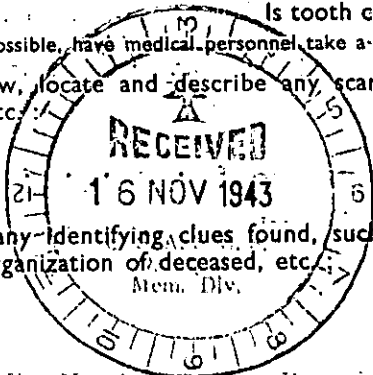
IF DECEASED UNIDENTIFIED

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 :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- 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. Mel
STEWART W. MEL

Verified by Army GRS Company
Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

1530

(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)

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)

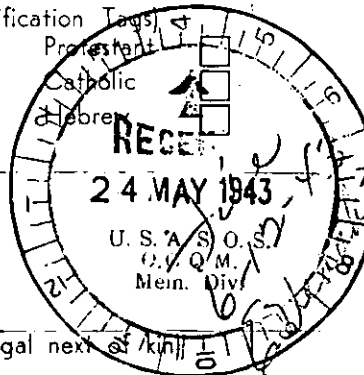
Unidentified stamped on canteen and Buried with body

227 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 28.

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)



(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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

(Required 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
-------	---	---	---	---

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 228.

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave 226.

S/Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

Stewart W. A Bell
STEWART W. A. BELL

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 1530

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

293 New Guinea (Unknown) (Par. 2nd) TM 10-630

UNIDENTIFIED AMERICAN SOLDIER

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

Soputa-Sananada Area, N. G.

Unknown

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

March 28, 1943

U.S.T.C. # 3, Sananada, N. G.

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

28

4

Temp Cross

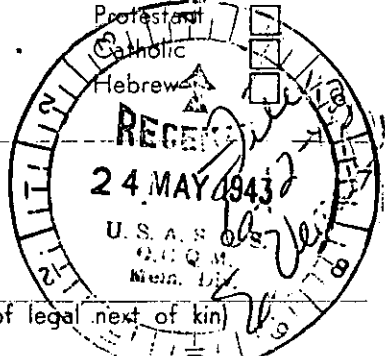
Buried with body
Attached to marker

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

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

Protestant
Catholic
Hebrew

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

List of personal effects and disposition of same

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

On Right— End of Row.

On Left— BURNETT, Louis Jr., S/Sgt., 20636054, Co Li, 126 Inf., Grave 27.

S/Sgt. WINSOR

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.