

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC

CGMS SLG

1
/fbp

Interred 1 September 1950 DISINTERMENT DIRECTIVE

P 350

Alvan C. Baker
Cemetery Superintendent

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
ALVAN C. BAKER
6911 00295

DATE
15 02 48
DAY MONTH YEAR

NAME <i>Y. Burk Finschappen # 2 X 86</i>		SERIAL NUMBER UNKNOWN X-000086	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 15 02 48
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20					DISPOSITION OF REMAINS 7200X 180 0192 64 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		3257	NEW GUINEA		6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MANILA XXPRM LBRNEXXISLANDS NATIONAL MEMORIAL CEMETERY OF THE PACIFIC (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME Unknown-X-3995 (Maus) Unknown-X-000086 (Finsc)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 18 May '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY A.H. McLELLAN, Jr. Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION Formerly X-86 Finsch #2	

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 May '48	BY A.H. McLELLAN, Jr.
CASKET SEALED BY A.H. McLELLAN, JR.	EMBALMER (Signature) <i>A.H. McLELLAN, Jr.</i> A.H. McLELLAN, JR.
CASKET BOXED AND MARKED 18 May '48	SHIPPING ADDRESS VERIFIED BY CAMERON P. WILEY 1st Lt., USAFR
DATE BY PLACIDO M. CASTILLO	

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Remains rechecked and stenciled by
AGRS-PAZ, 31 Aug 50.
Joseph P. Simone
JOSEPH P. SIMONI, Embalmer
Signature of GRS Inspector: *Cameron P. Wiley*
CAMERON P. WILEY
1st Lt., USAFR

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS, Remains Depot		TO Supt. Memorial Ceme	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BUTANEAN	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM US ARMY MAUSOLEUM		TO HAWAIIAN DISTRIBUTION CENTER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER STEWART W. ABEL, Major, QMC	DATE 31 Aug 50	SIGNATURE OF RECEIVER <i>LeROY F. Turner</i> LeROY F. TURNER, Adm. Asst.	DATE 31 Aug 50

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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

QMGMN 293
GRS Pacific *Ident*

SUBJECT: Identification of World War II Deceased

AUG 21 1950

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

References: (a) Letter OQMG, QMGMU 293 GRS Pacific dated 28 March 1950
subject: Identification of World War II Deceased
(b) Letter Hq, AGRS (PAZ) RRREC 293 dated 6 July 1950
subject: Identification of World War II Deceased

1. Subsequent to the receipt of reference (b) and the listed inclosures, a complete review was made of Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2, Finschhafen, N. G. and of Unknown remains X-6, ANM Cemetery #2, Guam; by this Office to further consider the feasibility of Group Burial action as proposed in reference (a).

2. In view of the fragmentary condition of these remains, the widely dispersed area of recovery and the difficulty in defending a group burial of this type, it is requested recommendations embodied in reference letter (a) Paragraph 6 be cancelled.

3. It is further requested recommendations of Unidentifiability (with the exception of Unknown X-6, ANM Cemetery #2, Guam) for the above listed remains be forwarded this Office.

4. In addition, it is requested that the 15 unaccounted for casualties from USS HOUSTON as listed on inclosure 6 to reference (b) be processed in accordance with A.G. letter File AGAO-S 293.9 D.M., dated 9 April 1947.

5. Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2,

QMGMN 293 Unknown X-86, USAF Cemetery #2, Finschhafen, N. G.

QUINN 293

GS& Pacific

SUBJECT: Identification of World War II Deceased

Finschhafen M. G. are listed on Unit A Roster, Page 4.

P.R. THE QUARTERMASTER GENERAL:

THOMAS E. COX
Captain QMC
Memorial Division

Corrected Copy		IDENTIFICATION DATA				
1. REMAINS OF UNKNOWN X-86 (X-3995, Manila, P. I.)		9/3 Finsch #2			2. DATE OF REPORT 22 June 1950	
3. NAME OF CEMETERY US Army Mausoleum - Final Type Casket # Formerly of Finsch #2		4. PLOT	5. ROW	6. GRAVE 26	7. DATE OF DISINTERMENT 22 Jun '50	
				8. REINTERMENT 22 Jun '50		
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT 138 - 163 lbs		9. ESTIMATED HEIGHT 5' 6 1/8" - 5' 9 1/4"		10. COLOR OF HAIR None Found		11. RACE White
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) Embossed Tag on outside case reads: Unk. X-86, Finsch No. 2, X-3995, Malm. One (1) duplicate ID Tag with remains reads: Unk. X-86, 3252. One (1) duplicate ID Tag with remains reads: Unk. X-3995, AGRS Maus., Manila, P. I. formerly X-86, Finsch #2.						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None						
<p>U N I D E N T I F I A B</p> <p>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>						
<p>Stewart W. Abel Major, QMC 0-290592</p> <p><i>Stewart W. Abel</i> 25 Aug 1950</p>						
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 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						

SEP 7 1950
FILE
NAVY SECTION
C. J. MOYER

Incl 1

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:

Unknown X-86

(X-3995, Manila, P. I)

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

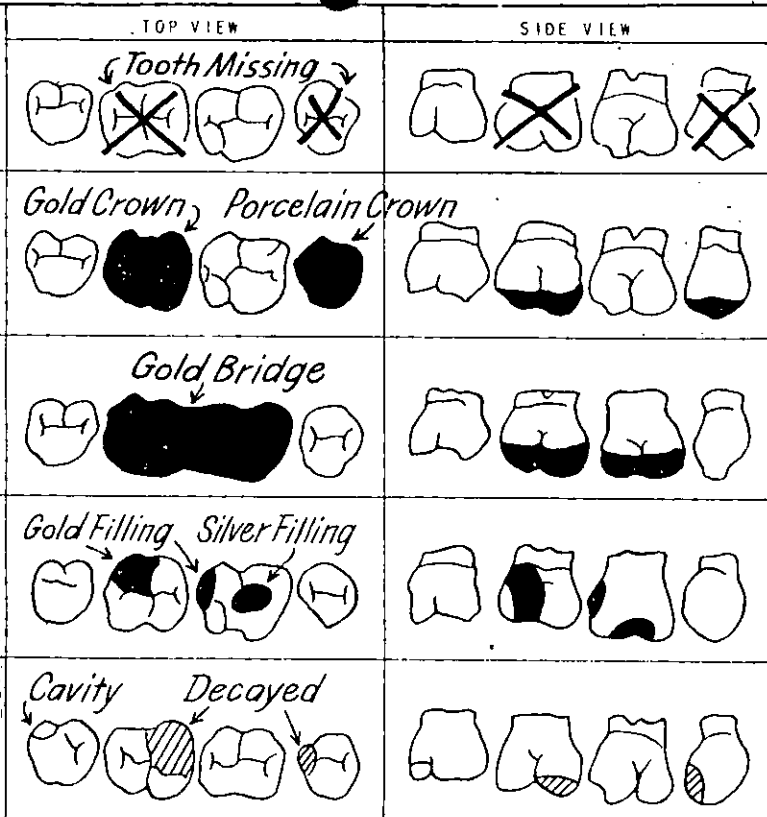
Final Type Casket

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

Finsch #2

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

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



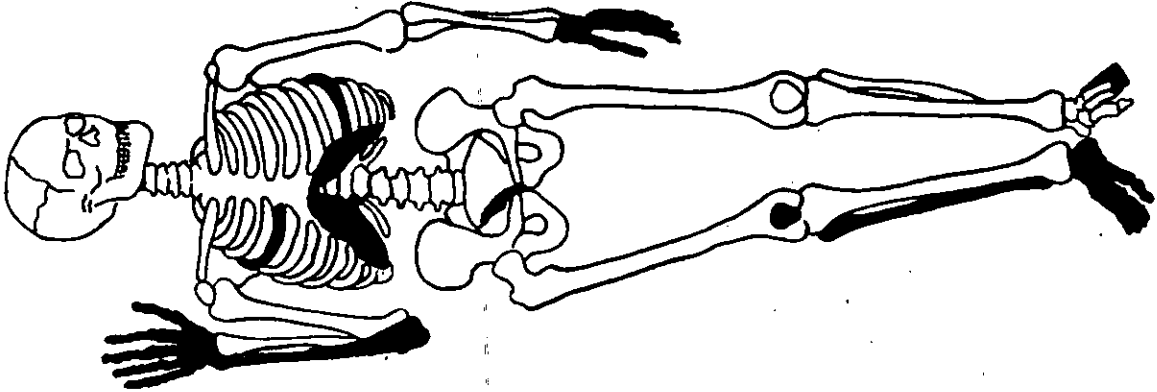
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A FOOM			S M FD			S	S	SML DL	S DL			A MOD			
Side Views																
Top Views																
Side Views																
	A OF	A D F, O, M														
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

SEP 7 1950

FILE
NAVY SECTION
C. I. ...

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

this

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT~~X~~ BASED ON ~~THE~~ PRESENCE OF ~~THE~~ FOLLOWING ~~ARTICULATION~~ ~~AND~~ ~~WITH~~ NOTHING BY WHICH THIS MAY BE DENIED AS ONE (1) INDIVIDUAL.

John K. Frost
JOHN K. FROST, Capt., M. C.
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 176 - 69.29 - 5' 9 1/4"

K - 173 - 68.11 - 5' 8 1/8"

P - 168 - 66.14 - 5' 6 1/8"

SEP 7 1950

Teeth Charted

FILE
NAVY SECT
G. J. MC

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

STEWART W. ABEL, MAJOR, QMC
CENTRAL IDENTIFICATION LABORATORY
AGRS, APO 958

SIGNATURE

Stewart W. Abel

Corrected Copy		IDENTIFICATION DATA				
1. REMAINS OF UNKNOWN X-86 (X-3995, Manila P. I.)		2. DATE OF REPORT 22 June 1950				
3. NAME OF CEMETERY US Army Mausoleum - Final Type Casket. # Formerly of Finsch #2		4. PLOT	5. ROW	6. GRAVE 26	7. DATE OF DISINTERMENT 22 Jun '50	
8. ESTIMATED WEIGHT 138 - 163 lbs						
9. ESTIMATED HEIGHT 5' 6 1/8" - 5' 9 1/4"		10. COLOR OF HAIR None Found			11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) Embossed Tag on outside case reads: Unk. X-86, Finsch No. 2, X-3995, Mslm. One (1) duplicate ID Tag with remains reads: Unk. X-86, 3252. One (1) duplicate ID Tag with remains reads: Unk. X-3995, AGRS Maus., Manila, P. I. formerly X-86, Finsch #2.						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None						
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 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						

SEP 7 1950
FILE
NAVY SECTION
G. J. MOYER

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:

Unknown X-86

(X-3995, Manila, P. I)

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

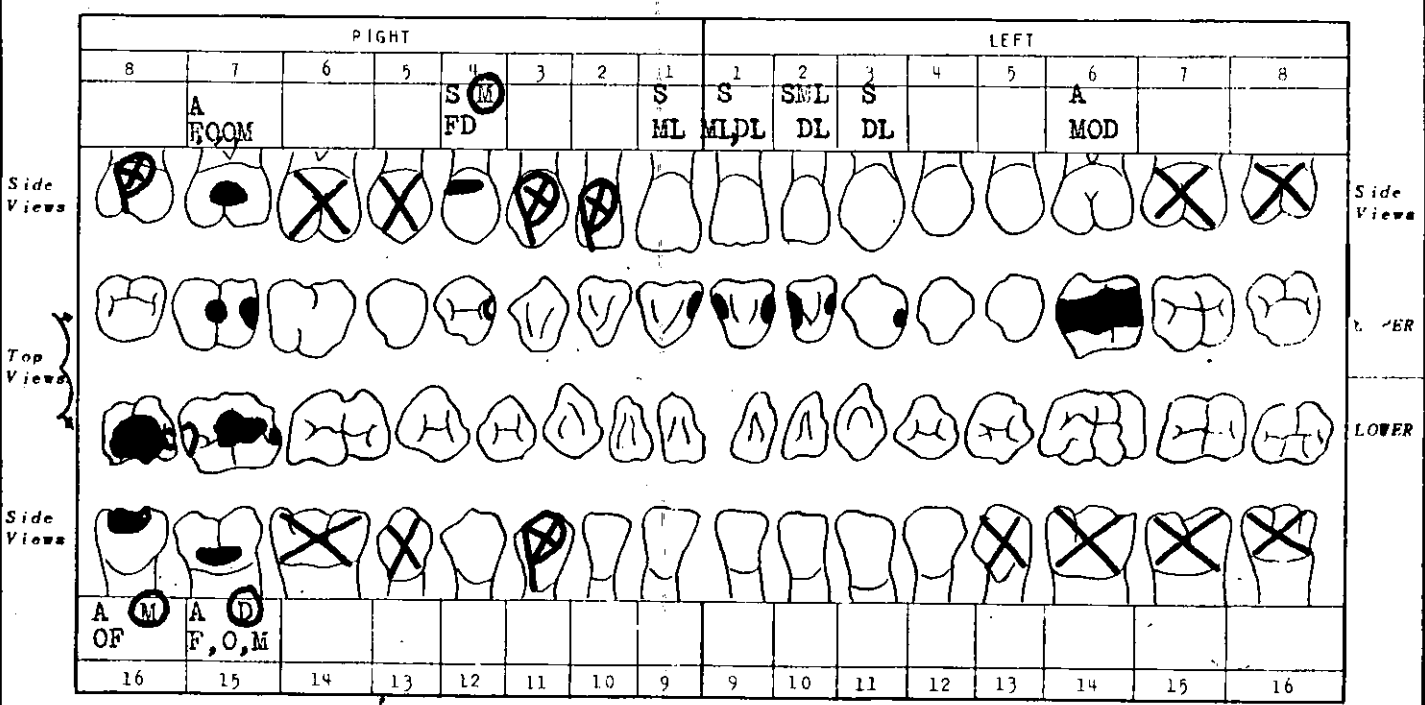
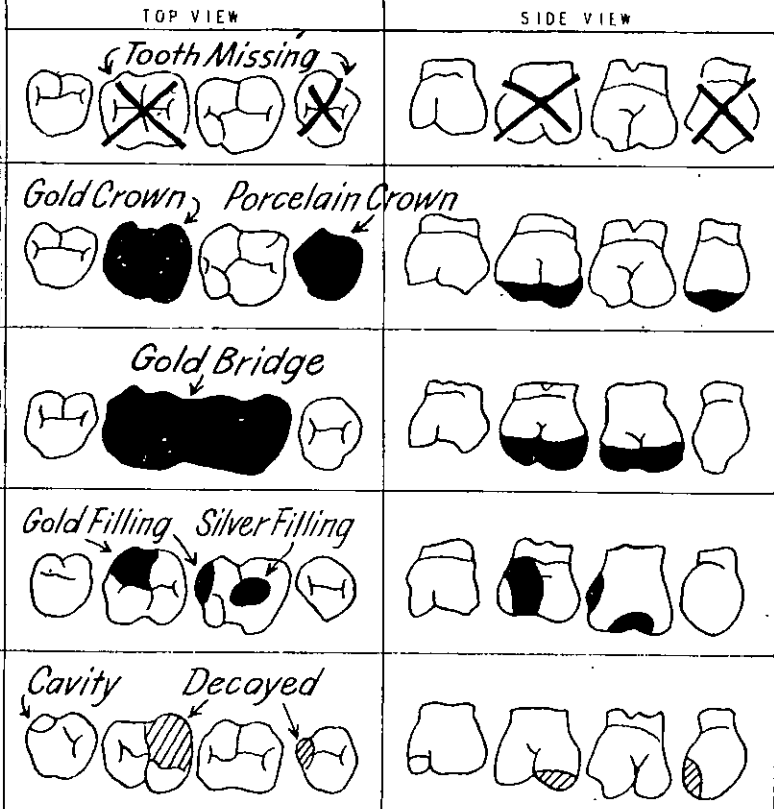
Final Type Casket

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

Finsch #2

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

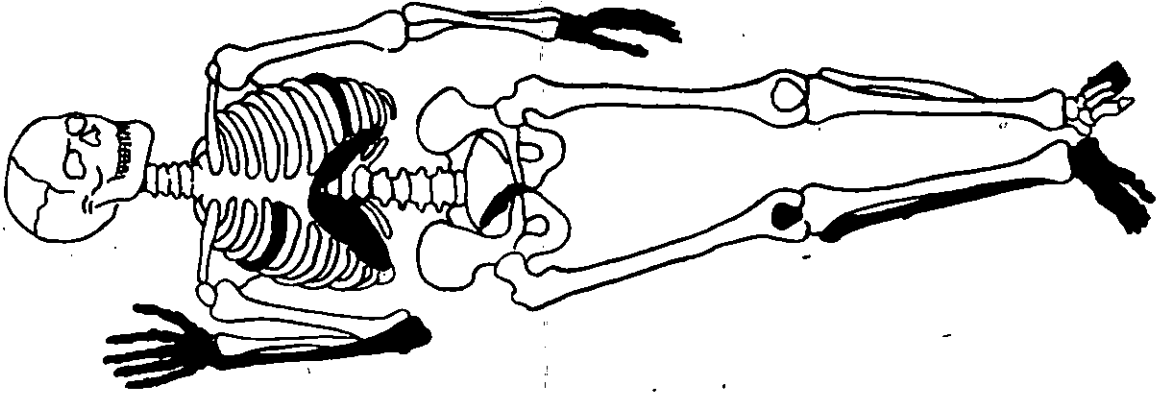
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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."

SEP 7 1950
 FILE
 NAVY SECTION
 C. J. MOYER

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ~~THE REMAINS~~ REMAINS CONSISTS OF PARTS OF 1 DECEDENT~~S~~ BASED ON ~~THE PRESENCE OF ONE OR MORE~~ ~~OF THE FOLLOWING ANATOMICAL PARTS~~ articulation and ^{NUMBER} with nothing by which this may be denied as one (1) individual.

John K. Frost
JOHN K. FROST, Capt., M. C.
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 176 - 69.29 - 5' 9 1/4"

K - 173 - 68.11 - 5' 8 1/8"

P - 168 - 66.14 - 5' 6 1/8"

Teeth Charted

SEP 7 1950
FILE
NAVY SECTION
G. J. MOYER

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

STEWART W. ABEL, MAJOR, QMC
CENTRAL IDENTIFICATION LABORATORY
AGRS, APO 958

SIGNATURE

Stewart W. Abel

28 March 1950

QMGMU 293
GIS Pacific
SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 968, c/o Postmaster
San Francisco, California

1. Reference is made to letter your Headquarters, file RRREC 293.9 (USS Houston), dated 22 August 1949, subject: Letter of Transmittal, with which were forwarded QMC Forms 1044 for Unknowns X-86, X-148 and X-165, Finschhafen #2, Unit A, Page 14 and Unknown X-90, Finschhafen #2, Unit A, Page 15.

2. Action requested in paragraph 4, of reference letter, has been accomplished by this Office. A comparison of these Unknowns was made with casualties suffered in the 14 October 1944 action of the Light Cruiser USS Houston (CL-81). Individual identification could not be made inasmuch as the dental condition of all the decedents is not a matter of record. It is also noted that the dental characteristics of the remains compare equally as well with one or more of the decedents involved.

3. Records of the Department of the Navy and of this Office indicate the following fifteen decedents are still unaccounted for casualties from this incident:

CARROLL, Elton Leonard	S2c V6 USNR	6441110
CODY, Claude Leroy	EM2c V6 USNR	6480590
COOPER, JR. Lige Howell	F1c V6 USNR	8927517
COZAD, Ralph Isaac	RdM3c V6 USNR	8642787
GUNTER, William Leodis	SSM13c V6 USNR	6042938
HOLTHOUSE, Hugh James	CMoM(A) 1 USNR	4131889
MC KOON, Charlie Wade	S2c V6 USNR	8931766
MELANCON, Gauthier (n)	MM2c V6 USNR	6440633
MILLER, Clarence Irving	CWT (AA) USN	2232275
MOORE, Beachel (n)	S1c V6 USNR	8675754
PLUCKERBAUM, Alvin John	F2c V6 USNR	6352095

293 Unk's New Guinea X 86 Finschhafen #2

28 March 1950

GRS Pacific

SUBJECT: Identification of World War II Deceased

SHAW, Omer Lee	WT2c V6 USNR	6688042
STEENBERG, Francis LeRoy	EM1c USN	3165438
TUCKER, Harmon Broughton	PHM3c V6 USNR	8292747
WHITACRE, Melvin Foster	NM(S)3c V6 USNR	9409833

OQMG Forms 371 for these decedents are attached herewith.

4. A review of the Reports of Internment for Unknown X-165, Finschhafen #2, formerly X-19, USAF Cemetery, Lorengau, Manus Island, reveals the cause of death on the original report as drowning. Records of the results of processing by your headquarters discloses Unknown X-165 to consist of six (6) mandibles plus portions of remains, indeterminable by this Office, described on QMC Form 1044b by the statement "the paucity and condition of the recovered remains of this group make segregation insecure and unsound". In the absence of recorded acceptable explanation of the methods employed in the determination of death by drowning at the time of original internment of these remains and the fact that the remains now consist of parts of more than one body, this Office is compelled to conclude that the remains presently stored at your headquarters as Unknown X-165, and the remains originally interred as X-19 in USAF Cemetery #1, Lorengau, Manus Island, are not one and the same.

5. In view of the aforementioned conclusion, a continuation of the association of the remains of Unknown X-165 with casualties of the USS Houston is indefensible and it is recommended that these remains be disassociated from the casualties of the USS Houston.

6. Due to the inability to establish conclusive individual identification of any of the remaining Unknowns involved with the unaccounted for casualties of this incident, it is further recommended that your headquarters initiate action to establish a group burial of Unknowns X-86, X-90 and X-148 USAF Cemetery, Finschhafen #2, and Unknown X-6, Plot 4, Row 52, Grave 25, ANM Cemetery #2, Guam, formerly Plot 1, Row 9, Grave 1, Ulithi Cemetery Asor Island, Unit 9, Page 5. (this unknown was previously approved unidentifiable, see copy of letter and 1st indorsement attached), as the recoverable remains of the fifteen decedents listed in paragraph 3, above.

QMGMU 293

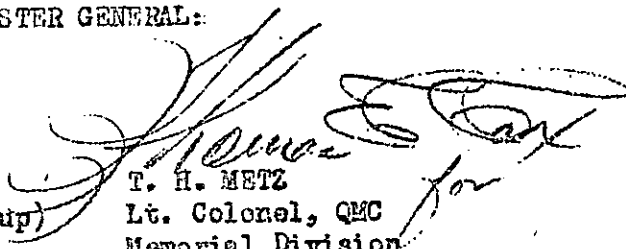
GRS Pacific

SUBJECT: Identification of World War II Deceased

28 March 1950

7. Unknown X-6, ANM Cemetery #2, Guam, Unit 9, Page 5, is currently stored in the AGRS Mausoleum, Manila, Philcom Zone. Request your action be coordinated with that Command.

FOR THE QUARTERMASTER GENERAL:



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

16 Incls

1. OQMG Form 371 (in dup) (Carroll)
2. OQMG Form 371 (in dup) (Cody)
3. OQMG Form 371 (in dup) (Cooper)
4. " " " " " (Cozad)
5. " " " " " (Gunter)
6. " " " " " (Holthouse)
7. " " " " " (McKoon)
8. " " " " " (Melancon)
9. " " " " " (Miller)
10. " " " " " (Moore)
11. " " " " " (Pluckerbaum)
12. " " " " " (Shaw)
13. " " " " " (Steenberg)
14. " " " " " (Tucker)
15. " " " " " (Whitacre)
16. Copy ltr w/1st Ind. dated 30 Nov 48 and 17 Dec 48

WERI
JMN
TEC

C.C.Salser:lrc

JW

cc--Administrative Section

6

DISINTERMENT DIRECTIVE

293 Wake New Guinea 4-86 (Finschappen #2)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5911 00295

DATE 15 02 48

NAME UNKNOWNX-000006

SERIAL NUMBER

RANK

ARM U DATE OF DEATH DAY MONTH YEAR

CEMETERY BRITISH GUINEA USAP FINSCHAPPEN NO 20

DISPOSITION OF REMAINS 7701 80

PLOT ROW GRAVE 3257

COUNTRY NEW GUINEA

CODE DIST. PT. 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 DATE BY

SHIPPING ADDRESS VERIFIED 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.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-86 Finsch #2 (X-3995, Manila, P.I.)				2. DATE OF REPORT 13 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly of Finsch #2		Final Type Box #	4. PLOT 26	5. ROW	6. GRAVE
					7. DATE OF DISINTERMENT REINTERMENT 13 Jul '49 13 Jul '49

PHYSICAL DESCRIPTION Age: 30 (plus) years.

8. ESTIMATED WEIGHT 138 to 163 lbs.	9. ESTIMATED HEIGHT 5'6 1/8" - 5'9 1/4"	10. COLOR OF HAIR None found.	11. RACE White
--	--	----------------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed tag on outside case reads: Unknown X-86, Finsch No. 2, X-3995, Mslm.
 One (1) duplicate I.d. tag with remains reads: Unknown X-86, 3257.
 One (1) duplicate I.d. tag with remains reads: Unknown X-3995, AGRS, Mausoleum, Manila, P.I. Formerly X-86, Finsch, #2.

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

None

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

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

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

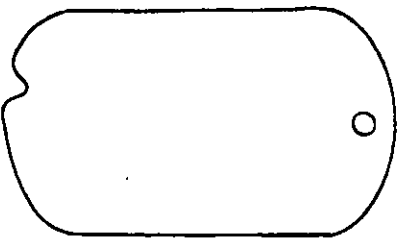
Handwritten initials

	TOP VIEW	SIDE VIEW
<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>Unknown X-86 (X-3995 Manila Maus)</p>	<p>TOOTH MISSING</p>	
<p>Finsch #2</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Final Type</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	
		A →			← SM			S	S	ML ^S	S			A			
		F,O,OM	Drift		FD			ML	ML,DL	FDL	DL			MOD			
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
	A OF	A OF	Drift														
	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."

Fla

WD QMG FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 25 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		<i>John K. Finschhafen #2</i> NAME (Last, first, middle initial) (Formerly Unknown X-86)		SERIAL NO. X-86 Unknown	
	UNIDENTIFIABLE		USAF Cemetery #2			
	UNKNOWN X-3995		Finschhafen, N. G.			
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown			
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH USS Houston	CAUSE OF DEATH Drowning			DATE OF DEATH 12 Dec 44		
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) Letter, OQMG, OQGMN 293 GRS Pacific dtd 21 Aug 50 subject: Identification of World War II Deceased.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
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 US Army Mausoleum, AGRS-PAZ Casket						
DATE OF BURIAL June 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. 26	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P.I.			Hangar Plot No. 810	Bay Row No. H	
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) --		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. May</i> STANLEY E. MAY, Captain			

SEP 7 1950
FILE
NAVY SECTION
QMOYER

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 5

Section 9. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


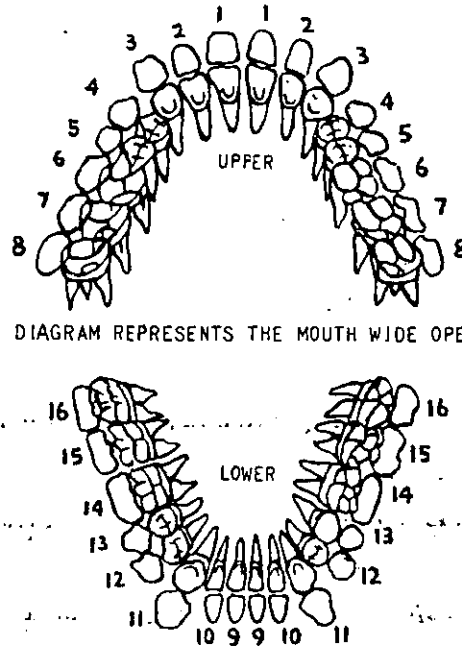




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

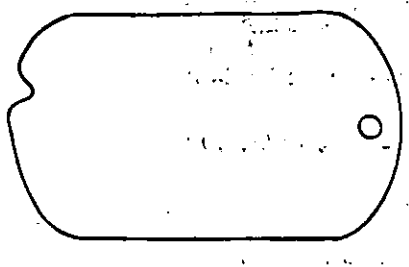
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

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 <p align="center">25 August 1950</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNIDENTIFIABLE UNKNOWN X-3995	(Formerly Unknown X-86 USAF Cemetery #2 Finschhafen, N. G.) ORGANIZATION	SERIAL No. <p align="center">Unknown</p>
	GRADE <p align="center">Unknown</p>	RACE <p align="center">White</p>	BRANCH OF SERVICE <p align="center">Unknown</p>
	RELIGION <p align="center">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <p align="center">USS Houston</p>	CAUSE OF DEATH <p align="center">Drowning</p>	DATE OF DEATH <p align="center">12 Dec 44</p>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Letter, OCMG, OCMGN 293 GRS Pacific dtd 21 Aug 50 subject: Identification of World War II Deceased.</p>		
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <p align="center">Yes</p>			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>			
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.			
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum; AGRS-PAZ</p>			
DATE OF BURIAL <p align="center">June 1949</p>	HOUR	BURIED IN (Shroud, blanket, or name of other) <p align="center">Final type casket</p>	
TYPE OF GRAVE MARKER	PLOT No.	ROW No. 26 GRAVE No.	
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">AGRS Mausoleum, Manila, P.I.</p>		
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p align="center">Hanger Bay Crypt 810 H 2560</p>	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Not applicable due to</p>	RANK <p align="center">--</p>	SERIAL NO. <p align="center">--</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">manner of storing caskets.</p>	RANK <p align="center">--</p>	SERIAL NO. <p align="center">--</p>	
ORGANIZATION <p align="center">--</p>	GRAVE No. <p align="center">--</p>	GRAVE No. <p align="center">1350</p>	
SIGNATURE OF PERSON PREPARING REPORT <p align="center">I. K. USHER - Clerk</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center">STANLEY B. MAY, Captain, USN</p>		
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 52

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


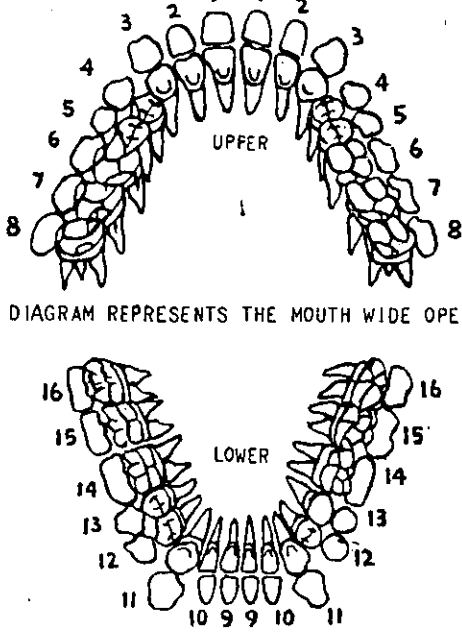




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

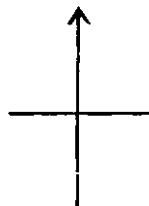
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>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:

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 17 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.
NAME (Last, first, middle initial)		(Formerly Unknown X-86 USAF Cemetery #2 Finschhafen, N. G.) 3251		Unknown	
UNKNOWN X-3995		GRADE Unknown		ORGANIZATION Unknown	
BRANCH OF SERVICE Unknown		RACE White		RELIGION Unknown	
IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		Unknown			
PLACE OF DEATH USS Houston		CAUSE OF DEATH Drowning		DATE OF DEATH 12 Dec 44	
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		None			
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 US Army Mausoleum, AGRS-PAZ Casket					
DATE OF BURIAL June 1949	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. 26
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			Hanger BLOCK NO. 810	Bay BOWNO. H
TYPE OF RELIGIOUS CEREMONY --		PERSON CONDUCTING BURIAL RITES --	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Crypt GRAVE NO. 2560		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, Captain, QMC		
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 3'

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


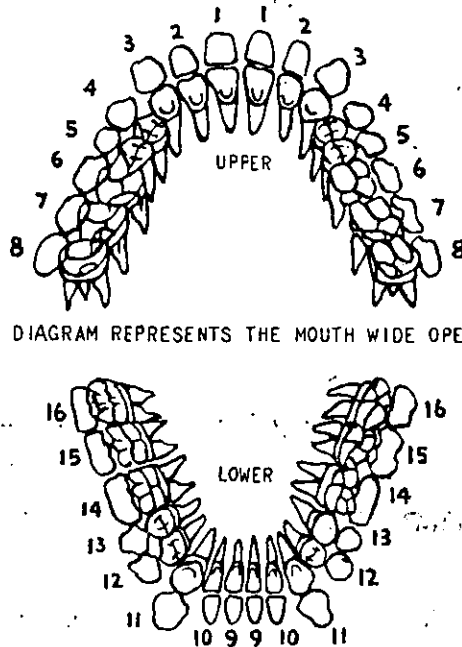




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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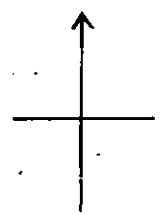
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>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:

AUG 28 1950

Identification Section

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

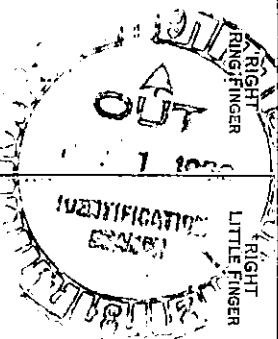
RIGHT THUMB

RIGHT INDEX FINGER

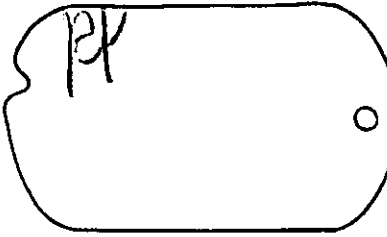
RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER



RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT <p align="center">17 August 1950</p>			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) (Formerly Unknown X-96) UNKNOWN X-3996		SERIAL NO. <p align="center">Unknown</p>			
		GRADE <p align="center">Unknown</p>		ORGANIZATION <p align="center">Unknown</p>		BRANCH OF SERVICE <p align="center">Unknown</p>	
		RACE <p align="center">White</p>		RELIGION <p align="center">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <p align="center">USS Houston</p>		CAUSE OF DEATH <p align="center">Drowning</p>		DATE OF DEATH <p align="center">12 Dec 44</p>			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>		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) <p align="center">Yes</p>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum, AGRS-PAZ</p>							
DATE OF BURIAL <p align="center">June 1949</p>		HOUR	BURIED IN (Shroud, blanket, or name of other) <p align="center">Final type casket</p>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. <p align="center">Casket</p>
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">AGRS Mausoleum, Manila, P. I.</p>			PLOT No. <p align="center">810</p>	ROW No. <p align="center">H</p>	GRAVE No. <p align="center">2560</p>
TYPE OF RELIGIOUS CEREMONY <p align="center">---</p>		PERSON CONDUCTING BURIAL RITES <p align="center">---</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">---</p>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">---</p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Not applicable due to</p>			RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>	ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">manner of storing caskets.</p>			RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>	ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
SIGNATURE OF PERSON PREPARING REPORT <p align="center">I. K. USHER - Clerk</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center">STANLEY S. MAY, Captain, GRC</p>				
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.							

Am 3

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


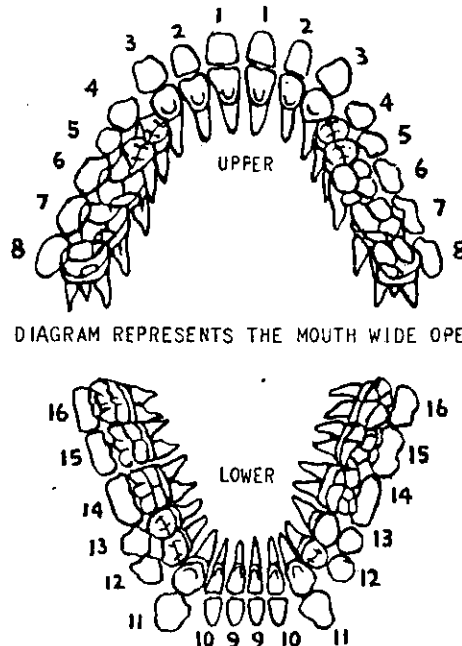




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

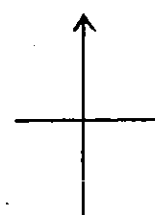
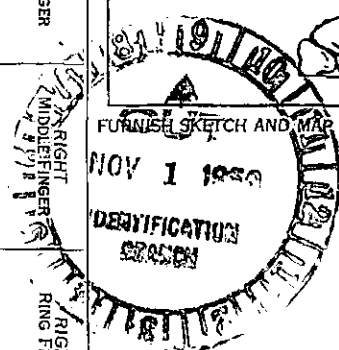
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>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:

AUG 28 1950

Identification Section

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

RE-
TED

REPORT OF INTERMENT

395

U 395

(TM 10-630 AND AR 30-1815)

UNKNOWN

X

86

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

USS HOUSTON

12-12-44 *sum*

Drowning

(Place of death)

(Date of death)

(Cause of death)

1445 hrs 10 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

(Time and date of burial) reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 9 row 2 plot 4 USAF CEM. #1 Lorengau Manus Is.

3257

(Grave number)

(Row number)

(Plot number)

Cross, Regulation

(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 SPINKS, Robert D 5702 776 S2c MIB Sqn. 8USNR 3258
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT JORDAN, Harvey L 31 114 067 Tec 5 741 Sig A W Co 3256
(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

(9) No. 1247

Incl 549

RESTRICTED

REPORT OF INTERMENT

U 395

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

RESTRICTED

(Par. 21d - TM 10-630)

X-16 Unknown	Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Organization)

U.S.S. HOUSTON

~~2~~-12-45

Drowning

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

1-13-45

USAF Cemetery #1, Lorengau Cemetery, Manus Island, Admiralty Is.

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

9

2

4

Regulation Cross

Buried with Body

Attached to marker

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

Religion: Unknown

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

Unknown

RESTRICTED

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

134

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

SEP 16 1957					
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— X-19 Unknown Grave 10

On Left— X-17 UNKNOWN Grave 8

W M Nichols
W. M. Nichols, Cox, USN, 279-77-57

Lloyd S. Charters
Lloyd S. Charters, Lt. ChC USNR

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.

UNIDENTIFIED.

X-18

CC-1/14/45, USS
HOUSTON.

(name)	
BORN (Date and place)	
APPOINTED (Date)	ENLISTED (Date)
DIED (Date and place)	

CAUSE OF DEATH
Four unidentified bodies were removed from the engineering spaces after the ship was placed in dry dock.

BURIED (Place)
One body recovered from forward engine room at 0240, 9 Jan. 45. The bodies were buried outside continental limits of the U.S. in Allied Forces Cemetery, Manus Is. Admiralty Is. Plot 4, Row 2, Grave 9, Respectively.

NEXT OF KIN