

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 01084

DATE
05 09 50
DAY MONTH YEAR

NAME
UNKNOWN X-111

SERIAL NUMBER

GRADE

ARM
8

RACE
0

RELIGION
6

CEMETERY
KALAIKUNDA INDIA

PLOT
7

ROW
T

GRAVE
1951

DISPOSITION OF REMAINS
0492 64

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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.

FILE
SEP 11 1950
[Signature]

SIGNATURE OF AGRS INSPECTOR

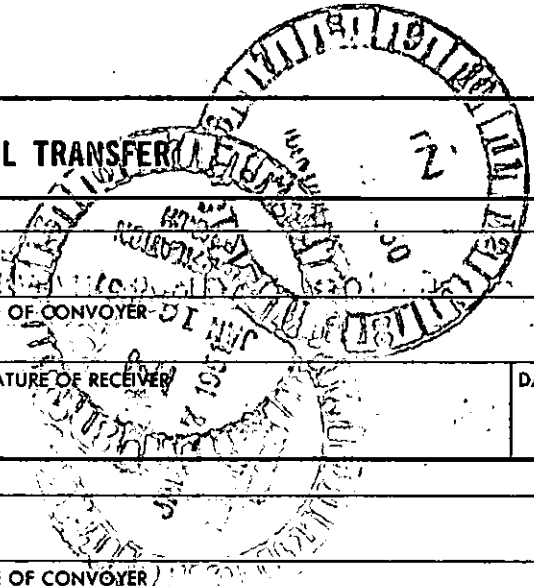
REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. FORMERLY MAHAN, JOHN J., 31070552, SGT,
IN KALAIKUNDA, PLOT 7, ROW T, GRAVE 1951.

*Permanently Interred in the Nat. Mem. Cem. of the Pacific
Section P / Grave 415*

Do not use

RECORD OF CUSTODIAL TRANSFER



1. SHIPPED

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

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		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

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	4996 01084	05 09 50 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-111			8	0	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
KALAIKUNDA INDIA	7	T	1951	0492 CODE	64 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

CHANGE

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. FORMERLY MAHAN, JOHN J., 31070552, SGT,
IN KALAIKUNDA, PLOT 7, ROW T, GRAVE 1951.

*Permanently Interred in the Nat. Mem. Cem. of the Pacific
Section P. Grave 415*

AIRMAIL

293 York Kalaitunda X110

1 September 1950

293
CINCPAC
GRS Pacific

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in U. S. Army Mausoleum #3:

Unknown X-110 US Military Cemetery, Kalaitunda, India

Unit A, Page 1

Unknown X-111, U. S. Military Cemetery, Kalaitunda, India

Unit A, Page 1

Unknown X-112, U. S. Military Cemetery, Kalaitunda, India

Unit A, Page 1

Unknown X-113, U. S. Military Cemetery, Kalaitunda, India

Unit A, Page 1

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

FOR THE QUARTERMASTER GENERAL:

FRANK E. COX
CAPT QMC
Memorial Division

J. Miller: dal
C. C. Salsar

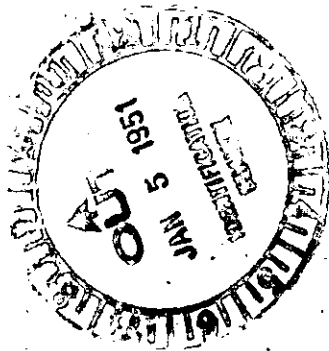
Cops furnished: CINCPAC, APO 500

COAGRS, PZ, APO 928

AIRMAIL

X 293 York Kalaitunda X111

WILSON



OF THE PACIFIC

Interred 17 March 1950

DISINTERMENT DIRECTIVE

P 415

Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALVAN

DIRECTIVE NUMBER

4996 00000

DATE

15 01 48 DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-111

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

KALAIKUNDA

0

DISPOSITION OF REMAINS

0492 64

CODE DIST. PT.

PLOT

7

ROW

T

GRAVE

1951

COUNTRY

INDIA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY
HONOLULU, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-111 (KALAIKUNDA)

SERIAL NUMBER

RANK

DATE OF DEATH

7 May '44

DATE DISTINTERRED

27 Oct '47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

Unk

D. D. HINDS
1st Lt, QMC

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Temporary Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

QMC Form 1042 & Ltr QMGMP-293, dated 21 Dec '49

MINOR DISCREPANCIES /

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 Mar '48

BY

J. H. HAYES

CASKET SEALED BY

J. P. SIMONI

EMBALMER (Signature)

J. P. SIMONI

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 15 Mar 50 BY J. P. SIMONI

D. C. HERR

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

D. C. HERR
D. C. HERR

SIGNATURE OF GRS INSPECTOR

FILE
10 APR
REPARATION
CMB
HERR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM		TO CHIEF, HAWAIIAN DISTRIBUTION CENTER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Donald D. Hinde</i> DONALD D. HINDE LELT OMC 0-2033505	DATE MAR 15 1965	SIGNATURE OF RECEIVER <i>Stewart W. Abel</i> STEWART W. ABEL MAJOR CMC	DATE MAR 16 1965

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		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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
INDIA-BURMA ZONE
APO 465
c/o Postmaster, New York, N.Y.

12-WCH/se

Calcutta, India
18 January 1947

27th USCG India (Kalaikunda) X-111

SI 4.6 (18 Jan 47)

SUBJECT: Examination of human remains.

TO : The Commanding Officer,
American Graves Registration Service, India-Burma Zone,
APO 465

1. The remains of grave No. 7 - T - 1951 of MAHAN, JOHN J. 31070552, of U.S. Military Cemetery, Kalaikunda, India, were examined on 10th January 1947 and the following were identified:

6 Skull fragments
Maxilla
Right clavicle
Right scapula
20 Ribs
1st vertebra
5 Other vertebrae
Left radius
Left ulna
Right and left Os innominatum
Upper half of a right femur
Left femur
Upper 2/3 of a right tibia
Upper half of a left tibia

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual.

W. C. Hilderman
W. C. HILDERMAN
Captain, M.C.
Surgeon.

Serial # 1

12

12

12

12

12

12

12

12

12

12



IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

18 Jan 47

DATE

MAHAN, JOHN J.
LAST NAME FIRST INITIAL

Sgt 31070552
RANK SERIAL NO.

82Bomb Sq 12 Bomb Gp
















Near Shillong, Assam Barrackpore, India 7 T 1951
UNIT ORGANIZATION PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Int #1

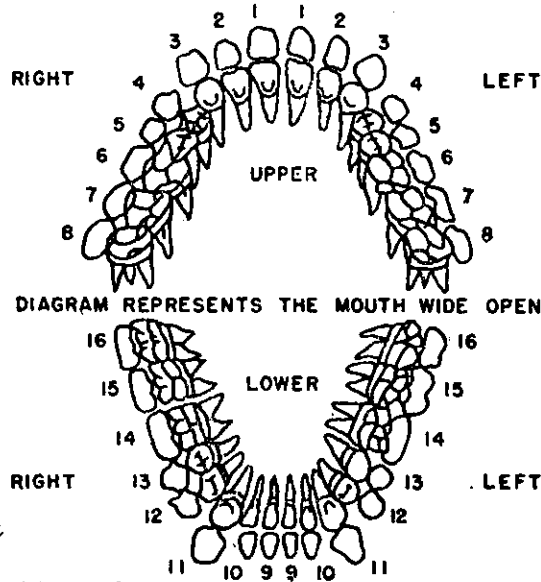
INSTRUCTIONS:

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

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

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

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



REMARKS:

*R-8 and L-8 partially erupted
L-4 rotated externally.*

W.C. Hilderman
SIGNATURE OF PERSON WHO PREPARED CHART
W.C. HILDERMAN, Capt. MC

NAME AND RANK TYPED OR PRINTED
Kalaikunda, India

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Harry L. Bowen
VERIFIED BY GRS OFFICER
HARRY L. BOWEN, Capt. AGD

NAME AND RANK TYPED OR PRINTED
18 Jan 47

DATE

6

DISINTERMENT DIRECTIVE

293 Unk. (India) Misc (KalaiKunda)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4996 00000

DATE 13 01 48 DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER

RANK

ARM U

DATE OF DEATH DAY MONTH YEAR

CEMETERY KALAIKUNDA

DISPOSITION OF REMAINS 0

DISPOSITION OF REMAINS CODE DIST. PT. 0492

PLOT 7 ROW 7 GRAVE 1501 COUNTRY INDIA

CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY HONOLULU, TERRITORY OF HAWAII (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

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

BY EMBALMER (Signature)

DATE CASKET BOXED AND MARKED 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Mahan, John J., Sgt 31070552				2. DATE OF REPORT 2 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		FINAL TYPE			DISINTERMENT 29 Mar '48
					REINTERMENT 2 Apr '48

PHYSICAL DESCRIPTION **Age 24 to 26 years.**

8. ESTIMATED WEIGHT approx 170 to 175	9. ESTIMATED HEIGHT 178.0-70.1-5' 10"	10. COLOR OF HAIR U. F. D.	11. RACE White
---	---	--------------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I.D. tag reading: Mahan, John J., Sgt., 31070552.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
None

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
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

Incl 6^e

Received 21 Mar. 50 **0012**
Not identifiable from
information presently **T. A. Fields**
available **30 Aug. 50**

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

Mahan John J.

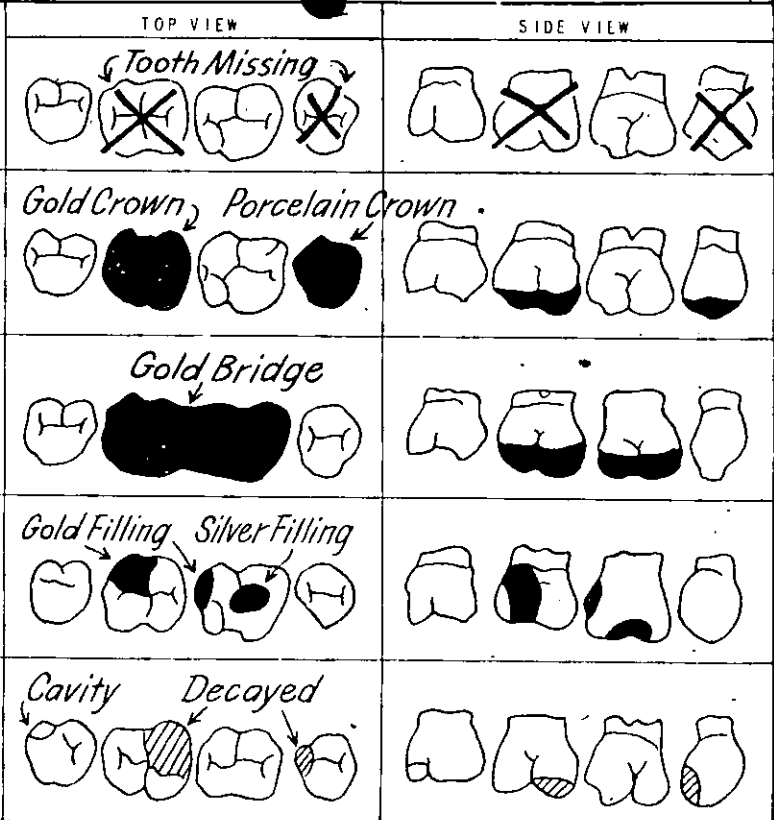
31070552

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

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

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

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



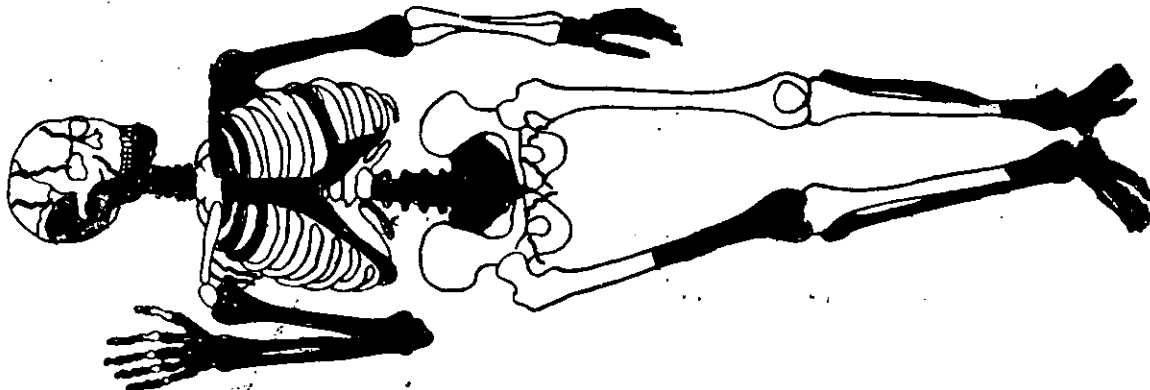
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
PART. IMP.	A 0,0	A DO,00						⊙			A 0	A D	← A DRIFT 0,0,0	A	PART. IMP.
Side Views	[Tooth diagrams in side view]														Side Views
Top Views	[Tooth diagrams in top view]														
	[Tooth diagrams in top view]														
Side Views	[Tooth diagrams in side view]														
SEE REMARKS															
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:

1. R-4 is in torsi version.
2. L-4 is in torsi version.
3. One (1) lower incisor present with no restorations.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

No extra parts.

Paul I. Cravener
 Paul I. Cravener SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly tall muscular man of average body build in his middle twenties. The skull is large in size and a very broad oval in outline, the backhead is moderately projecting. The browridge and glabella are of average size. The nasal root is quite deep and wide. In profile the nose may have been rather prominent and beaked. The mouth parts have some alveolar prognathism. The palate is wide and of average height.

Fluoroscopic examination unnecessary. Teeth charted.

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 G. W. GREENWOOD, CAPT., USA	SIGNATURE
CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fractured-left temporal, parietal and occipital missing. Portion of the right temporal, parietal, occipital and mandible missing.
VERTEBRAE	CERVICAL	1		2,3,4,5,6, 7 missing.
	THORACIC	6		2,3,5,6,7,8, missing.
	LUMBAR	0		Missing.
SACRUM		0		"
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured at ischium and pubic.
	LEFT	1		" " " " "
RIBS		19		
STERNUM		1		Portion of manubrium present.
CLAVICLES	RIGHT	1	15.2	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fragments.
	LEFT	0		Missing.
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	1	25.6	
ULNAE	RIGHT	0		Missing.
	LEFT	1	26.8	
HANDS	RIGHT	1		All missing except some phalanges.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Upper half present.
	LEFT	1	49.5	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1		Lower 3rd missing.
	LEFT	1		Lower 3rd missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO

APPROXIMATE

178 70.08
ESTIMATED HEIGHT 5' 10"

AGE

24 to 26 YEARS

ESTIMATED WEIGHT approx 170 to 175 lbs.

LEG-HIP BR RATIO

Paul L. Gravenor
Paul L. Gravenor
Lab Supervisor
ANTHROPOLOGIST

ENCLOSURE TO: Mahan, John J., Sgt 31070552

NARRATIVE

The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Mahan, John J., Sgt, 31070552				2. DATE OF REPORT 2 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #.2		4. PLOT F I N A L	5. ROW T Y P E	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 29 Mar '48 2 Apr '48
PHYSICAL DESCRIPTION Age 24 to 26 years.					
8. ESTIMATED WEIGHT approx 170 to 175		9. ESTIMATED HEIGHT 178.0-70.1-5' 10"		10. COLOR OF HAIR U. T. D.	
11. RACE White					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I.D. tag reading: Mahan, John J., Sgt., 31070552					
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 type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? 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					

J. J. Mahan

18. TOOTH CHART		
	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>Mahan John J.</p> <p>31070552</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

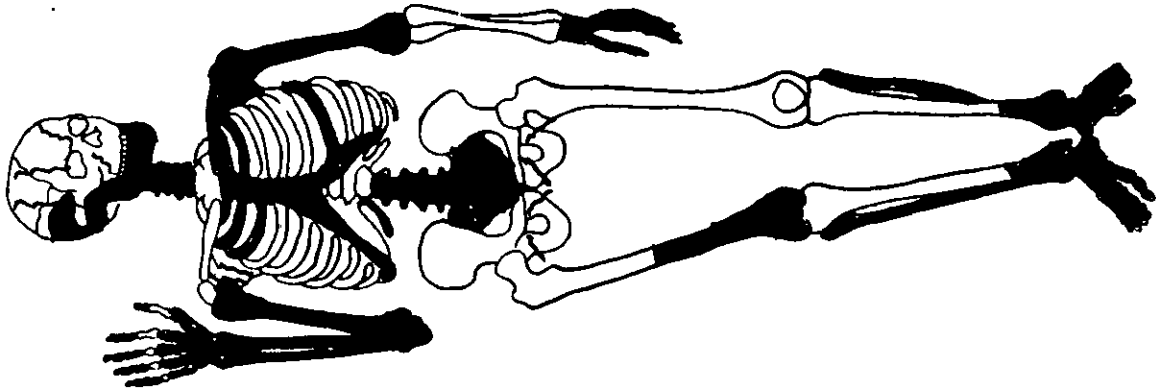
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
PART. IMP.	A 0,0	A DO,00						⊙			A 0	A D	← A →	A PART. IMP.			
													DRIFT 0,0,0				
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
SEE REMARKS																	
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:

1. R-4 is in torsi version.
2. L-4 is in torsi version.
3. One (1) lower incisor present with no restorations.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

No extra parts.

Paul L. Gravenor

SIGNATURE OF MEDICAL OFFICER

Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly tall muscular man of average body build in his middle twenties. The skull is large in size and a very broad oval in outline, the backhead is moderately projecting. The browridge and glabella are of average size. The nasal root is quite deep and wide. In profile the nose may have been rather prominent and beaked. The mouth parts have some alveolar prognathism. The palate is wide and of average height.

Fluoroscopical examination unnecessary. Teeth charted.

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


O. W. GREENWOOD, CAPT., OMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fractured-left temporal, parietal and occipital missing. Portion of the right temporal, parietal, occipital and mandible missing.
VERTEBRAE	CERVICAL	1		2,3,4,5,6, 7 missing.
	THORACIC	6		2,3,5,6,7,8, missing.
	LUMBAR	0		Missing.
SACRUM		0		"
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured at ischium and pubic.
	LEFT	1		" " " " "
RIBS		19		
STERNUM		1		Portion of manubrium present.
CLAVICLES	RIGHT	1	15.2	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fragments.
	LEFT	0		Missing.
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	1	25.6	
ULNAE	RIGHT	0		Missing.
	LEFT	1	26.8	
HANDS	RIGHT	1		All missing except some phalanges.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Upper half present.
	LEFT	1	49.5	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1		Lower 3rd missing.
	LEFT	1		Lower 3rd missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	178 - 70.08 5' 10"	AGE	24 to 26 YEARS
ESTIMATED WEIGHT	approx 170 to 175 lbs.	LEG-HIP BR RATIO	


 Paul L. Gravenor
 Lab Supervisor
 -ANTHROPOLOGIST-

ENCLOSURE TO: Mahan, John J., Sgt 31070552

NARRATIVE

The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		UNKNOWN X-111			2. DATE OF REPORT	
Mahan, John J., Sgt., 31070552					2 April 1948	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
U. S. Army Mausoleum # 2		FINAL TYPE			DISINTERMENT	REINTERMENT
					29 Mar '48	2 Apr '48
PHYSICAL DESCRIPTION Age 24 to 26 years.						
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE		
approx 170 to 175	178.0-70.1-5' 10"	U. T. D.		White		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
One (1) duplicate I.D. tag reading: Mahan, John J., Sgt., 31070552						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES						
None						
<div style="border: 1px solid black; padding: 5px; font-size: 2em; letter-spacing: 0.5em;">U N I D E N T I F I A B L E</div> <p>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>						
14. WAS BODY BURNED?		TO WHAT EXTENT?		DATE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DONALD D. HINES MC 0-2033595		Donald D. Hines		MAR 14 1950
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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						

Received 21 Mar 50 OQMG
 Not identifiable from
 information presently
 available
P. A. Fields
 30 Aug. 50

TOOTH CHART		
	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-111 UNKNOWN X-111</p>	<p>↓ Tooth Missing ↓</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>	

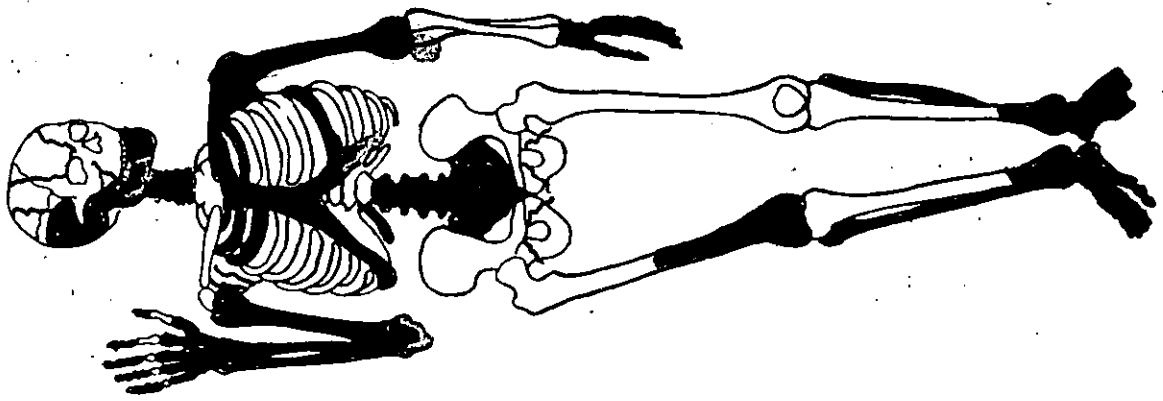
	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	PART. IMP.	A 0,0	A DO,00						⊕			A 0	A D	← DRIET	A 0,0,0	PART. IMP.	
Side Views																	
Top Views																	
Side Views																	
				SEE REMARKS													
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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:

- R-4 is in torsi version.
- L-4 is in torsi version.
- One (1) lower incisor present with no restorations.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

No extra parts.

Paul I. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a fairly tall muscular man of average body build in his middle twenties. The skull is large in size and a very broad oval in outline, the backhead is moderately projecting. The browridge and glabella are of average size. The nasal root is quite deep and wide. In profile the nose may have been rather prominent and beaked. The mouth parts have some alveolar prognathism. The palate is wide and of average height.

Fluoroscopic examination unnecessary. Teeth charted.

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
O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE

NARRATIVE

The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

RESTRICTED

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 <p align="center">13 March 1950</p>									
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> Plotted on J.D. Mahan R.K. Usher </div>	Section 1.—IDENTIFICATION. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Mahan, John J., UNKNOWN X-111 USMC Kalaikunda)</td> <td>SERIAL No. Unknown</td> </tr> <tr> <td>GRADE Unknown</td> <td>ORGANIZATION Unknown</td> <td>BRANCH OF SERVICE Unknown</td> </tr> <tr> <td>RACE White</td> <td>RELIGION Unknown</td> <td>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> </table>		NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Mahan, John J., UNKNOWN X-111 USMC Kalaikunda)		SERIAL No. Unknown	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown	RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Mahan, John J., UNKNOWN X-111 USMC Kalaikunda)		SERIAL No. Unknown									
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 Near Shillong Road, Assam, India	CAUSE OF DEATH Explosion and disintegration of plane in mid-air	DATE OF DEATH 7 May 1944									
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 8 on reverse) Ltr. OQMG, QMGMT 293, GRS Pacific dtd 21 December 1949 Subj: 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 U.S. Army Mausoleum, AGRS-PAZ Casket											
DATE OF BURIAL 24 Feb. '48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket									
		TYPE OF GRAVE MARKER									
		PLOT No.									
		ROW No.									
		GRAVE No. 1726									
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India										
		PLOT No. 7									
		ROW No. T									
		GRAVE No. 1951									
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 J. K. Usher T. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT Donald D. Hinds DONALD D. HINDS, 1st Lt., QMG										
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 10'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


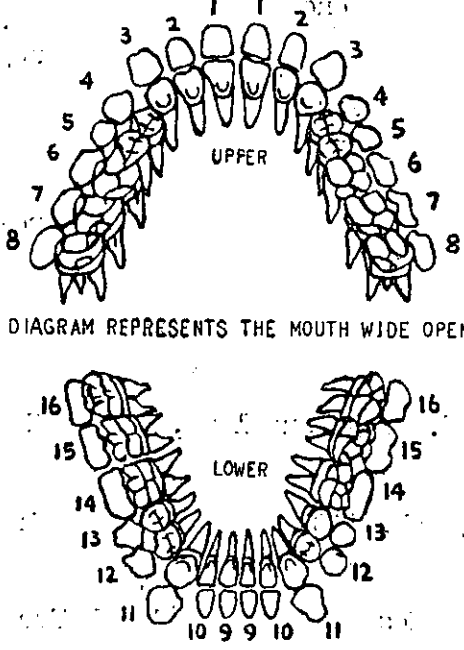




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

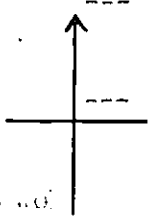
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING.</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



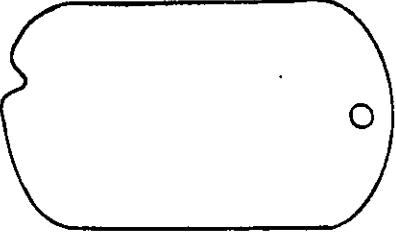
REMARKS:

22 MAY 1950

Identification Section

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF HYPERMEMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 13 March 1950
---	--	--

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Mahan, John J., UNKNOWN X-111 USMC Kalaikunda)	SERIAL No. Unknown		
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 Near Shillong Road, Assam, India	CAUSE OF DEATH Explosion and disintegration of plane in mid-air	DATE OF DEATH 7 May 1944
--	--	------------------------------------

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	Ltr. OQMG, QMGMT 293, GRS Pacific dtd 21 December 1949 Subj: Identification of World War II Deceased.

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

U.S. Army Mausoleum, AGRS-PAZ Gasket

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Feb. '48		Final type casket				1726

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			
Yes	USMC Kalaikunda, India	PLOT No.	ROW No.	GRAVE No.
		7	T	1951

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets				

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
I. E. USHER - Clerk	DONALD D. HINDS, 1st Lt., QMG

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 10 2

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


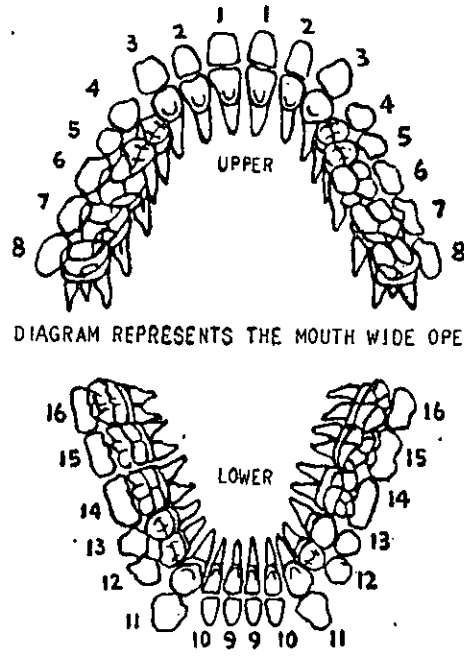




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

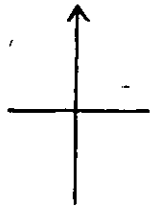
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p> 	
<p>MISSING TEETH</p> 	
<p>CROWNED TEETH</p> 	
<p>BRIDGE WORK</p> 	

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



REMARKS:

22 MAR 1950

Identification Section

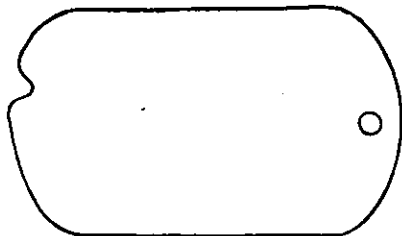
WD, QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

12 Feb 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Mahan, John B. *clw*

SERIAL No.

31070552

GRADE

Sgt

ORGANIZATION

82 Bomb Sq.
12 Bomb Gp

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Near shillong, Assam
India

CAUSE OF DEATH

Explosion and disintegration
of Plane in mid air.

DATE OF DEATH

7 May 1944 *clw*

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Agnes Mahan (Mother) 730 Lawrence St, Lowell, Massachusetts.

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or 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 (1)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U. S. Military Cemetery, Kalaikunda, India

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 Feb 1946	1300	blanket	Reg. V type	7	T	1951

WAS THIS A REBURIAL?
(Yes or no)

yes

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

British Mil. Cem., Sylhet, India

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH
BODY (Yes or no)IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

yes

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

Pierce, William G.

RANK

T/Sgt

SERIAL No.

1703116

ORGANIZATION

7th Bomb
Gp

GRAVE No.

1952

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

None (pathway)

SIGNATURE OF PERSON PREPARING REPORT

Pfc Robert L. Sterner

SIGNATURE OF GRS OFFICER VERIFYING REPORT

William S. Smith Jr., 2nd 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.

Section 5 UNIDENTIFIED REMAINS.


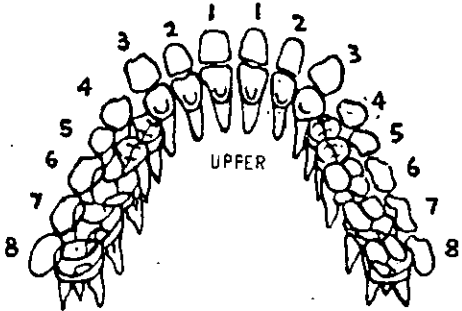




INSTRUCTIONS:

(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.

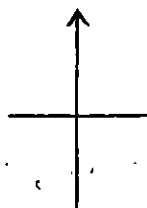
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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