

Interred 23 February 1949 **DISINTERMENT DIRECTIVE**
E 152 *Alverson* - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **UNKNOWN X - 000018**
DIRECTIVE NUMBER: **4996 00000**
DATE: **15 12 47**
DAY MONTH YEAR

NAME: **UNKNOWN X - 000018** SERIAL NUMBER: **0** RANK: **0** ARM: **0** DATE OF DEATH: **0492 64**
DAY MONTH YEAR CODE DIST. PT.

CEMETERY: **KALAIKUNDA** DISPOSITION OF REMAINS: **6**

PLOT: **3** ROW: **I** GRAVE: **857** COUNTRY: **INDIA** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)**
NAME AND ADDRESS OF NEXT OF KIN: **(Empty)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-18** SERIAL NUMBER: **Unknown** RANK: **Unk** DATE OF DEATH: **Unknown** DATE DISINTERRED: **14 Oct 1947**
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **RICHARD A. WARREN, 1 Lt. Ord.**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Temporary casket** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **Disinterment Record and Mortuary plates**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **15 October 1947** BY: **WILLIAM A. MC NANAMY (Embalmer)**
CASKET SEALED BY: **J. N. ROBINSON** EMBALMER (Signature): *J. N. Robinson*

CASKET BOXED AND MARKED: **J. N. ROBINSON** SHIPPING ADDRESS VERIFIED BY: **A. J. ROBERTSON**

DATE: **12 Jan 49** BY: **J. N. ROBINSON** SIGNATURE OF GRS INSPECTOR: *A. J. Robertson*
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

1. Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
J.S.M. "Inspected for identification only per paragraph 2, 1st Ind, OQMG, file QMGMO 293 (Pacific), dated 5 May 1948."

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN D. C	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> JOHN L. MURPHY Capt... QMC (Q1585944)	DATE 19 JAN	SIGNATURE OF RECEIVER <i>James B. Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE JAN 19 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (CONVEYANCE INSTRUMENT ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ALAN M. ...</i> ALAN M. ... HONOLULU NATIONAL CEMETERY	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

QMGT 293
GRS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OQMG, Washington 25, D. C. 19 January 1949

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

1. Reference is made to basic communication and inclosures withdrawn.

2. Subject cases have been reviewed and this office concurs in the classification of the following unknowns as Unidentifiable: Unknowns X-15, X-18, and X-49, formerly Kalaikunda, India; Unknowns X-326, X-350A, X-350B, X-351A, X-351B, X-352A, X-352B, X-869 and X-877, formerly Shanghai, China.

FOR THE QUARTERMASTER GENERAL:

12 Incls w/d

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

Jan 5 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith QMC Forms 1044 for twelve unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGIU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

12 Incls

HORACE MANN

- | | |
|--|-------------------------------|
| 1. QMC Form 1044-1044a-1044b-
Bone List-X-15-Kalaikunda | Captain, QMC
Chief, RR Div |
| 2. QMC Form 1044-1044a-1044b-
Bone List-X-18-Kalaikunda | |
| 3. QMC Form 1044-1044a-1044b-
Bone List-X-49-Kalaikunda | |
| 4. QMC Form 1044-1044a-1044b-Bone List-
X-326-Shanghai | |
| 5. QMC Form 1044-1044b-Bone List-X-350
"A"-Shanghai | |
| 6. QMC Form 1044-1044a-1044b-Bone List-
X-350 "B"-Shanghai | |
| 7. QMC Form 1044-1044a-1044b-Bone List-
X-351 "A"-Shanghai | |
| 8. QMC Form 1044-1044b-Bone List-X-351
"B"-Shanghai | |
| 9. QMC Form 1044-1044b-Bone List-X-352
"A"-Shanghai | |
| 10. QMC Form 1044-1044a-1044b-Bone List-
X-352 "B"-Shanghai | |
| 11. QMC Form 1044-1044a-1044b-Bone List-
X-869-Shanghai | |
| 12. QMC Form 1044-1044a-1044b-Bone List-
X-877-Shanghai | |

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-18 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of U. S. Military Cemetery Kalaikunda, India	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	3	I	707	DISINTERMENT	REINTERMENT
				857	22 Apr '48 26 Apr '48

PHYSICAL DESCRIPTION				Aged: 24 - 26 years.	
8. ESTIMATED WEIGHT 145 to 155 lbs.	9. ESTIMATED HEIGHT 174 - 68.50 - 5' 8 1/2"	10. COLOR OF HAIR UTD		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) duplicate I.D. tag reading: "Unknown X-18".
 One (1) embossed plate reading: "Unknown X-18, 3-1-857, Kalaikunda, India."

13. GIVE DESCRIPTION OF	TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES				
None.	U N I D E N T I F I A B L E				
	BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA				
	CLARENCE B. WATTS Capt. OMC 0358911	<i>Clarence B. Watts</i>	<i>4 Jan 1949</i>		

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Fractures of innominate, lower extremities and ribs.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Six (6) segmented sacrum, 1st coccygeal attached.

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 2'

9/19/48

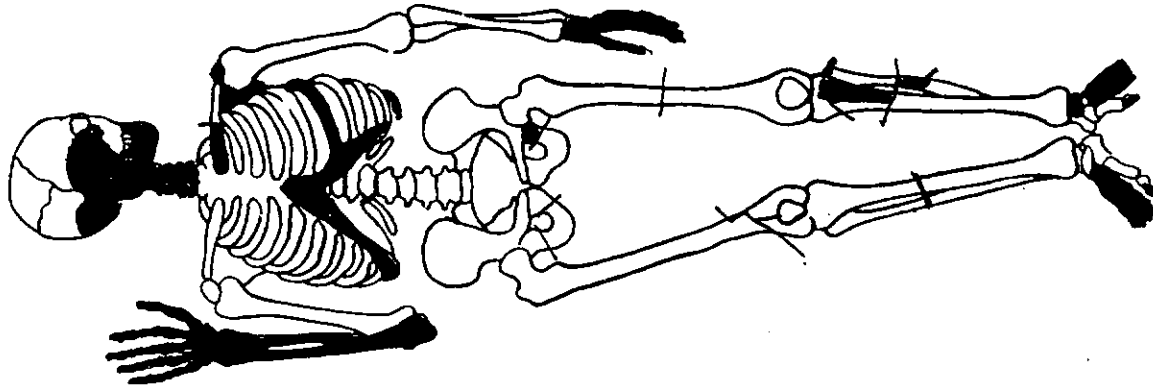
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: <p style="text-align: center;">X-18</p>			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN); THUS: <p style="text-align: center;">KALAIKUNDA, INDIA</p>			
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	
SECTION OF MAXILLA AND TEETH MISSING						S	⊙		⊙				A	A	A	
						MF	⊙		⊙				O	O	O	
Side Views									Side Views							
Top Views									Top Views							
Side Views									Side Views							
MANDIBLE AND TEETH MISSING																
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."

1. Looks like a cavity preparation on R-1.
2. It may be a cavity preparation on L-2.

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 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

One (1) extra left radii.

(See attached narrative.)

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor.

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young individual, a little taller than average, slender and of minimum muscularity and approximately 24 to 26 years of age.

The skull is average in circumference, long narrow oval shape and type. The vault is high. The forehead is average in height and quite narrow. The backhead is prominent, showing little more than the average occipital protuberance. The absence of facial parts eliminates description of facial characteristics. The portion of the maxillae present show a deep palate.

The above mentioned skeletal part (item 20) has been removed and is now classified as Unknown X,-733 and catalogued as such.

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

SIGNATURE

O. W. GREENWOOD, CAPT., QMC

CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLLUM, 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	53.0	Fractured, basilar parts missing, facial parts missing except larger portion of maxillae.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.2	Fractured pubis.
	LEFT	1		Fractured pubis, part missing.
RIBS		22		Two missing, # 7 and # 12.
STERNUM		1		
CLAVICLES	RIGHT	1	15.6	
	LEFT	1		Fractured midshaft, sternal end missing.
SCAPULAE	RIGHT	1		
	LEFT	0		Missing.
HUMERI	RIGHT	1	34.0	
	LEFT	1	34.3	
RADII	RIGHT	0		Missing.
	LEFT	1	25.6	
ULNAE	RIGHT	0		Missing.
	LEFT	1	(27.1)	
HANDS	RIGHT	0		Missing.
	LEFT	0		Missing.
FEMORA	RIGHT	1	(47.0)	Fractured lower 1/2 & condyles.
	LEFT	1		Fractured midshaft.
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	38.7	Fractured midshaft.
	LEFT	1		Fractured upper 1/4, part missing (frontal)
FIBULAE	RIGHT	1	38.4	
	LEFT	1		Fractured midshaft, part missing.
FEET	RIGHT	1		All missing except calcaneus, talus # 1, metatarsal.
	LEFT	1		All missing except calcaneus, & #1 metatarsal.

HUMERO-CLAVICULAR RATIO	45.7	APPROXIMATE
ESTIMATED HEIGHT	5' 8 $\frac{1}{2}$ "	AGE 24-26 YEARS
ESTIMATED WEIGHT	145-155	LEG-HIP BR RATIO 55.8

ENCLOSURE TO: X-18 KALAIKUNDA, INDIA Paul L. Gravenor, *Paul L. Gravenor*
Lab Supervisor. ANTHROPOLOGIST

NARRATIVE

The following cases, Kalaikunda, India, X-15, X-16, X-17 and X-18 were processed simultaneously. According to case records, these "Unknowns" all died in the same plane crash. Association of extra parts with remains has been determined by articulation, morphology, color, general structure and length. Listed below are changes:

- (1) Lower 1/2 of right radius from "X-16" associated with and placed with "X-17".
- (2) Extra left innominate from "X-16" associated with and placed with "X-15".
- (3) Mandible. (1/2 right) from "X-15" associated with mandible 1/2 (left) from "X-16". Completely associated mandible with and placed with "X-17".
- (4) Lower 1/2 of left femur from "X-16" associated with and placed with upper left femur of "X-18".
- (5) Sacrum from "X-17" associated with and placed with innominates of "X-16".

C.I.L. "Unknown X-733", removed from casket of "Unknown X-18", Kalaikunda, India, Plot-3, Row-1, Grave-857, U. S. Army Mausoleum # 2, Box 707. One (1) extra left radius that cannot be associated with "X-15", X-16", "X-17" or "X-18".

RESTRICTED

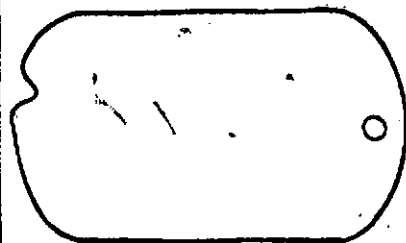
REINTERMENT

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
20 Dec. 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

Unknown X-18 (formerly X-9 of Panitola)

Serial No.

-

Grade

Organization

Branch of Service

Race

Religion

If other than U.S. dead, give name of country

Place of death

97°40'E - 23°50'N

Cause of death

Plane crash

Date of death

Unknown

Emergency addressee (Name, relationship, and address)

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)

See Section #3, Reverse.

Were substitute tags provided?
(Yes or no)

Yes

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.
19 Dec. 1945	1600	Blanket	Cross	3	I	857

Was this a reburial?
(Yes or no)

Yes

If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.

U.S. Mil. Cem., Panitola, Assam, India

Plot No.	Row No.	Grave No.
-	A	13

Type of religious ceremony

Mil. Prot.

Person conducting burial rites

Chap. Rush, Capt.

If identification tags not used, describe identification data and containers buried with body

Form 1042 in bottle in casket

Identification tag buried with body (Yes or no)

Yes

Identification tag attached to marker (Yes or no)

Yes

Body buried on deceased left, name (Last, first, middle initial)

Ambrose, Richard D.

Rank

Pfc

Serial No.

39181391

Organization

1333 AAF
Base Unit

Grave No.

858

Body buried on deceased right, name (Last, first, middle initial)

Price, Bob L.

Rank

T/3

Serial No.

39929725

Organization

716 Ord.
AmmRenCo

Grave No.

856

Signature of person preparing report

T/3 R.E. Berry

Signature of GRS Officer verifying report

Bill D. Reeve, 1st Lt., Sig C

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.

RESTRICTED

Incl # 275-

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.


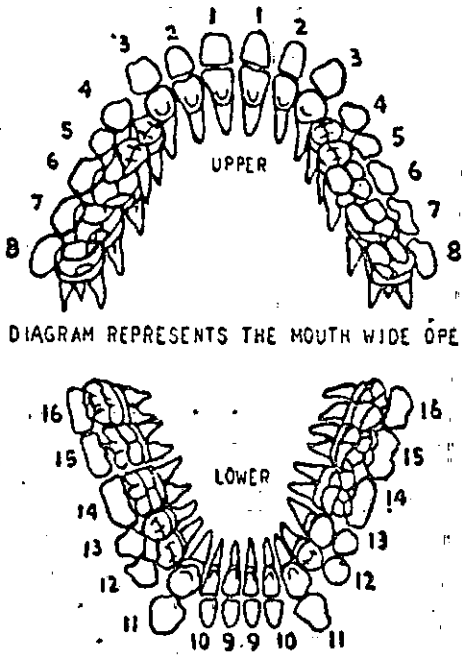




INSTRUCTIONS:

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

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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
Weapon and serial no.		Laundry marks		Where body was buried or found

Other identification clues

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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 UNKNOWN X-18 (Formerly Unknown X-9 of Panitola) The Human remains consist of separate bones some of which have adherent decomposed soft tissue remnants. Among the bones present the following were recognized;

- Incomplete skull--only cranium and portion of skull base present--maxilla and mandible absent including teeth
- Incomplete vertebral column and some thoracic ribs
- Left scapula and clavicle; right scapula

REMARKS: Upper half right humerus; complete pelvis
Complete right and left femora
Complete right femur
Upper half of right tibia and fibula (undoubtedly from another individual)

RESTRICTED

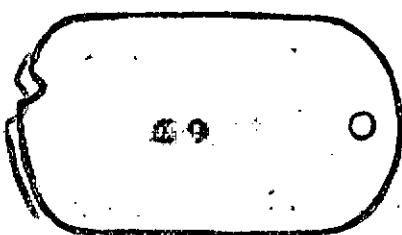
QMC Form 1042
Rev. 1 February 1945
Supersedes form dated
8 Jan, 1945. Existing stocks
may be used until exhausted.

REPORT OF INTERMENT

(TM 10-630 and AR 30-1815)

Date Report Filled out

8 August 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-9		
	RANK		SERIAL NUMBER		COUNTRY	
	ORGANIZATION			BRANCH		
	RACE		RELIGION		DATE OF DEATH	

PLACE OF DEATH 97° 40' E. - 23° 50' N.	CAUSE OF DEATH Airplane crash (Numbers not obtainable)
---	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE 1 in casket - 1 on grave marker	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN
See report of Examination and Identification of human remains for Unknown X-9

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
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Name, Number and Location of Cemetery
American Military Cemetery, Panitola, Assam, India

Date of Burial 8 August 1945	Hour 1500	Plot No.	Row No. A	Grave No. 13	Grave Marker Christian Cross
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Type of Religious Ceremony Military Service (Protestant)	Person Reporting Burial W. M. DeLOACH, 1st Lt., QMC
---	--

Identification Tags Buried with Body <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attached to Marker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Identification Tags not present, what other identification data buried with body and in what kind of containers.
One copy of WD QMC Form 1042 sealed in bottle and placed in casket.

(BODIES BURIED EITHER SIDE See Paragraph 2 on Reverse)

Body on Left, Name (Last, First, Middle Initial) Open grave	Rank	Serial No.	Organization	Grave No. 12
Body on Right, Name (Last, First, Middle Initial) Open grave	Rank	Serial No.	Organization	Grave No. 14

Person Conducting Burial Rites Chaplain Rush (Captain)	Verified by G. R. S. Officer W. M. DeLOACH, 1st Lt., QMC Graves Registration Officer
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IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Instructions for Filling out Burial Report: Prepare in quadruplicate for U. S. dead, one additional copy for Allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against casualty reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer.

OVER FOR BURIAL INSTRUCTIONS

RESTRICTED

2 = 13

INSTRUCTIONS FOR BURIAL


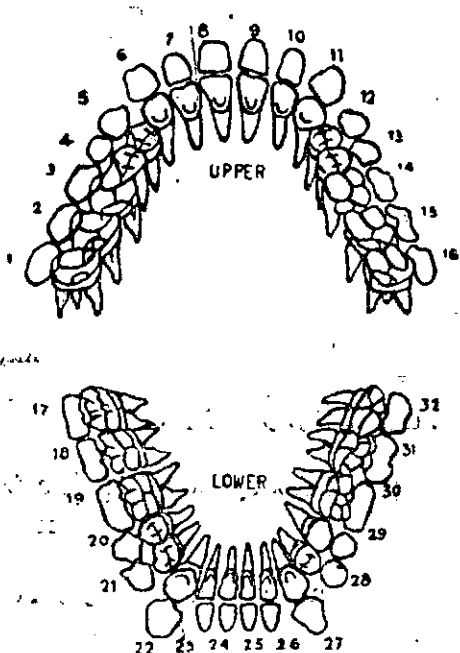

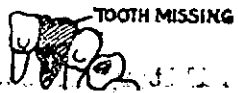


1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 520. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE. IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION; EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

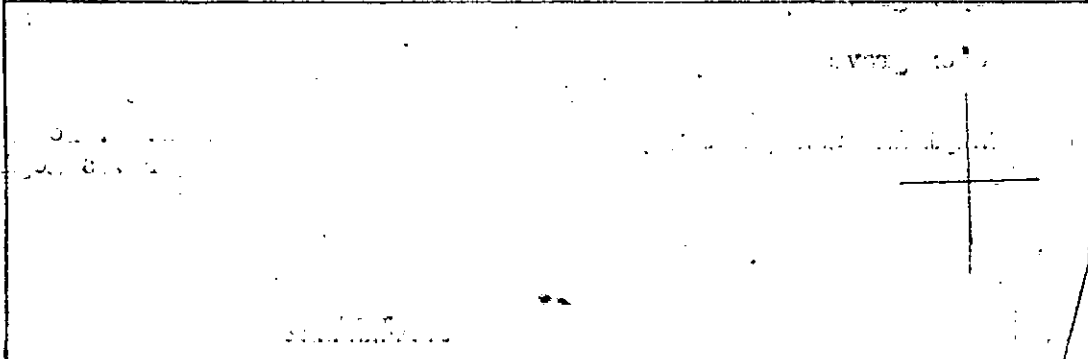
THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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>	

SKETCH AND MAP REFERENCE

WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1	Left Little Finger
2	Left Ring Finger
3	Left Middle Finger
4	Left Index Finger
5	Left Thumb
6	Right Thumb
7	Right Index Finger
8	Right Middle Finger
9	Right Ring Finger
10	Right Little Finger



HEADQUARTERS
NINTH MEDICAL LABORATORY
APO 629

8 August 1945.

SUBJECT: Examination and Identification of Human Remains

TO : The Graves Registration Officer, 105th QM Graves
Registration Platoon, Hq Int Gen Depot, APO 629

1. Following is the report of the examination and attempts to identify in this laboratory human remains labelled X-9, received 7 August 1945.


X-9 (our A-258) The human remains consist of separate bones some of which have adherent decomposed soft tissue remnants. Among the bones present the following were recognized:

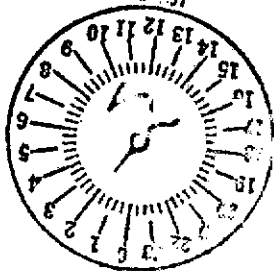
Incomplete skull--only cranium and portion of skull base present--maxilla and mandible absent including teeth.
Incomplete vertebral column and some thoracic ribs.
Left scapula and clavicle
Right scapula
Upper half right humerus
Complete pelvis
Complete right and left femora
Complete right femur
Upper half of right tibia and fibula (undoubtedly from another individual)

Identification of the body remnants at this laboratory is not possible.

For the Commanding Officer:

H. J. SUMMERS
Captain, MC





1945
AUG
12

RECEIVED
HEATHEN CM 1ST