

OF THE PACIFIC



Interred 3 February 1949  
C 780

DISINTERMENT DIRECTIVE

- Cemetery Superintendent

*Alvan C. Baker*

SECTION A - ALVAN C. BAKER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
4996 00000

DATE  
15 12 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000039

RANK  
0

ARM  
Q  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
KALAIKUNDA

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
1 H 704 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X-39 Not Ind Not Ind 4 Mar 45 13 Oct 47  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN Not Ind RICHARD A WARREN, 1st Lt ORD  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Temporary Casket Skeletal

OTHER MEANS OF IDENTIFICATION  
Disinterment Records and Grave Marker

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 12 Jan 49 BY J P SIMONI, EMBALMER

CASKET SEALED BY  
J P SIMONI

EMBALMER (Signature)  
*Joseph P. Simoni*  
J P SIMONI

CASKET BOXED AND MARKED  
DATE 12 Jan 49 BY J P SIMONI

SHIPPING ADDRESS VERIFIED BY  
C J SURINE, CWO, USA

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

9 MAY 1949  
C J SURINE CWO USA  
SIGNED: C.J.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report @MC Form 1194a for major discrepancies.

*2070*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|   |                            |  |                            |
|---|----------------------------|--|----------------------------|
| FROM<br><b>U. S. ARMY MAUSOLEUM NO. 3</b>   |                            | TO<br><b>CHIEF HAWN D. C</b>   |                            |
| KIND OF CONVEYANCE  |                            | NAME OF CONVOYER   |                            |
| SIGNATURE OF SHIPPER<br><i>John L. Murrett</i><br><b>JOHN L. MURRETT</b><br>Capt., QMC 01585944 | DATE<br><b>19 JAN 1949</b> | SIGNATURE OF RECEIVER<br><i>James B Harris</i><br><b>JAMES B HARRIS</b><br>CAPTAIN Q M C | DATE<br><b>JAN 19 1949</b> |

## 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<br><b>(CONVEYANCE INSTITUTE ORDER)</b>   |      | TO                    |      |
| KIND OF CONVEYANCE  |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER<br><b>ARMY OF HAWAII</b><br><b>HONOOLULU NATIONAL CEMETERY</b> | 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 |

AIR MAIL

QMGMT 293

1st Ind.

GRS Pacific

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OQMG, Washington 25, D. C., 23 March 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 Unknowns X-16, X-38, X-39, X-40, X-57, X-72, X-73, X-81 formerly USMC Kalaikunda, India; X-51, X-88, X-160, X-161, X-170, X-273, X-274, X-336-A, X-336-B, X-356, formerly USMC Shanghai, China; X-870, X-871, X-879, formerly Rmeains Depot Shanghai, China; X-229, X-234, X-241, X-284, X-286, X-311, X-325, ANMC Guadalcanal, as unidentifiable.

3. Your attention is invited to the fact that Forms 1044 for Unknown X-51, Kalaikunda, India is listed as inclosure number 5, however, Form 1044 for Unknown X-51, Shanghai, China is inclosed. Unknown X-51, Kalaikunda, India was declared unidentifiable and your Office was advised under letter dated 7 December 1948.

FOR THE QUARTERMASTER GENERAL:

28 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 3 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 twenty eight unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 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:

28 Incls

1. QMC Form 1044-1044a-1044b-  
Bone List X-16-Kalaikunda
2. QMC Form 1044-1044b-Bone  
List X-38-Kalaikunda
3. QMC Form 1044-1044b-Bone List-  
X-39-Kalaikunda
4. QMC Form 1044-1044b-Bone List-  
X-40-Kalaikunda
5. QMC Form 1044-1044b-Bone List-  
X-51-Kalaikunda
6. QMC Form 1044-1044a-1044b-Bone  
List X-57-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone  
List X-72-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone  
List X-73-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone  
List X-81-Kalaikunda

/t/s/ HORACE MANN  
Captain, QMC  
Chief, RR Div

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

28 Incls

10. QMC Form 1044-1044b-Bone List-X-88 Shanghai
11. QMC Form 1044-1044b-X-160 Shanghai
12. QMC Form 1044-1044b-X-161 Shanghai
13. QMC Form 1044-1044a-1044b-Bone List-X-170-Shanghai
14. QMC Form 1044-1044a-1044b-Bone List-X-273-Shanghai
15. QMC Form 1044-1044a-1044b-Bone List-X-274-Shanghai
16. QMC Form 1044-1044b-Bone List X-336 "A"-Shanghai
17. QMC Form 1044-1044-b Bone List X-336 "B"-Shanghai
18. QMC Form 1044-1044a-1044b-Bone List-X-356-Shanghai
19. QMC Form 1044-1044a-1044b-Bone List-X-870-Shanghai
20. QMC Form 1044-1044a-1044b-Bone List-X-871-Shanghai
21. QMC Form 1044-1044a-1044b-X-879 Shanghai
22. QMC Form 1044-1044a-1044a (for CIL 571) 1044b-Bone ListX-229-Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List-X-234-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List-X-241-Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List-X-284-Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List-X-286-Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List-X-311-Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List-X-325-Guadalcanal (Lockett, George R.)

**IDENTIFICATION DATA**

|  |  |                     |                    |   |   |                                  |
|--|--|---------------------|--------------------|---|---|----------------------------------|
| 1. REMAINS OF UNKNOWN<br><b>X-39 KALAİKUNDA, INDIA</b>                                       |  |                     |                    | 2. DATE OF REPORT<br><b>19 March 1948</b> |   |                                  |
| 3. NAME OF CEMETERY<br><b>U. S. Army Mausoleum # 2<br/>Formerly of<br/>Kalaikunda, India</b> |  | 4. PLOT<br><b>1</b> | 5. ROW<br><b>H</b> | 6. GRAVE<br><b>179<br/>704</b>            | 7. DATE OF<br>DISINTERMENT<br><b>18 Mar '48</b> | REINTERMENT<br><b>19 Mar '48</b> |

|   |                                   |                                 |                                    |
|---|-----------------------------------|---------------------------------|------------------------------------|
| PHYSICAL DESCRIPTION<br><b>Age: 25-27</b> |                                   |                                 |                                    |
| 8. ESTIMATED WEIGHT<br><b>UTD</b>         | 9. ESTIMATED HEIGHT<br><b>UTD</b> | 10. COLOR OF HAIR<br><b>UTD</b> | 11. RACE<br><b>Probably White.</b> |

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) duplicate I.D. tag: Unknown X-39.**

|  |   |  |
|--|---|--|
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES<br><br><b>None.</b> | <b>U N I D E N T I F I A B L E</b>                      |  |
|  | <b>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b> |  |
|  | <b>CLARENCE B. WATTS<br/>Capt. OMC 0358911</b>          | <b><i>Clarence B. Watts</i></b> <b>31 Dec 1947</b> |

|   |  |
|---|--|
| 14. WAS BODY BURNED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT?<br><b>Few bones charred.</b> |
|---|--|

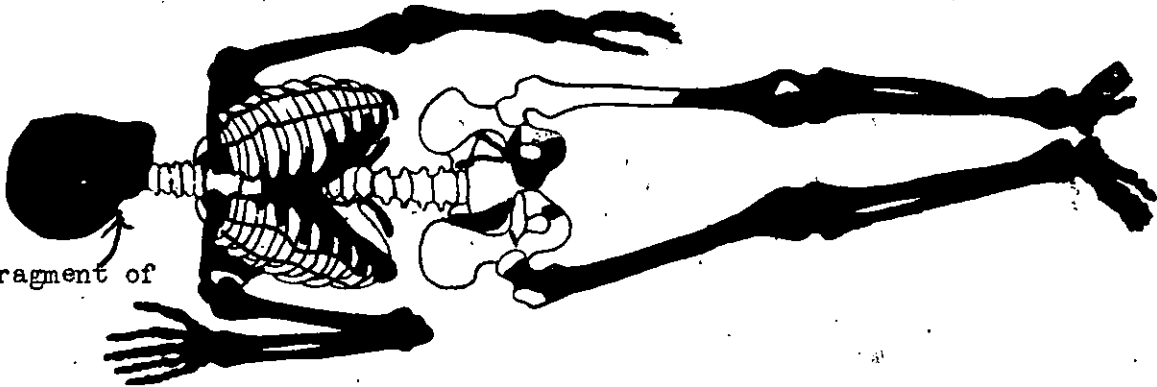
|  |   |
|--|---|
| 15. WAS BODY MANGLED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT?<br><b>Most bones fractured.</b> |
|--|---|

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.**

*Quill 2*

19. BLACK OUT PARTS OF BODY NOT RECORDED



Small fragment of base.

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

This remains is possibly a female in her late twenties, of average build and appears to have had broad hips.

Due to the fragmentary conditions of this remains; no further information can be afforded.

No teeth present. Fluoroscopic examination unnecessary.

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

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957**

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

| NAME        | SIDE     | NO | BONE LENGTHS<br>IN CM | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |                                      |
|-------------|----------|----|-----------------------|---|--------------------------------------|
| SKULL       |          | 1  |                       | Small portion of a skull base articulating facet.             |                                      |
| VERTEBRAE   | CERVICAL | 7  |                       |   |                                      |
|             | THORACIC | 12 |                       |   |                                      |
|             | LUMBAR   | 5  |                       |   |                                      |
| SACRUM      |          | 1  |                       | Multiple fractures.   |                                      |
| INNOMINATES | RIGHT    | 1  | BI-ILIAC DIAM         | Pubis missing.  |                                      |
|             | LEFT     | 1  |                       | Pubis fractured.  |                                      |
| RIBS        |          | 20 |                       | Multiple fractured.   |                                      |
| STERNUM     |          | 1  |                       | Fragments.  |                                      |
| CLAVICLES   | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| SCAPULAE    | RIGHT    | 1  |                       | Fragment of glenoid fossa.                                    |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| HUMERI      | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| RADII       | RIGHT    | 0  | NO MEASURABLE BONES.  | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| ULNAE       | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| HANDS       | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| FEMORA      | RIGHT    | 1  |                       |   | Portion of great trochanter present. |
|             | LEFT     | 1  |                       |   | Proximal 2/3 present.                |
| PATELLAE    | RIGHT    | 0  |                       |   | Missing.                             |
|             | LEFT     | 1  |                       |   | Fractured.                           |
| TIBIAE      | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| FIBULAE     | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |
| FEET        | RIGHT    | 0  |                       | Missing.  |                                      |
|             | LEFT     | 0  |                       | Missing.  |                                      |

|                         |     |                  |       |
|-------------------------|-----|------------------|-------|
| NUMERO-CLAVICULAR RATIO |     | APPROXIMATE      |       |
| ESTIMATED HEIGHT        | AGE | 25-27            | YEARS |
| ESTIMATED WEIGHT        |     | LEG-HIP BR RATIO |       |

ENCLOSURE TO: X-39 KALAIKUNDA, INDIA

Paul L. Gravenor,  
Lab Supervisor.

*Paul L. Gravenor*  
ANTHROPOLOGIST



NARRATIVE

The remains of Amsler, Walter S. Jr., 1st Lt., O-720065, Kalaikunda, India, 1-1-823, Box 223, was sent in as a Major Discrepancy with a left femur, distal head, and articulated tibia, fibula and left foot bones extra. It was found these were female bones and therefore; the remains of the following were checked in an attempt to clarify the discrepancy.

| <u>NAME</u>            | <u>BOX</u> | <u>CEMETERY</u>   | <u>PLOT</u> | <u>ROW</u> | <u>GRAVE</u> |
|------------------------|------------|-------------------|-------------|------------|--------------|
| Unknown X-38           | 441        | Kalaikunda, India | 2           | H          | 741          |
| Unknown X-39           | 179        | Kalaikunda, India | 1           | H          | 704          |
| Unknown X-40           | 193        | Kalaikunda, India | 1           | H          | 718          |
| Thomey, Leona A.       | 689        | Kalaikunda, India | 3           | H          | 764          |
| Larkin, Catherine M.   | 189        | Kalaikunda, India | 1           | H          | 714          |
| Glisson, Lyndell A.    | 444        | Kalaikunda, India | 2           | H          | 744          |
| McCarthy, Kathryn L.   | 220        | Kalaikunda, India | 1           | 1          | 820          |
| Camper, Margie A.      | 928        | Kalaikunda, India | 4           | H          | 778          |
| Loucks, Charles W.     | 216        | Kalaikunda, India | 1           | 1          | 816          |
| Masters, Grady A.      | 930        | Kalaikunda, India | 4           | H          | 780          |
| Scott, Jack P.         | 217        | Kalaikunda, India | 1           | 1          | 817          |
| Tibbetts, Robert W.    | 687        | Kalaikunda, India | 3           | 11         | 762          |
| Onken, Mayo C.         | 215        | Kalaikunda, India | 1           | 1          | 815          |
| Moore, Edward R.       | 435        | Kalaikunda, India | 2           | H          | 735          |
| Burton, Evelyn M.      | 989        | Kalaikunda, India | 4           | J          | 989          |
| Gerdrum, Evelyn M.     | FINAL TYPE | Kalaikunda, India |             |            |              |
| Harris, Ethel L.       | FINAL TYPE | Kalaikunda, India |             |            |              |
| Henley, Helen J.       | FINAL TYPE | Kalaikunda, India |             |            |              |
| Merrill, Ann L.        | FINAL TYPE | Kalaikunda, India |             |            |              |
| Monahan, Genevieve     | FINAL TYPE | Kalaikunda, India |             |            |              |
| Lloyd, Kathryn L.      | FINAL TYPE | Kalaikunda, India |             |            |              |
| Blevins, Jane M.       | FINAL TYPE | Kalaikunda, India |             |            |              |
| Schmolke, Cecilia A.   | FINAL TYPE | Kalaikunda, India |             |            |              |
| Lukaszczyk, John J.    | FINAL TYPE | Kalaikunda, India |             |            |              |
| Mandowkos, Nicholas J. | FINAL TYPE | Kalaikunda, India |             |            |              |
| Barnes, Julia J.       | FINAL TYPE | Kalaikunda, India |             |            |              |
| Blalock, Lester F.     | FINAL TYPE | Kalaikunda, India |             |            |              |
| Hammock, Henry D. Jr.  | FINAL TYPE | Kalaikunda, India |             |            |              |

It was found the extra parts articulated and matched the remains of Unknown X-40, Kalaikunda, 1-H-718.

The remains of Amsler was completely processed simultaneously with the remains of Unknown X-38; X-39 and X-40.

It was found all of the Unknowns were evidently female.

Due to fragmentary condition of the remains of the Unknowns very little can be said except that the remains of Unknown X-39, Kalaikunda, 1-H-704, Box 179 appears to have been the largest and in her late twenties; Unknown X-38, Kalaikunda, 2-H-741, Box 441, was the next larger and in her thirties, while Unknown

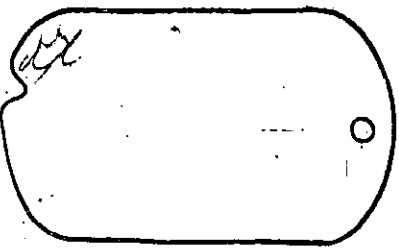
X-40, Kalaikunda, 1-H-718, Box 193 was the youngest and in her middle twenties and the taller of the three.

All remains sent in were checked for discrepancies and none other than those already mentioned were found.

(2)

RESTRICTED

REINTERMENT

|   |   |  |  |   |                               |                  |  |
|---|---|--|--|---|-------------------------------|------------------|--|
| WD QMC Form 1642<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1)   |   | REPORT OF INTERMENT<br>(AR 30-1810 and AR 30-1815)   |  |   | Date of report<br>29 Dec 1945 |                  |  |
| Imprint Identification Tag If Possible.<br>DO NOT TYPE<br>  |   | <b>Section 1.—IDENTIFICATION.</b><br>Name (Last, first, middle initial) (See section 3 on reverse)<br>UNKNOWN X-39 (Formerly X-4 Ledo) |  |   | Serial No.<br>Unknown         |                  |  |
| Grade<br>Unknown  |   | Organization<br>Unknown  |  | Branch of Service                             |                               |                  |  |
| Race  |   | Religion   |  | If other than U.S. dead, give name of country |                               |                  |  |
| Place of death<br>Ledo, Assam, India<br>Emergency addressee (Name, relationship, and address)<br>Unknown  |   | Cause of death<br>Plane crash  |  |   | Date of death<br>4 Mar 1945   |                  |  |
| Identification tags found on body (1, 2, or none)<br>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)<br>Yes   |   |  |  |   |                               |                  |  |
| List personal effects found on body and disposition of same   |   |  |  |   |                               |                  |  |
| <b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.   |   |  |  |   |                               |                  |  |
| Name, number, coordinates, and location of cemetery<br>U. S. Military Cemetery, Kalakkunda, India   |   |  |  |   |                               |                  |  |
| Date of burial<br>28 Dec 1945   | Hour<br>1600  | Buried in (Shroud, blanket, or name of other)<br>Blanket   | Type of grave marker<br>Cross  | Plot No.<br>I                                 | Row No.<br>H                  | Grave No.<br>704 |  |
| Was this a reburial? (Yes or no)<br>Yes   | If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.<br>U. S. Mil. Cem., Ledo, Assam, India |  |  | Plot No.<br>-                                 | Row No.<br>D                  | Grave No.<br>31  |  |
| Type of religious ceremony  | Person conducting burial rites  |  | If identification tags not used, describe identification data and containers buried with body<br>Bottle with GR Form No. 1 |   |                               |                  |  |
| Identification tag buried with body (Yes or no)<br>No   | Identification tag attached to marker (Yes or no)<br>Yes (X-39)   |  |  |   |                               |                  |  |
| Body buried on deceased left, name (Last, first, middle initial)<br>Jerry, George   |   | Rank<br>Pvt  | Serial No.<br>20127816   | Organization<br>5307th Comp Unit              | Grave No.<br>705              |                  |  |
| Body buried on deceased right, name (Last, first, middle initial)<br>Louis, George W.   |   | Rank<br>Pvt  | Serial No.<br>38229409   | Organization<br>3502nd Trk Co                 | Grave No.<br>703              |                  |  |
| Signature of person preparing report<br>Pfc Robert L. Sterner   |   |  | Signature of GRS Officer verifying report<br>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 Quarter-master General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. |   |  |  |   |                               |                  |  |

RESTRICTED

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**


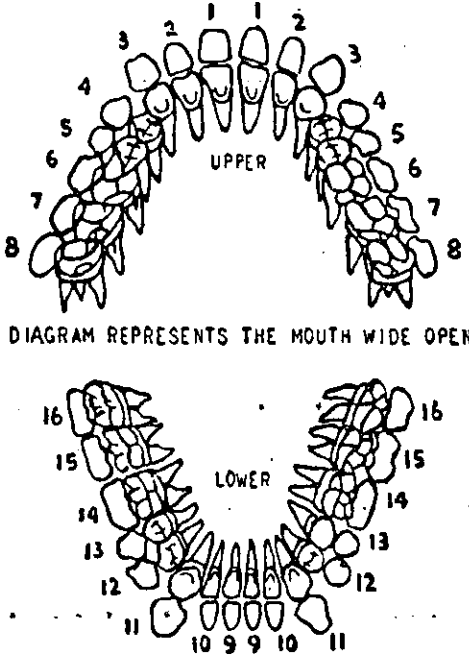




**INSTRUCTIONS:**

(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.

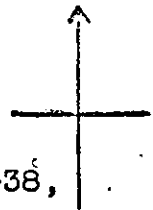
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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  
 Remains consisted of decapitated torso with pelvis and stump of leg. Female pelvic organs present. No identifying items.

|                      |   |   |
|----------------------|---|---|
| <b>FILLINGS</b>      |  <p>SILVER FILLING<br/>GOLD FILLING</p>  |  <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| <b>CAVITIES</b>      |  <p>CAVITY<br/>DECAYED</p>              |   |
| <b>MISSING TEETH</b> |  <p>TOOTH MISSING</p>                  |   |
| <b>CROWNED TEETH</b> |  <p>PORCELAIN CROWN<br/>GOLD CROWN</p> |   |
| <b>BRIDGE WORK</b>   |  <p>GOLD BRIDGE</p>                    |   |
|                      |   |   |

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



Included in this accident were Unknown X-38, Unknown X-39 and Unknown X-40 (Formerly

Unknown X-3, Unknown X-4 and Unknown X-5 respectively of Ledo) Known to have been on the plane was 2nd Lt Rita F. Erard - N-789913, 172nd General Hospital, but none of the above unknowns could be identified as Rita F. Erard.

RESTRICTED

rec'd 2 Apr 45

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

REPORT OF INTERMENT

TM 10- 630 AND AR 30-1815

UNKNOWN X-4

|                         |            |                        |             |               |   |                                 |
|-------------------------|------------|------------------------|-------------|---------------|---|---------------------------------|
| Last name               |            | First                  | Initial     | Serial number | Rank  | Organization                    |
| Ledo, Assam, India      |            |                        |             | 4 Mar 45      |   | Airplane Crash                  |
| 1000 hrs, 9 Mar 45      |            | U.S. Military Cemetery |             |               |   | Ledo, Assam, India              |
| Time and date of burial |            | Name of cemetery       |             |               |   | Name or coordinates of location |
| 31                      | D          |                        | D-31        |               | Wooden Cross                                |                                 |
| Grave number            | Row number |                        | Plot number |               | Type of marker—Regulation V-shaped or other |                                 |

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

Bottle with GR Form No. 1

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

Remains consisted of decapitated torsowith pelvis and stump of leg.  
Female pelvic organs present. No. identifying items.

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

|                |       |                  |               |        |               |              |
|----------------|-------|------------------|---------------|--------|---------------|--------------|
| Body buried on | RIGHT | Henry D. Hammack | 0-695904      | 1st Lt | 11thComCar Sq | D-32         |
|                |       | Name             | Serial number | Rank   | Organization  | Grave number |
| Body buried on | LEFT  | Edward R. Moore  | 0-680577      | Capt   | 11thComCar Sq | D-30         |
|                |       | Name             | Serial number | Rank   | Organization  | Grave number |

Name and address of EMERGENCY ADDRESSEE

Name and address of LEGAL NEXT OF KIN

List only personal effects FOUND ON BODY and disposition of same :

RESTRICTED

19 MAR 1945

4

3

2

1

RIGHT HAND

THUMB

### IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 79; 3/19/43) If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able :

|                 |                           |
|-----------------|---------------------------|
| Height :        | Apparent nationality :    |
| Weight :        | Laundry marks :           |
| Color of eyes : | Number of rifle :         |
| Color of hair : | Wear glasses ?            |
| Race :          | Is tooth chart attached ? |

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Signature of officer or other person reporting burial

*John H. Crabbe*

JOHN H. CRABBE

Verified by \_\_\_\_\_ 1st \_\_\_\_\_, C. M. C.

Gr. Regis. Officer.

Boro Press-11225

LEFT HAND

4  
3  
2  
1

THUMB