

DISINTERMENT DIRECTIVE

Interred 23 February 1949
E 81

- Cemetery Superintendent

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

DIRECTIVE NUMBER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME: UNKNOWN X-000054 SERIAL NUMBER: UNKNOWN X-000054 RANK: ARM: 8 DATE OF DEATH:

CEMETERY: KALAIKUNDA DISPOSITION OF REMAINS: 0 0492 64
CODE DIST. PT.

PLOT: 7 ROW: 0 GRAVE: 1471 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-54 SERIAL NUMBER: Unknown RANK: Unk DATE OF DEATH: Unknown DATE DISTINTERRED: 21 Oct 47

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: Unknown IDENTIFICATION VERIFIED BY: A. J. ROBERTSON, EMBALMER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Casket CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION
One (1) Substitute Identification tag and One (1) Mortuary plate

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 2 July 1948 BY: L. A. JONES (Embalmer)

CASKET SEALED BY
J. N. ROBINSON

EMBALMER (Signature)
J. N. Robinson
J. N. ROBINSON

CASKET BOXED AND MARKED
DATE: 12 Jan 49 BY: J. N. ROBINSON

SHIPPING ADDRESS VERIFIED BY
12 Jan 49
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.

A. J. ROBERTSON
SIGNATURE OF GRS INSPECTOR

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

J.S.M. Inspected for identification only per paragraph 2, 1st Ind, file QMG 293 (Pacific), dated 5 May 1948.

N.L.N

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 01585944	DATE 19 JAN 1940	SIGNATURE OF RECEIVER <i>James B. Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE 19 1940

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 (MILITARY ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER (MILITARY ORDER)	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

FILE UNDER NO. 293 Unk. India (X- 54) (Kalalkanda)

I N D E X S H E E T
S Y N O P S I S .

23 May 1947.

LETTER.

FROM: OQAG.

TO: Organization Records Br., Records Admin Center, AGO.
St. Louis, Mo.

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 Unk. India (Misc.) (Kalalkanda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India I-54 (Malakanda)

INDEX SHEET

~~SECRET~~

Lot No.

6 May 1947

FROM: OCMG
TO: CO, Amer. CES, India-Burma Zone, APO 465, c/o FM, New York

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Malakanda) (X-48 thru X-81)

rtb

QMGIT 293

1st Ind.

GRS Pacific

SUBJECT: Resolution of Unidentified Remains

Dept of the Army, OIG, Washington 25, D. C. 7 December 1948

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 all Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

7 Incls w/d

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

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Forms 1044 for seven (7) unknowns stamped and signed in accordance with ltr, DA QMG QMGMU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dtd 22 September 1948.

2. Detailed study of the files pertaining to these remains offer no clue as to individual or collective identity.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

7 Incls

1. QMC Form 1044-1044b-Bone List X-50
2. QMC Form 1044-1044a-1044b-Bone List-X-51
3. QMC Form 1044-1044a-1044b-X-54
4. QMC Form 1044-1044a-1044b-Bone List X-67
5. QMC Form 1044-1044b-Bone List-X-70
6. QMC Form 1044-1044b-Bone List-X-71
7. QMC Form 1044-1044a-1044b-Bone List-X-79

HARRIE E. HOKIE
Lt. Colonel, QMC
Deputy Chief

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-54) Kalaikunda, India				2. DATE OF REPORT 23 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India		4. PLOT 7	5. ROW P 0	6. GRAVE 55 1471	7. DATE OF DISINTERMENT 23 Apr 48	REINTERMENT 23 Apr 48

PHYSICAL DESCRIPTION Age 21 f						
8. ESTIMATED WEIGHT Approx. 100 to 110 lbs.		9. ESTIMATED HEIGHT 59.84 - 4'11 3/4"		10. COLOR OF HAIR U.T.D.		11. RACE U.T.D.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) duplicate I.D. tag reading: Unknown X-54.
 Stenciled on box reading: Unknown X-54 - 7-0-1471 - 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. GIC 0759911	Clarence B. Watts 15 Nov 1948

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Skull missing - innominates and right femur fractured.
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None.

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

None.

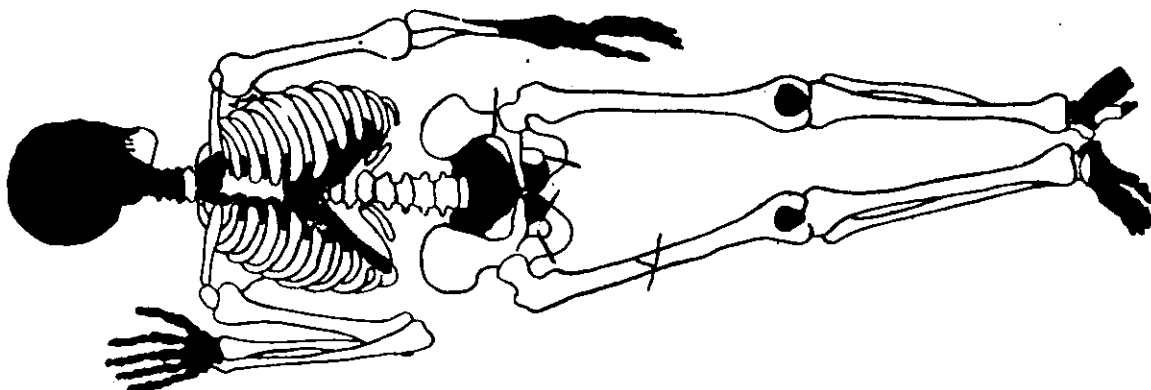
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: Unk. X-54</p>	<p>TOP VIEW <i>Tooth Missing</i> </p>	<p>SIDE VIEW </p>
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: KALAIKUNDA, INDIA</p>	<p><i>Gold Crown, Porcelain Crown</i> </p>	<p></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></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></p>
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i> </p>	<p></p>

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA AND TEETH MISSING															
Side Views															
Top Views															
Side Views															
<p>Much space ← → Chipped</p> <p>DRIFT ←</p>															
Section of Mandible AND Teeth Missing		14	13	12	11	10	9	9	10	11	12	See Rem. This section of Mandible AND Teeth Missing			
16	15											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."

Much space exists between R-11 and R-12. Either the left side has the same condition present or L-12 is extracted. Therefore, if L-12 is not extracted some tooth posterior to it is extracted because of the drifted bicuspids.

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

No extra parts.

/s/ Paul L. Gravenor
Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very short man of slender build over 21 years of age. The chin shows a bilateral eminence. Due to lack of skeletal parts, further comment cannot be made.

Fluoroscopic examination unnecessary. Teeth charted.

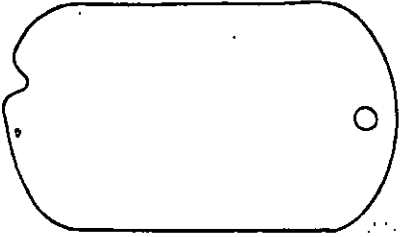
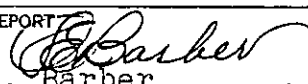
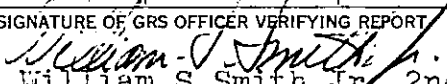
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

SIGNATURE

/s/ O. W. GREENWOOD
O. W. GREENWOOD
(a.l.)

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 28 Jan 1946
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (Formerly Unknown X-7. UNKNOWN X-54 of Myitkyina) SERIAL No. _____ GRADE _____ ORGANIZATION _____ BRANCH OF SERVICE _____ RACE _____ RELIGION _____ IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY _____	
PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH KIA	DATE OF DEATH _____
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)	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (X-54)		
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 25 Jan 1946	HOUR 1600	BURIED IN (Shroud; blanket, or name of other) Blanket
TYPE OF GRAVE MARKER Cross	PLOT No. 7	ROW No. 0
GRAVE No. 1471		
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., Myitkyina, Burma	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Bauer, William R.	RANK Pfc	SERIAL No. 32736015
ORGANIZATION 475 Inf	GRAVE No. 1472	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Norris, Everett L.	RANK Pvt	SERIAL No. 34525911
ORGANIZATION 5307 Co	GRAVE No. 1470	
SIGNATURE OF PERSON PREPARING REPORT  T/4 J. E. Barber	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.		

Doclo # 14

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


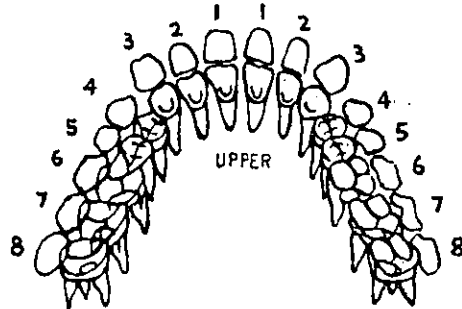




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

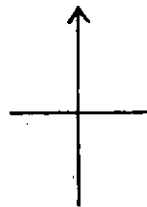
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:

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

INTERMENT

recd 17 Nov 44
X-7 Burma

157

<u>Unknown</u>	<u>X-7</u>				
(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<u>Myitkyina, Burma</u>					<u>KIA</u>
(Place of death)					(Cause of death)
<u>1500, 27 Oct 44</u>		<u>U.S. Military Cemetery</u>		<u>Myitkyina, Burma</u>	
(Time and date of burial)		(Name of cemetery)		(Name or coordinates of location)	

<u>124</u>	<u>C</u>	<u>I</u>	<u>Wooden Cross</u>
(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 mark Yes No

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

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

Body buried on <u>RIGHT William J. Spelman</u>	<u>31324501</u>	<u>Pvt</u>	<u>475th Inf</u>	<u>C-123</u>
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <u>LEFT George L. Bennett</u>	<u>35712353</u>	<u>PFC</u>	<u>475th Inf</u>	<u>C-125</u>
(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:

Incl # X-7

RESTRICTED

LEFT HAND

RIGHT HAND

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 : 2509
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.

JOHN H. CRABBE

1st. Lt. Q.M.G.

John H. Crabbe
.....
(Signature of officer or other person reporting burial)

4
3
2
1
THUMB

4
3
2
1
THUMB

RESTRICTED

REINTEGRATION

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

26 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-54		(Formerly Unknown X-7 of Myitkyina)	SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH KIA	DATE OF DEATH
------------------------------------	-----------------------	---------------

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)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (X-54)	

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 25 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLLOT No. 0	ROW No. 0	GRAVE No. 1471
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U.S. Military Cemetery, Myitkyina, Burma	PLLOT No. C	ROW No. C	GRAVE No. 124
--	---	----------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Bauer, William R.	RANK Pfc	SERIAL No. 32736015	ORGANIZATION 475 Inf	GRAVE No. 1472
---	-------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Norris, Everett L.	RANK Pvt	SERIAL No. 34525911	ORGANIZATION .5307 Co U	GRAVE No. 1470
---	-------------	------------------------	----------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	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.

Copy/ds *See #28*

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


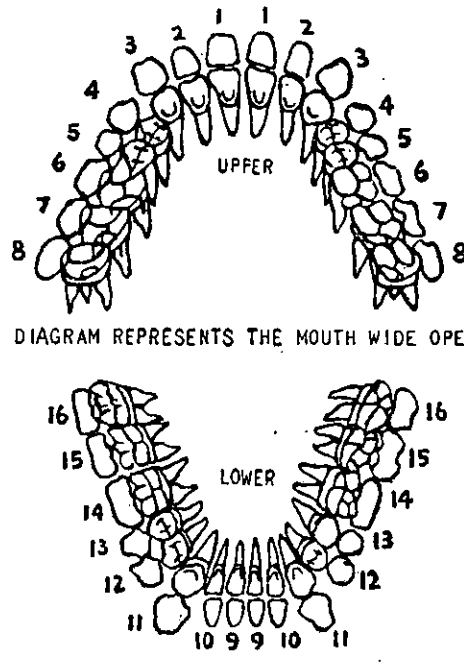




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

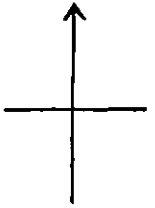
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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:

LEFT LITTLE FINGER
 LEFT RING FINGER
 LEFT MIDDLE FINGER
 LEFT INDEX FINGER
 LEFT THUMB
 RIGHT THUMB
 RIGHT INDEX FINGER
 RIGHT MIDDLE FINGER
 RIGHT RING FINGER
 RIGHT LITTLE FINGER

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.

14 Jan 1947
DATE

UNKNOWN X-54

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma. Kalaikunda, India 7 0 1471

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																	TYPE	
LOCATION																		LOCATION
















INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

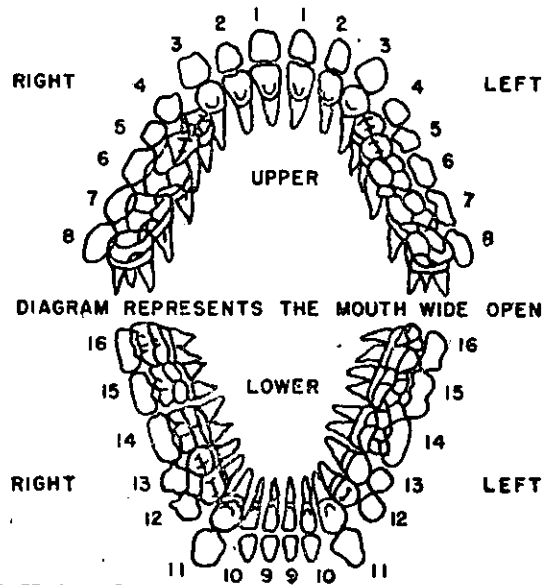
INSTRUCTIONS:

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

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

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

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



REMARKS:

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
14 January 1947

DATE

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

12-WCH/se

Calcutta, India
14 January 1947

314.6 (14 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 - 0 - 1471 of Unknown X-54 of U.S. Military Cemetery, Kalaikunda, India, were examined and the following were identified:

Right and left clavicle
Right and left scapula
19 Rib fragments
Body and manubrium of the sternum
14 Vertebrae
Fragment of a mandible
Right and left humerus
Right radius
Upper half of a left radius
Right ulna
Upper half of a left ulna
Right and left Os innominatum
Right and left femur
right and left tibia
Right and left fibula
Broken bottle without any paper.

2. Dental identification chart was prepared for the mandible.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 4" tall and weighed about 150 lbs.


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