

HT

245

GWA

NATIONAL BUREAU OF THE PACIFIC

Interred 11 March 1949 **DISINTERMENT DIRECTIVE**
N 286 *William C. B.* - Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: ALVAH C. DIRECTIVE NUMBER: 4996 00000 DATE: 15 12 47

NAME: UNKNOWN SERIAL NUMBER: X-000055 RANK: ARM: 8 DATE OF DEATH: DAY MONTH YEAR

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

PLOT: 6 ROW: R GRAVE: 1739 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-55 SERIAL NUMBER: Not Ind RANK: Not Ind DATE OF DEATH: Not Ind DATE DISTINTERRED: 22 Oct 47

IDENTIFICATION TAG ON: REMAINS ORGANIZATION: UNKNOWN RELIGION: Not Ind IDENTIFICATION VERIFIED BY: Richard A. Warren 1st Lt., ORD NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Temporary Casket CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: Grave Marker and Cemetery Record

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET DATE: 2 July 48 BY: L. A. JONE, EMBALMER

CASKET SEALED BY: WILLIAM J. WILLIS EMBALMER (Signature): William J. Willis WILLIAM J. WILLIS

CASKET BOXED AND MARKED DATE: 8 Feb 49 BY: WILLIAM J. WILLIS 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.

Surine FILE 012 JUL 1949 C. J. SURINE, CWO, USA, REPAIRATION BOARD SIGNATURE OF GRS INSPECTOR: MEM. DR.

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

Inspected for identification only per paragraph 2, 1st Ind, QMCG, file QMCGMO 293 (Pacific), dated 5 May 1948.

119

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief, Hamilton	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., QMC, 01585944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

REPAIRS & RECORDS BRANCH
 HAMILTON
 JAMES HARRIS
 CAPTAIN QMC
 24 FEB 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	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

FILE UNDER NO. 293 Unk. India (X- 55) (Kalaikunda)

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

23 May 1947.

LETTER.

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

SUBJ: Identification of Unk. Deceased.

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

op

FILE UNDER NO. 293 - Unknown India X-55 (Malakunda)

INDEX SHEET

6207023

1st Ind.

8 May 1947

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

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Malakunda) (X-48 thru X-51)

rtb

QUINT 293
CIB Pacific Zone

5 October 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
American Graves Registration Service
Pacific Zone
AFV 953, c/o Restrictor
San Francisco, California

1. Reference is made to letter, your headquarters, dated 17 January 1949; File QUINT 293, Subject: Resolution of Unidentified Remains; to 1st Indorsement this Office, dated 18 May 1949 and to letter, this Office, dated 5 July 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-53, X-55, X-58, X-64, X-76 and X-77, formerly WIC Kalakanda, India, and X-511, X-562, X-510 and X-511, formerly WIC Barrackpore, India, as Unidentifiable.

3. The cases approved by Indorsement and letter referred to in 1st paragraph and by this letter total thirty-one (31) cases approved by this Office.

4. Action on all other cases previously withdrawn is being suspended pending further investigation.

FOR THE QUARTERMASTER GENERAL:

F. H. MOSE
Lt. Colonel, CB
Memorial Division

B. H. Guildford
V. Jeffrey
J. Windsor

QMENT 293
GRS Pacific Zone

5 October 1949

SUBJECT: Approval of Unidentifiability

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

1. Reference is made to letter, your headquarters, dated 17 January 1949; File RPREC 293, Subject: Resolution of Unidentified Remains; to 1st indorsement this Office, dated 18 May 1949 and to letter, this Office, dated 5 July 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-53, X-55, X-58, X-64, X-76 and X-77, formerly USMC Kalakanda, India, and X-514, X-562, X-540 and X-611, formerly USMC Barrackpore, India, as Unidentifiable.⁵²⁶

3. The cases approved by indorsement and letter referred to in 1st paragraph and by this letter total thirty-one (31) cases approved by this Office.

4. Action on all other cases previously withdrawn is being suspended pending further investigation.

FOR THE QUARTERMASTER GENERAL:

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

S. M. Guildsdal
V. Jeffrey
J. Windsor

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

Jan 17 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith 42 QMC Forms 1044 for Kalaikunda and Barrackpore, 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. These Unknowns originated in the Myitkyina area and have been compared with OQMG Forms 371 for all unaccounted-for persons believed to have been killed in this area, with negative results. It is believed that some of these unknowns could be identified if more detailed dental charts were available, since many of these unknowns exhibit unusual dental conditions. However, from the data available to this Headquarters, no identification can be established.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

42 Incls

- | | |
|--|--|
| 1. QMC Form 1044-1044a-1044b-
Bone List X-48-Kalaikunda | HORACE MANN
Captain, QMC
Chief, RR Div |
| 2. QMC Form 1044-1044a-1044b-
Bone List X-52-Kalaikunda | |
| 3. QMC Form 1044-1044a-1044b-
Bone List X-53-Kalaikunda | |
| 4. QMC Form 1044-1044a-1044b-
Bone List X-55-Kalaikunda | |
| 5. QMC Form 1044-1044a-1044b-
Bone List X-58-Kalaikunda | |

AIR MAIL

RRREC 293

SUBJECT: Resolution of Unidentified Remains

42 Incls

6. QMC Form 1044-1044a-1044b-Bone List-X-59-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone List-X-60-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone List-X-63-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone List-X-64-Kalaikunda
10. QMC Form 1044-1044a-1044b-Bone List-X-65-Kalaikunda
11. QMC Form 1044-1044a-1044b-Bone List-X-66-Kalaikunda
12. QMC Form 1044-1044a-1044b-Bone List-X-68-Kalaikunda
13. QMC Form 1044-1044a-1044b-Bone List-X-69-Kalaikunda
14. QMC Form 1044-1044a-1044b-Bone List-X-74-Kalaikunda
15. QMC Form 1044-1044a-1044b-Bone List-X-75-Kalaikunda
16. QMC Form 1044-1044a-1044b-Bone List-X-76-Kalaikunda
17. QMC Form 1044-1044a-1044b-Bone List-X-77-Kalaikunda
18. QMC Form 1044-1044a-1044b-Bone List-X-78-Kalaikunda
19. QMC Form 1044-1044a-1044b-Bone List-X-80-Kalaikunda
20. QMC Form 1044-1044a-1044b-Bone List-X-104-Kalaikunda
21. QMC Form 1044-1044b-Bone List-X-106 Kalaikunda
22. QMC Form 1044-1044b-Bone List X-383 Barrackpore
23. QMC Form 1044-1044a-1044b-Bone List-X-397-Barrackpore
24. QMC Form 1044-1044a-1044b-Bone List-X-398-Barrackpore
25. QMC Form 1044-1044a-1044b-Bone List-X-399-Barrackpore
26. QMC Form 1044-1044a-1044b-Bone List-X-511-Barrackpore
27. QMC Form 1044-1044a-1044b-Bone List-X-514-Barrackpore

42 Incls

28. QMC Form 1044a-1044b-Bone List-
X-516-Barrackpore
29. QMC Form 1044-1044b-Bone List-
X-519-Barrackpore
30. QMC Form 1044-1044a-1044b-Bone List-
X-520-Barrackpore
31. QMC Form 1044-1044a-1044b-Bone List-
X-521-Barrackpore
32. QMC Form 1044-10442-1044b-Bone List-
X-524-Barrackpore
33. QMC Form 1044-1044a-1044b-Bone List-
X-526-Barrackpore
34. QMC Form 1044-1044a-1044b-Bone List-
X-530-Barrackpore
35. QMC Form 1044-1044a-1044b-Bone List-
X-531-Barrackpore
36. QMC Form 1044-1044a-1044b-Bone List-
X-533-Barrackpore
37. QMC Form 1044-1044a-1044b-Bone List-
X-535-Barrackpore
38. QMC Form 1044-1044a-1044b-Bone List-
X-536-Barrackpore
39. QMC Form 1044-1044a-1044b-Bone List-
X-540-Barrackpore
40. QMC Form 1044-1044a-1044b-Bone List-
X-541-Barrackpore
41. QMC Form 1044-1044a-1044b-BoneList-
X-630-Barrackpore
42. QMC Form 1044-1044a-1044b-Bone List-
X-611-Barrackpore

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-55 Kalaikunda				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Kalaikunda, India		4. PLOT 6	5. ROW R	6. GRAVE 1439 1739	7. DATE OF DISINTERMENT REINTERMENT 23 Apr 48 26 Apr 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 145 - 150	9. ESTIMATED HEIGHT 174-68.51-5'8½"	10. COLOR OF HAIR UTD	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) Form 1042 reading: X-8, name of Cem. left blank, date of burial: 27 Oct 44, P-1, R-6, Gr-126.
One (1) duplicate ID tag reading: Unknown X-55.

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

U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
None	F. H. WATERS Capt. Sp. S. 0-240085 <i>F.H. Waters</i>	11 Jan. 1949

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

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

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 4

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

X-55

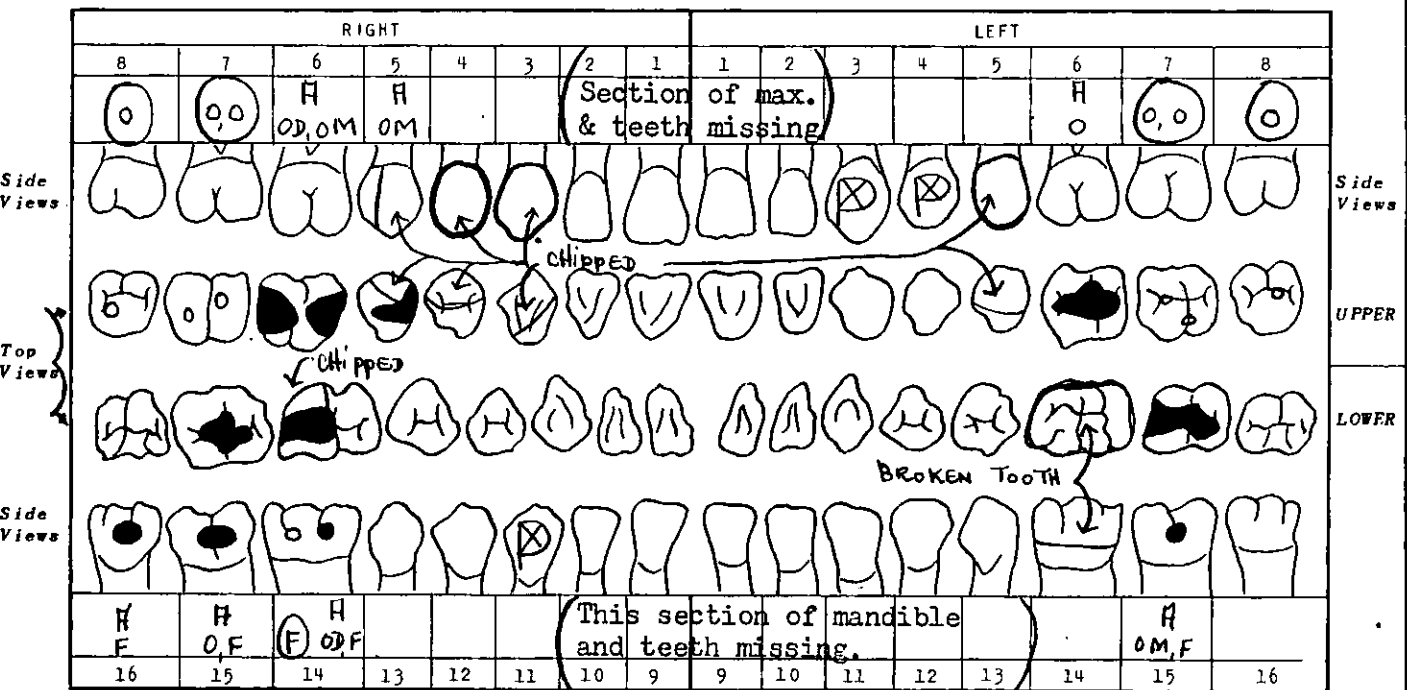
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

KALAIKUNDA, INDIA

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:

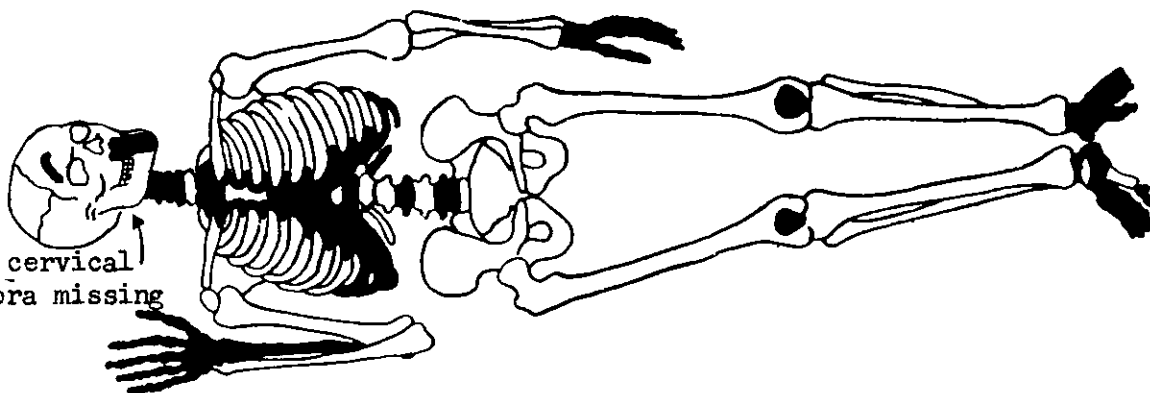
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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."

Lower third molars are pitted.

19. BLACK OUT PARTS OF BODY NOT RECORDED



No. 2 cervical vertebra missing

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 slender man of average height and muscularity in his early twenties. The skull is average in size and a broad oval in shape, with prominent parietal bosses and left asymmetry. There is a palpable external occipital protuberance. The mid-glabella is prominent and the brow ridges normal. The face is long and thin. The middle portion of the mandible is missing, with left and right portions present. The portions of mandible present suggest a chin of average construction, probably a rounded eminence.

Teeth charted
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

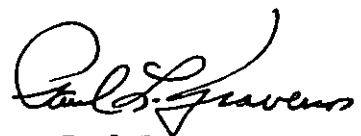
SIGNATURE

O. W. GREENWOOD, CAPT. OMC
**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	52.8	Middle portion of maxilla missing Middle portion of mandible missing
VERTEBRAE	CERVICAL	3		Nos 2,4,5,6 missing
	THORACIC	6		Nos. 1,2,7,8,9,11 missing
	LUMBAR	3		Nos. 2,4 missing
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.3	
	LEFT	1		
RIBS		19		5 missing
STERNUM		1		Manubrium missing
CLAVICLES	RIGHT	1		Fractured sternal end missing
	LEFT	1	16.0	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	32.3	
	LEFT	1	31.8	
RADII	RIGHT	0		Missing
	LEFT	1	25.3	
ULNAE	RIGHT	1	27.7	
	LEFT	1	27.2	
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1	47.0	
	LEFT	1	47.3	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	38.4	
	LEFT	1	38.3	
FIBULAE	RIGHT	1	37.5	
	LEFT	1	38.0	
FEET	RIGHT	1		Talus and 1st metatarsal present only
	LEFT	0		Missing

HUMERO-CLAVICULAR RATIO 49.5		APPROXIMATE	
ESTIMATED HEIGHT 174-68.51-518 $\frac{1}{2}$ "	AGE	20 - 22	YEARS
ESTIMATED WEIGHT 145 - 150		LEG-HIP BR RATIO	51.6


 Paul L Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-55 Kalaikunda, India

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
26 Jan 1946

Imprint Identification Tag If Possible,
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

(Formerly Unknown X-8

Serial No.

UNKNOWN X-55

of Myitkyina)

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 addresses (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-55)

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.
24 Jan 1946	1600	Blanket	Cross	6	R	1739

Was this a reburial? (Yes or no)	If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.	Plot No.	Row No.	Grave No.
Yes	U. S. Mil. Cem., Myitkyina, Burma	1	C	126

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)	Identification tag attached to marker (Yes or no)
No	Yes

Body buried on deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Caskey, Allan C.	Cpl	17181494	489 ABUnit	1740
Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Dixon, Earl L.	Pfc	34501374	236 Engr	1738

Signature of person preparing report	Signature of GRS Officer verifying report
T/4 Q. E. Barber	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.

Dando # 11

RESTRICTED

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.


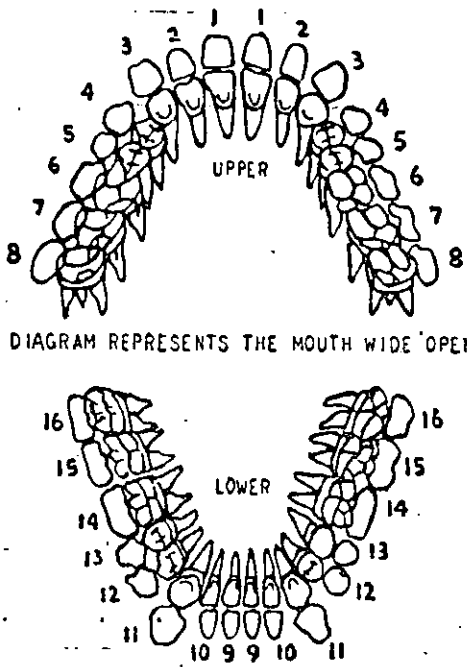

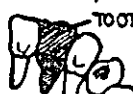


INSTRUCTIONS :

(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

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 :

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

Rec'd 17 Nov 44
45
*8

Unknown X-8
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Myitkyina, Burma KIA
(Place of death) (Date of death) (Cause of death)

1500, 27 Oct 44 U.S. Military Cemetery Myitkyina, Burma
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

126 C I 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 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 RIGHT George L. Bennett 35712353 C-125
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Michael R. Jaloski 36364127 C-127
(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'd *8

RESTRICTED

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.

JOHN H. CRABBE

1st. Lt. **101 C**

(Signature of officer or other person reporting burial)

LEFT HAND

RIGHT HAND

4
3
2
1

4
3
2
1

THUMB

THUMB

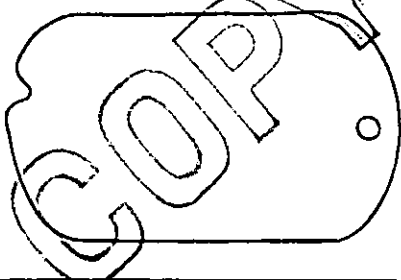
RESTRICTED

DURING W.L.N.T

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
26 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) (Formerly Unknown X-8 of Myitkyina)		SERIAL No.
	UNKNOWN X-55		
	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 Killed in Action	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-55)	

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 24 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 6	ROW No. R	GRAVE No. 1739
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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.	PLOT No. 1	ROW No. C	GRAVE No. 126
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Caskey, Allen C.	RANK Cpl.	SERIAL No. 17181494	ORGANIZATION 489 AB Unit	GRAVE No. 1740
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Dixon, Earl L.	RANK Pfc.	SERIAL No. 34501374	ORGANIZATION 236 Engr	GRAVE No. 1738
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.
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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 *one 1# 29*

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


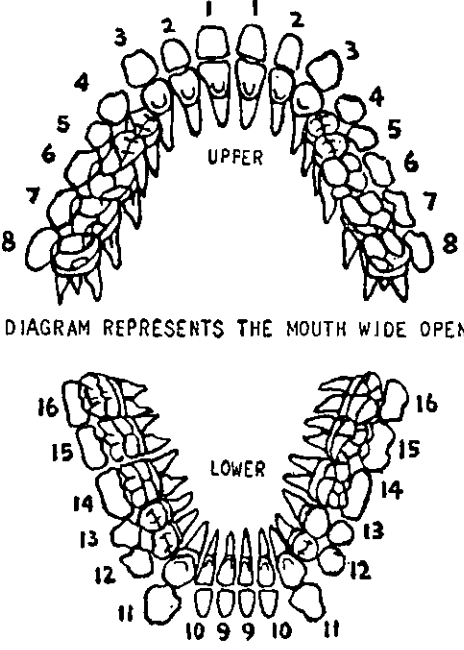




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

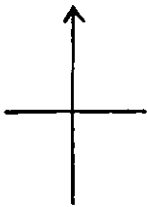
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER

IDENTIFICATION DENTAL CHART

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

27 Jan 1947

DATE

UNKNOWN X-55

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma. Kalaikunda, India

6

R

1739

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE				A	A	BRO	BRO	P	P	P	P	P	P	P	BRO	A			TYPE
LOCATION				OM	OM	KEN	KEN								KEN	O			LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A	A	P	P	P	P	P	P	P	P	P	P	BRO	A			TYPE
LOCATION		f	of	of											KEN	OM			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)

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.

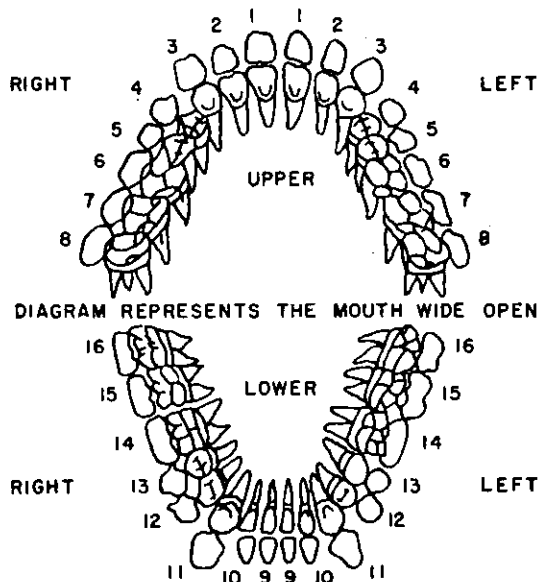


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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
27 Jan 47

DATE

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

12-WCH/se

Calcutta, India
27 January 1947

314.6 (27 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. 6 - R - 1739 of Unknown X-55 of U.S. Military Cemetery, Kalaikunda, India, were examined and the following were identified:

Fragment of a mandible
Right and left clavicle
Right and left scapula
Left 1st rib
18 Other ribs
Body of the sternum
1st vertebrae
10 Vertebrae
Right and left humerus
Right radius
Right and left ulnae
Sacrum
Right and left Os innominatum
Right and left femurs
Right and left tibiae
Right and left fibulae
1 Tarsal
1 Metatarsal
The remains were wrapped in shelter half.

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 11" tall and weighed about 150 to 160 lbs.


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