

OF THE PACIFIC

Interred 7 February 1949 **DISINTERMENT DIRECTIVE**

C 192

*Alvan C Baker*

-Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALVAN C. BAKER

DIRECTIVE NUMBER

4996 00000

DATE

15 12 47  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X - 000057

3

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0 0492 64  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

8 0 1480 INDIA

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-57

Not Ind

Not Ind

Not Indicated

21 Oct 1947

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Not Ind

IDENTIFICATION VERIFIED BY

RICHARD A. WARREN, 1 Lt  
NAME AND TITLE Ord

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Temporary casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Disinterment Records and Mortuary plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 January 1949

BY J. P. SIMONI (Embalmer)

CASKET SEALED BY

J. P. SIMONI

EMBALMER (Signature)

*Joseph P. Simoni*  
J. P. SIMONI

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 13 Jan 49

BY J. P. SIMONI

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.

*C. J. Surine*  
C. J. SURINE, CWO, USA

SIGNATURE OF GRS INSPECTOR

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

"Inspected for identification only per paragraph 2, 1st Ind; QMGC, file QMCMO 223 (Pacific), dated 5 May 1948."

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM: <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO: <b>CHIEF. HAWN D. C.</b>	
KIND OF CONVEYANCE: <b>TRUCK</b>		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: <i>John L. Murphy</i> <b>JOHN L. MURPHY</b> Capt. . . QM 01585044	DATE: <b>19 JAN 1949</b>	SIGNATURE OF RECEIVER: <i>James B Harris</i> <b>JAMES B HARRIS</b> CAPTAIN Q M C	DATE: <b>JAN 29 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:		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:

RKJ GWA

6

DISINTERMENT DIRECTIVE

293  
Honolulu National Cemetery - 57 (Kaliakunda)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
0000 0000

DATE  
30 10 47  
DAY MONTH YEAR

NAME  
HONOLULU NATIONAL CEMETERY

SERIAL NUMBER  
00000000000000000000

RANK  
ARM

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
HONOLULU NATIONAL CEMETERY

DISPOSITION OF REMAINS  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 432 1000A

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY  
CASKET SEALED BY

EMBALMER (Signature)

DATE BY  
CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

6

## DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

4995 00000

15 12 47  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000057

6

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0

0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

5 0 1480 INDIA

6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII

(BY ADMINISTRATIVE ORDER)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

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DATE OF DEATH

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IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS  
 MARKER

UNKNOWN

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

FILE UNDER NO. 293 Unk. India (X- 57 ) (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

920  
FILE UNDER NO. 293 - Unknown India X-57 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: OCMC  
TO: CO, Amer. GRS, India-Burma Zone, APO 465, c/o PM, New York

RE: Identification of Unknown Deceased

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

rtb

AIR MAIL

QMG 293

1st Ind.

GRS Pacific

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, 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 Remains Depot Shanghai, China; X-229, X-234, X-241, X-284, X-286, X-311, X-325, AMMC 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, CMG  
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 QIGAU 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 LANE  
Captain, QMC  
Chief, RR Div

AIR MAIL



RRFEC 298

SUBJECT: Resolution of Unidentified Remains

28 Incls

10. QIC Form 1044-1044b-Bone List-  
X-98-Shanghai
11. QIC Form 1044-1044b-X-160 Shanghai
12. QIC Form 1044-1044b-X-161 Shanghai
13. QIC Form 1044-1044a-1044b-Bone List-  
X-170-Shanghai
14. QIC Form 1044-1044a-1044b-Bone List-  
X-273-Shanghai
15. QIC Form 1044-1044a-1044b-Bone List-  
X-274-Shanghai
16. QIC Form 1044-1044b-Bone List X-336  
"A"-Shanghai
17. QIC Form 1044-1044-b Bone List X-336  
"B"-Shanghai
18. QIC Form 1044-1044a-1044b-Bone List-  
X-356-Shanghai
19. QIC Form 1044-1044a-1044b-Bone List-  
X-870-Shanghai
20. QIC Form 1044-1044a-1044b-Bone List-  
X-871-Shanghai
21. QIC Form 1044-1044a-1044b-X-879  
Shanghai
22. QIC Form 1044-1044a-1044a (for CIL 571)  
1044b-Bone ListX-229-Guadalcanal
23. QIC Form 1044-1044a-1044b-Bone List-  
X-234-Guadalcanal
24. QIC Form 1044-1044a-1044b-Bone List-  
X-241-Guadalcanal
25. QIC Form 1044-1044a-1044b-Bone List-  
X-284-Guadalcanal
26. QIC Form 1044-1044a-1044b-Bone List-  
X-286-Guadalcanal
27. QIC Form 1044-1044a-1044b-Bone List-  
X-311-Guadalcanal
28. QIC Form 1044-1044a-1044b-Bone List-  
X-325-Guadalcanal (Lockott, George R.)

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-57</b> <b>Kalaikunda, India</b>				2. DATE OF REPORT <b>23 April 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 2</b> <b>Formerly of Kalaikunda, India</b>		4. PLOT <b>8</b>	5. ROW <b>0</b>	6. GRAVE <b>78</b> <b>1480</b>	7. DATE OF DISINTERMENT <b>23 Apr 48</b>	REINTERMENT <b>23 Apr 48</b>

PHYSICAL DESCRIPTION <b>Age 22 to 24 years.</b>					
8. ESTIMATED WEIGHT <b>150 to 155 lbs.</b>	9. ESTIMATED HEIGHT <b>166.0-65.4-5'5 3/8"</b>	10. COLOR OF HAIR <b>U.T.D.</b>		11. RACE <b>Probably White</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) duplicate I.D. tag reads: X-57 Unknown. One (1) Form 1042 reads: X-12 16054423, 475 Inf. Gr. 196 - 32811769 - 475 Inf. Gr. 197.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <b>None</b>	<b>U N I D E N T I F I A B L E</b> BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA <b>CLARENCE B. WATTS</b> Capt. OMC 0358911 <i>Clarence B. Watts</i> <i>31 Dec 1948</i>	
---	---	--

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**Six (6) segmented sacrum, first 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 6*  
 OMC FORM 1044  
 REV 18 MAR 47

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

X-57

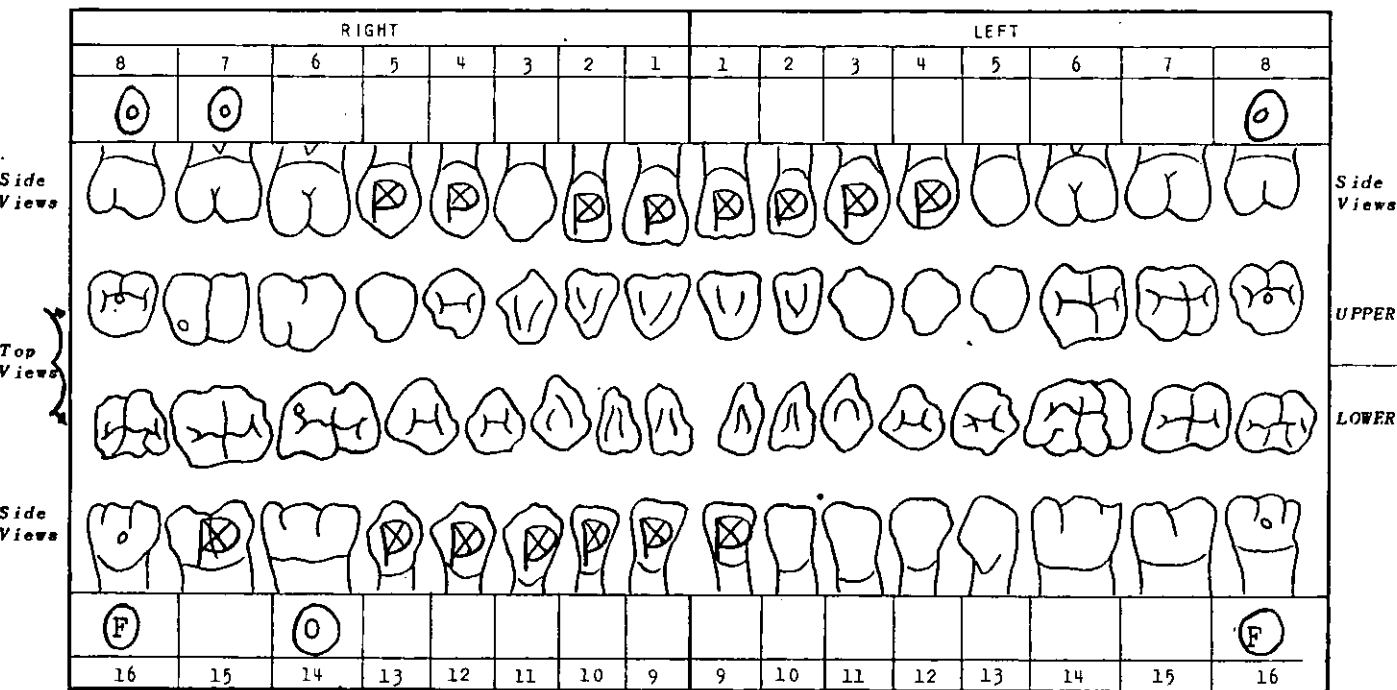
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

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:

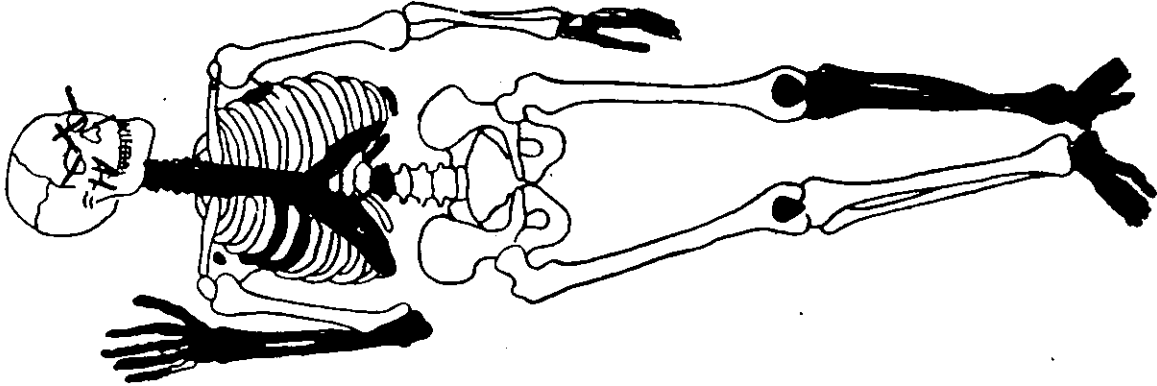
**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



**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."

1. Much wear on the incisal edge of R-3.
2. L-16 is in a slight lingual version.

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of medium height, with average body build and fairly muscular. The skull is average size and small rounded outline. The backhead has average projection, and has a left cranial asymmetry. The face has average length and proportions. The nose appears to have skewed to the left. The upper lip was probably short. The palate is high and rather narrow. The mandible is deep and forms a rounded eminence.

Fluoroscopic examination unnecessary. Teeth charted.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.1	Small hole in posterior, parietal bone. Facial bones, multiple fractures.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	8		4 missing.
	LUMBAR	4		#1 lumbar missing.
SACRUM		1		All present - Six segments, first coccygeal attached.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	All present.
	LEFT	1	26.5	" "
RIBS		20		Four missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.4	Eroded.
	LEFT	1	16.0	"
SCAPULAE	RIGHT	1		Small hole in body.
	LEFT	1		Posterior portion fractured and missing.
HUMERI	RIGHT	1	32.8	
	LEFT	1	33.0	
RADII	RIGHT	0		Missing.
	LEFT	1	23.7	
ULNAE	RIGHT	0		Missing.
	LEFT	1	25.7	
HANDS	RIGHT	1		All missing except #5 metacarpal.
	LEFT	1		All missing except #1 metacarpal and left capitate.
FEMORA	RIGHT	1	44.6	
	LEFT	1	44.6	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.0	
	LEFT	0		Missing.
FIBULAE	RIGHT	1	36.6	
	LEFT	0		Missing.
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 47.7

APPROXIMATE

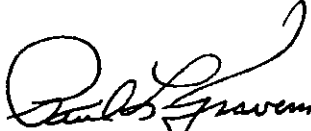
ESTIMATED HEIGHT 166.0-65.4-515 <sup>3/8</sup> AGE

22 to 24 YEARS

ESTIMATED WEIGHT 150 to 155 lbs.

LEG-HIP BR RATIO

ENCLOSURE TO: X-57

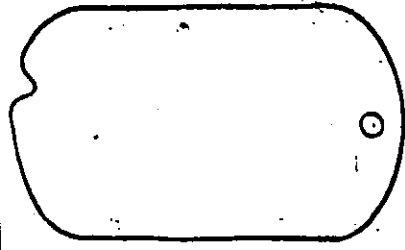
  
 Paul L. Gravenor  
 Lab. Supervisor  
 ANTHROPOLOGIST

WD OMC Form 1042  
(Rev. 1-Apr. 1945)  
(Supersedes GRS Form 1)

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

Date of report  
17 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

Name (Last, first, middle initial) Unknown X-57 (Formerly unknown X-12 of Myitkyina, Burma)		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	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-57)	

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, Kalakunda, India

Date of burial	Hour	Buried in (Shroud, blanket, or name of other)	Type of grave marker	Plot No.	Row No.	Grave No.
17 Jan 1946	1600	blanket	cross	8	0	1480

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	Plot No. 1	Row No. D	Grave No. 195
---	--	---------------	--------------	------------------

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body
Identification tag buried with body (Yes or no)	Identification tag attached to marker (Yes or no) yes	

Body buried on deceased left, name (Last, first, middle initial) Elmore, John W.	Rank 2nd/Lt	Serial No. 0-114913	Organization 1905 Engr	Grave No. 1481
---	----------------	------------------------	---------------------------	-------------------

Body buried on deceased right, name (Last, first, middle initial) Dills, Willard G.	Rank Sgt	Serial No. 34088879	Organization 475 Inf	Grave No. 1479
--	-------------	------------------------	-------------------------	-------------------

Signature of person preparing report  
Pfc P.J. Krystosek *P. Krystosek*

Signature of GRS Officer verifying report  
William S. Smith Jr., 2nd Lt, Inf *William S. Smith Jr.*

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl # 23

**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

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



REMARKS:

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

*mid 79 Nov* **RESTRICTED**  
159 44 X-12

**Unknown X-12**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

**Myitkyina, Burma**

(Place of death) (Date of death) (Cause of death)

**Reburied 4 Nov. 44**

**U.S. Mil. Cem. Myitkyina**

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

**195**

**D**

**1**

**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 <b>RIGHT</b>	<b>Vincent Cavallo</b>	<b>32811769</b>	<b>475 Inf</b>	<b>194</b>
	(Name)	(Serial number)	(Rank) (Organization)	(Grave number)
Body buried on <b>LEFT</b>	<b>Earl I. Phillips</b>	<b>16054423</b>	<b>Pfc 475 Inf</b>	<b>196</b>
	(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:

X-12 25

**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.

Signature of officer or other person reporting burial

JOHN M. DABBE

LEFT HAND

RIGHT HAND

4
3
2
1
THUMB

4
3
2
1
THUMB

1st Lt. Q.M.C.

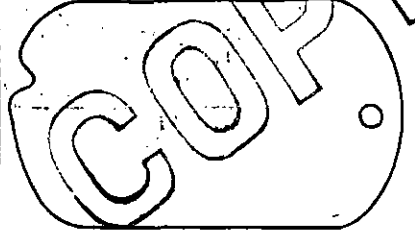
RESTRICTED

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  
17 Jan 1946

Imprint Identification Tag, if possible  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-12 of Myitkyina, Burma)		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	DATE OF DEATH
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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-57)	

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 17 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 8	ROW No. 0	GRAVE No. 1480
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. D	GRAVE No. 195

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Elmore, John W.	RANK 2nd Lt	SERIAL No. O-114913	ORGANIZATION 1905 Engr	GRAVE No. 1481
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Dills, Willard G.	RANK Sgt.	SERIAL No. 34088879	ORGANIZATION 475 Inf	GRAVE No. 1479

SIGNATURE OF PERSON PREPARING REPORT Pfc. P. J. Krystosek	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 [Handwritten signature]

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


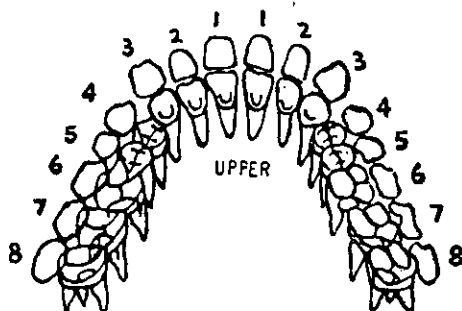
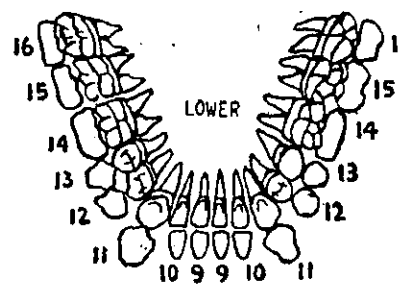




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

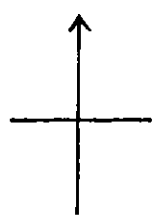
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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



**REMARKS:**

# 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.

13 January 47

DATE

UNKNOWN X-57







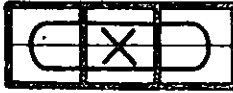








LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma.			Kalaikunda, India.	
PLACE OF DEATH			PLOT	ROW
			8	0
			GRAVE NO.	
			1480	

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	4	5	6	7	8		
	UPPER TEETH																		
TYPE																			TYPE
LOCATION																			LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16		
	LOWER TEETH																		
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)

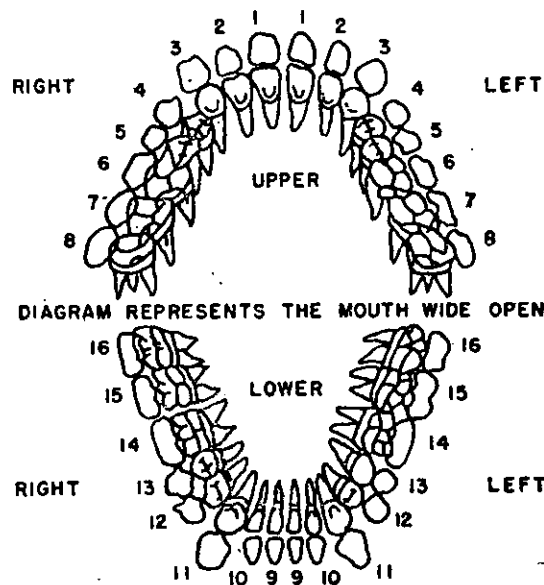
**INSTRUCTIONS:**

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  
13 January 47

DATE

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

12-WCH/se

Calcutta, India.  
13 January 1947

314.6 (13 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. 8 - 0 - 1480 of Unknown X-57 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified.

Skull and mandible  
Right and left clavicle  
Right and left scapula  
Left 1st rib  
19 Other ribs  
12 Vertebrae  
Right and left humerus  
Right radius  
Right ulna  
Sacrum  
Right and left Os innominatum  
Right and left femur  
Right tibia  
Right fibula

2. Dental identification chart was accomplished.

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

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