

THE PACIFIC

Interred 11 March 1949

DISINTERMENT DIRECTIVE

F 285

- Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4996 00000

DATE

15 12 47

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000059

B

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0492 64

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

6 N 1332 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

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-59

Not Ind

Not Ind

Not Ind

22 Oct 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

UNKNOWN

Not Ind

Richard A. Warren

 MARKER1st Lt., ORD
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Temporary Casket

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. JONES, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

WILLIAM J. WILLIS

William J. Willis
WILLIAM J. WILLIS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 8 Feb 49

BY

WILLIAM J. WILLIS

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.

12 JUL 1949

REPATRIATION

BRANCH

C. J. SURINE, CWO, USA

SIGNATURE OF GRS INSPECTOR

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

Inspected for identification only per paragraph 2, 1st Ind.
QMG, file QMGMO 293 (Pacific), dated 5 May 1948.MC FORM 1194
EV 15 MAR 46

Incl 45

NAN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3	DATE 24 FEB 1949	TO Chief Haw'n D. C
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt. ONO 01585044	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>

2. SHIPPED

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

REPAIRATION RECORDS BRANCH
JUN 28 8 49 AM '49
HEADQUARTERS
CAPITAL DIVISION
FEB 24 1949

3. SHIPPED

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

4. SHIPPED

FROM		TO
KIND OF CONVEYANCE	NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER

5. SHIPPED

FROM		TO
KIND OF CONVEYANCE RELATIVE ORDER	NAME OF CONVOYER	
SIGNATURE OF SHIPPER HONOLULU NATIONAL CEMETERY	DATE	SIGNATURE OF RECEIVER

6. SHIPPED

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

7. SHIPPED

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

FILE UNDER NO. 293 Unk. India (X- 59) (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-51.

op

FILE UNDER NO. 293 - Unknown India X-59 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: CQMO
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

QMGMT 293
GRS Pacific Zone

5 July 1950

SUBJECT: Identification of World War II Deceased

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; File ~~RRREC~~ 293, Subject: Resolution of Unidentified Remains; and to 1st indorsement, this office, dated 18 May 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-52, X-59, X-63, X-65, X-66, X-68, X-69, X-74, and X-75, formerly USMC Kalaikunda, India, and X-51C, X-521, X-524, X-531, X-533, and X-630, formerly USMC Barrackpore, India, as Unidentifiable.

3. The cases approved by indorsement referred to in 1st paragraph and by this letter total twenty-one (21) 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

cc: Adm Section
S. M. Guild:pmr
E. Fenwick
J. Windsor

AIR MAIL

SPECIAL DIRECTIVE IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-59			2. DATE OF REPORT 4 November 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Kalaikunda, India	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	FINAL TYPE			DISINTERMENT	REINTERMENT
	6	N	1332	4 Nov '48	4 Nov '48

PHYSICAL DESCRIPTION **Age: Possibly 25 to 27 years.**

8. ESTIMATED WEIGHT 145 to 171 lbs.	9. ESTIMATED HEIGHT 5'11 1/4"-5' 8 1/8"	10. COLOR OF HAIR U. T. D.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reads: Unknown X-59, Kalaikunda.

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

None

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

F. H. WATERS
Capt. Sp. S. 0-240085 *F. H. Waters* **11 Jan. 1949**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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

18. SPECIAL DIRECTIVE

TOOTH CHART

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

Unknown X-59

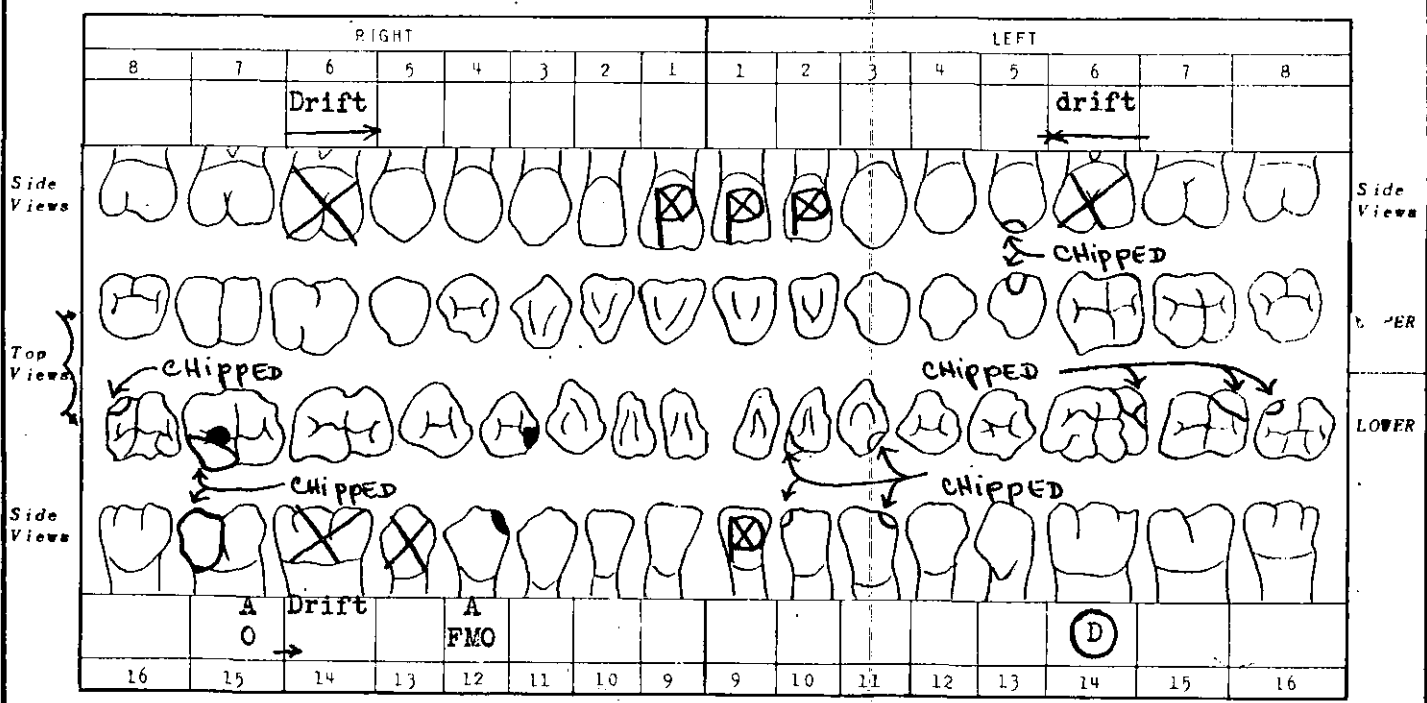
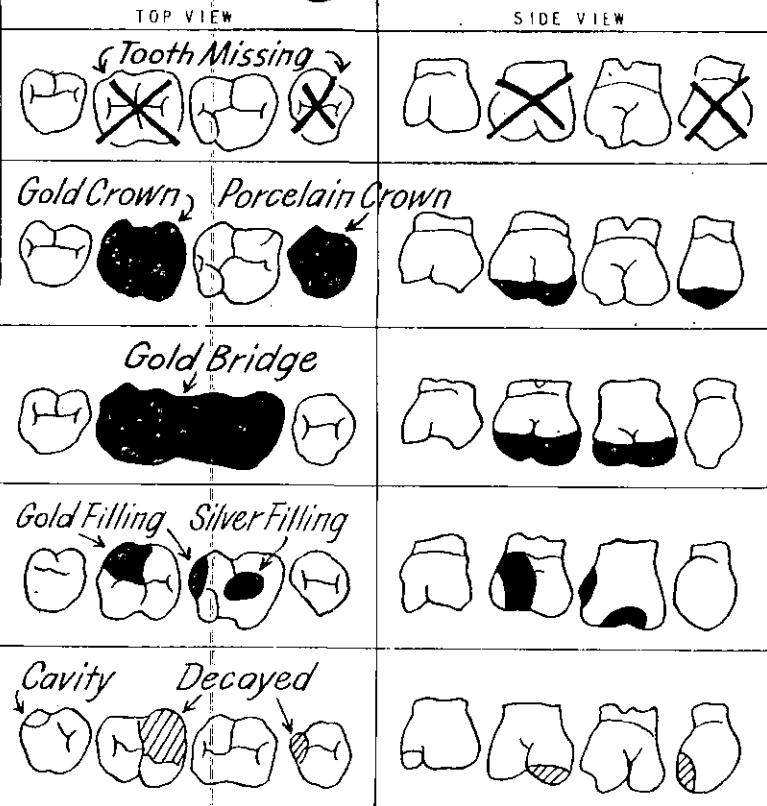
Kalaikunda, India

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

BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

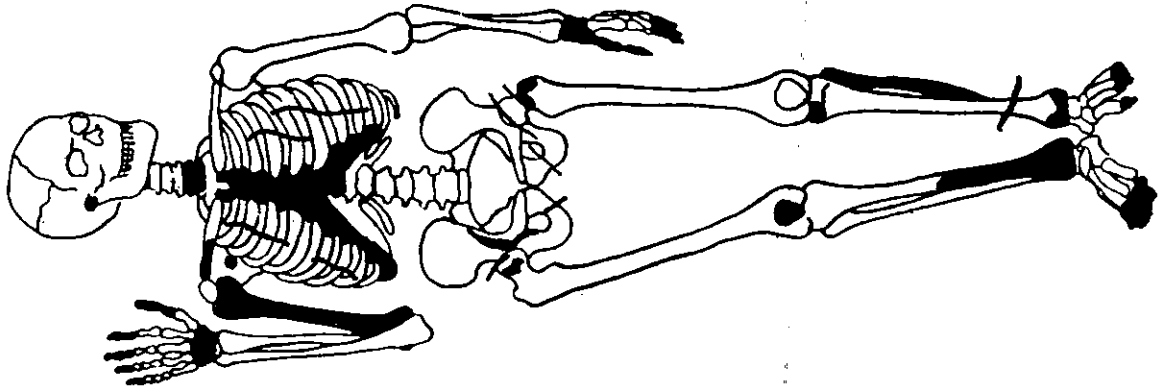
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

See attached narrative.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man possibly 25 to 27 years of age, of tall stature and average muscularity.

The skull is ovoid in shape and short in type with medium browridges. The vault is medium. The backhead is moderately convex. The external occipital protuberance is absent. The nasal bones are fairly broad indicating the possibility of a broad long nose. The lower borders of the nasal apertures are dull. The palate is extremely high with a near-ovoid shape. The lower jaw is of average size and medium strength. The chin is well-rounded with a straight form.

Height estimates:

Rollet:	181	71.26	5' 11 1/4"
Krogman:	178	70.08	5' 10"
Pearson:	173	68.11	5' 8 1/8"

FLUOROSCOPICAL 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

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.8	Left zygomatic arch and portion of left orbital fractured and missing. Mandible fractured. Right head and left coronoid process missing.
VERTEBRAE	CERVICAL	5		2 missing.
	THORACIC	10		2 missing - 2 fractured.
	LUMBAR	5		
SACRUM		1		1st coccygeal attached.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.2	Fractured: acetabulum and pubis.
	LEFT	1		Fractured: acetabulum and pubis.
RIBS		24		Some fractured.
STERNUM		1		Manubrium present only.
CLAVICLES	RIGHT	1		Fractured midshaft and sternal 1/2 present.
	LEFT	1	14.8	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	1	34.7	
RADII	RIGHT	1	26.5	
	LEFT	1	25.7	
ULNAE	RIGHT	1	28.2	
	LEFT	1	27.2	
HANDS	RIGHT	1		1 carpal - 4 metacarpals present.
	LEFT	1		2 carpals- 4 metacarpals present.
FEMORA	RIGHT	1	49.7 - 49.9	Head eroded.
	LEFT	1		Fractured: portion of greater - trochanter missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1		Fractured, midshaft-lower 1/2 missing.
	LEFT	1		Fractured-proximal and medial malleolus missing and fractured lower 1/3 of shaft.
FIBULAE	RIGHT	1	40.4	
	LEFT	1		Fractured - lower 1/4 present only.
FEET	RIGHT	1		1 tarsal missing.
	LEFT	1		Few phalanges missing.

HUMERO-CLAVICULAR RATIO

APPROXIMATE AGE (in years)
25 to 27 years.

ESTIMATED HEIGHT See item #21.

LEG-HIP BR RATIO

ESTIMATED WEIGHT 145 to 171 lbs.

ENCLOSURE TO: Unknown X-59

Kalaikunda, India

M. Trotter
M. TROTTER
ANTHROPOLOGIST

CENTRAL IDENTIFICATION LABORATORY
APO 957

4 November 1948

NARRATIVE

The following remains were processed simultaneously:

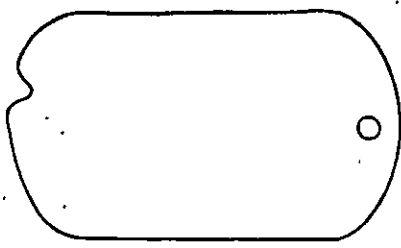
THOMAS, Vincent Pfc 35094203
U. S. Army Mausoleum #2, Row-P, Grave-7
Formerly of Kalaikunda Cemetery, India.

Unknown X-59
U. S. Army Mausoleum #2, Final Type Casket
Formerly of Kalaikunda Cemetery, India.

Upon examination, no discrepancies were found or inter-
changing of parts necessary.

Vincent THOMAS and Unknown X-59 were completely repro-
cessed and replaced into their respective caskets.

WD QMC FORM T042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 24 Jan 1946
---	---	-------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-59	(Formerly Unknown X-14 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	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-59)	

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


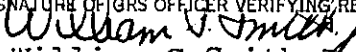
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Jan 1946	1600	Blanket	Cross	6	N	1332

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. 199
--	--	---------------	--------------	------------------

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) Beckett, Harold D.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	S/Sgt	42022085	475 Inf	1333

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Barkan, Emil O.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Pvt	33258893	3851 QM	1331

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.

Smith #100

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


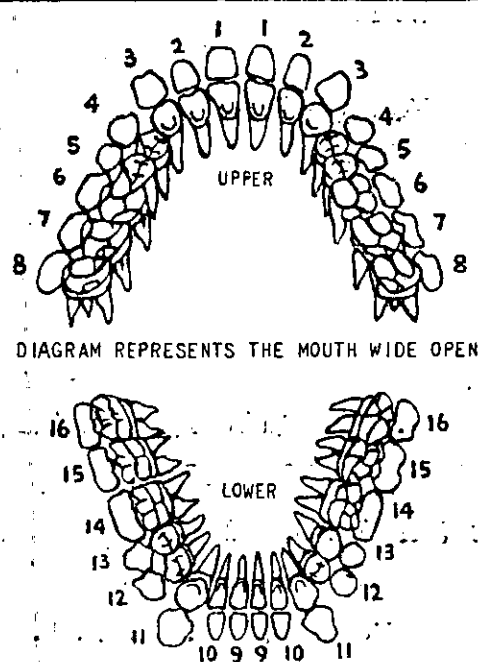




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains: Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

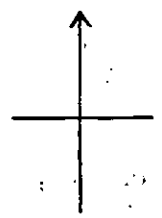
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

<p>FILLINGS</p> 	
<p>CAVITIES</p> 	
<p>MISSING TEETH</p> 	
<p>CROWNED TEETH</p> 	
<p>BRIDGE WORK</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)

Recd 29 Nov 44
RESTRICTED
161
X-14

Unknown X-14

(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)

199

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 RIGHT <u>Chas. V. Loveless</u>	<u>34723389</u>	<u>Pvt</u>	<u>475 Inf</u>	<u>198</u>
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT <u>James W. Jenkins</u>	<u>33558644</u>	<u>Pvt</u>	<u>475 Inf</u>	<u>200</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:

X-14

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)

Signature of John H. Crabbe
JOHN H. CRABBE

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

4
3
2
1
THUMB

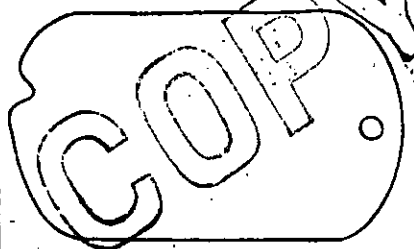
RESTRICTED

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
Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-14 of Myitkyina)		SERIAL No.
UNKNOWN X-59		
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-59)	

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 22 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 3 25	ROW No. N	GRAVE No. 1332

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. 199
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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
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) Beckett, Harold D.	RANK S/Sgt.	SERIAL No. 42022085	ORGANIZATION 475 Inf	GRAVE No. 1333
--	----------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Barkan, Emil O.	RANK Pvt.	SERIAL No. 33258893	ORGANIZATION 3851 QM	GRAVE No. 1331
--	--------------	------------------------	-------------------------	-------------------

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 *incl 423*

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


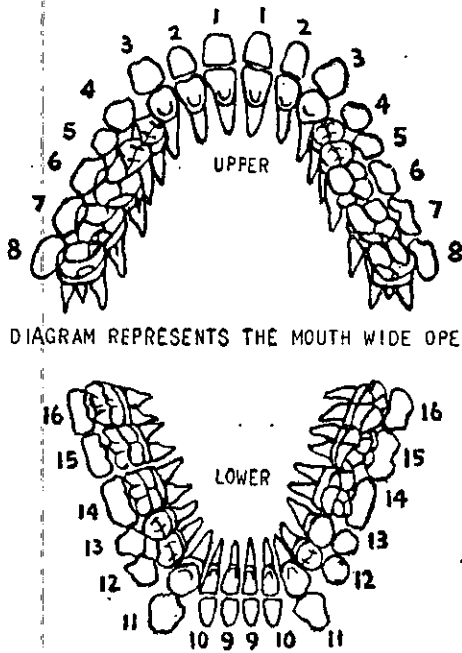




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

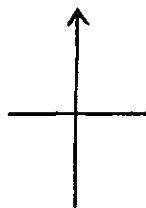
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
INDIA-BURMA ZONE
APO 465

12-WCH/se

c/o Postmaster, New York, N.Y.

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. 6 - N - 1332 of Unknown X-59 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Edentulous maxilla
Right and left clavicle
Right and left scapula
Right and left 1st rib
15 Other ribs
15 Vertebrae
8 Fragments of skull
Full upper plate of the maxilla
Right and left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right and left femur

2. Accomplishment of dental identification chart was impossible.
3. There is no evidence of remains of more than one individual.


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