

01

Interred 11 March 1949 **DISINTERMENT DIRECTIVE**
N 291 *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: **UNKNOWN** SERIAL NUMBER: **X-000060** RANK: **8** DATE OF DEATH: **6 0492 64**
DAY MONTH YEAR CODE DIST. PT.

CEMETERY: **KALAIKUNDA** DISPOSITION OF REMAINS: **0**

PLOT: **6** ROW: **R** GRAVE: **1732** 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-60** SERIAL NUMBER: **Unk** RANK: **Unk** DATE OF DEATH: **Unk** DATE DISTINTERRED: **20 October 47**
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **Unk** IDENTIFICATION VERIFIED BY: **Richard A. Warren, 1st Lt., ORD** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Casket** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **Cemetery Record**

MINOR DISCREPANCIES: **1**
None

REMAINS PREPARED AND PLACED IN CASKET: **DATE 2 July 48 BY N. R. Joynes, Embalmer**

CASKET SEALED BY: **G. D. Meek** EMBALMER (Signature): *G. D. Meek*
G. D. Meek

CASKET BOXED AND MARKED: **DATE 8 Feb 49 BY G. D. Meek** 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.

C. J. Surine
C. J. SURINE, CWO, USA BRANCH
12 JUL 1949
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
inspected for identification only per paragraph 2, 1st Ind, OQMG, file QMGMO 293 (Pacific), dated 5 May 1948.

NLN

RECORD OF CUSTODIAL TRANSFER

JUN 3 8 45 AM '49
 MEMORIAL BRANCH
 REPAIRS BRANCH

FEB 24 1949

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3	TO Chicago, Ill. D. C.
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt. QMC 01585944	DATE 24 FEB 1949 SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C

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- 60) (Kalaikunda)

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

23 ^{AM} May 1947.
_{PM}

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 I-60 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

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

RE: Identification of Unknown Deceased

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

rtb

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-60 Kalaikunda, India				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY US Army Mausoleum #2 Formerly of Kalaikunda, India		4. PLOT 6	5. ROW Box 7₂	6. GRAVE 1432 1732	7. DATE OF DISINTERMENT REINTERMENT 26 Apr 48 26 Apr 48

PHYSICAL DESCRIPTION **Age: 21-23 years.**

8. ESTIMATED WEIGHT 150-155	9. ESTIMATED HEIGHT 170-66.9 5' 6 7/8"	10. COLOR OF HAIR U.T.D.	11. RACE Probably white
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reads: "Unk-X-60."
 One (1) Form 1042 reads: "X-15, date of burial; 6 Nov 44, P-1, R-B, Gr-89,
 Body on left: Giffing, William A. Sgt, 3?501064, 475th Inf, Gr-90.
 Body on right: Cook, Parvin, Pfc, 35725779 475th Inf, Gr-88."

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

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

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS: X-60</p>	<p>TOP VIEW</p> <p><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</i> <i>Porcelain Crown</i></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>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i> <i>Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i> <i>Decayed</i></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																							
UPPER																							
LOWER																							
Side Views																							
IMP.	H	H	H												IMP.								
16	15	14	13	12	11	10	9	9	10	11	12	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."

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

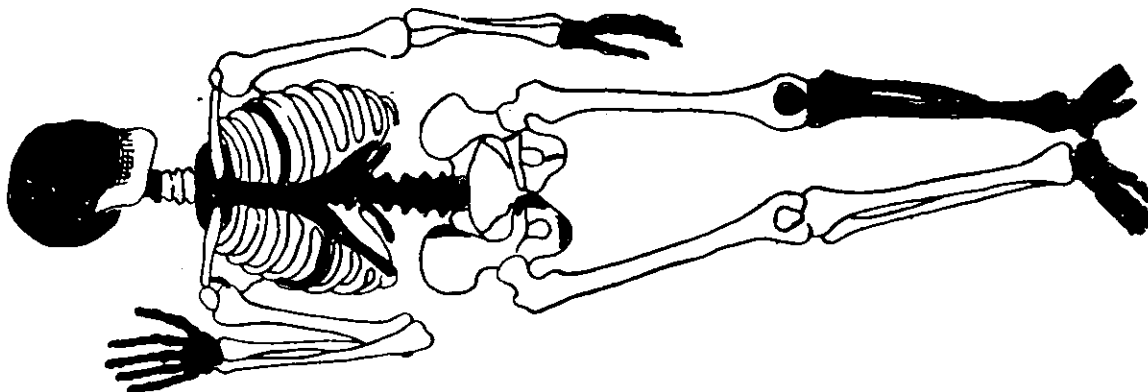
NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		All missing except mandible
VERTEBRAE	CERVICAL	5		3-4 missing
	THORACIC	2		10 missing
	LUMBAR	0		All missing
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.2	Small portions of ishium, ilium & pubis missing
	LEFT	1		Pubis fractured
RIBS		18		Slightly fractured - 6 missing
STERNUM		0		Missing
CLAVICLES	RIGHT	1	14.8	
	LEFT	1	14.9	
SCAPULAE	RIGHT	1		Coracoid process fractured
	LEFT	1		
HUMERI	RIGHT	1	31.7	
	LEFT	1	31.6	
RADII	RIGHT	1	24.1	
	LEFT	1	24.0	
ULNAE	RIGHT	1	25.7	
	LEFT	1	25.6	
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1	45.9	
	LEFT	1	46.2	
PATELLAE	RIGHT	1		
	LEFT	0		Missing
TIBIAE	RIGHT	1	38.6	
	LEFT	0		Missing
FIBULAE	RIGHT	1	38.1	
	LEFT	0		Missing
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO	47.3	APPROXIMATE	
ESTIMATED HEIGHT	170.0-66.9 5' 6 7/8"	AGE	21 - 23 YEARS
ESTIMATED WEIGHT	150-155	LEG-HIP BR RATIO	59.2

ENCLOSURE TO: Unknown X-60
Kalaikunda, India


 PAUL L. GRAVENOR
 LAB SUPERVISOR
 -ANTHROPOLOGIST-

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 medium height young man of 21-23 years of age with an average body build, weighing 150-155 pounds. The absence of the cranial and most facial parts precludes a complete description.

The mandible is light in structure and fairly deep.

The chin forms a narrow bilateral eminence with the left mental eminence more prominent than the right.

There is slight gonial eversion.

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

SIGNATURE

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

IDENTIFICATION SECTION :
PATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

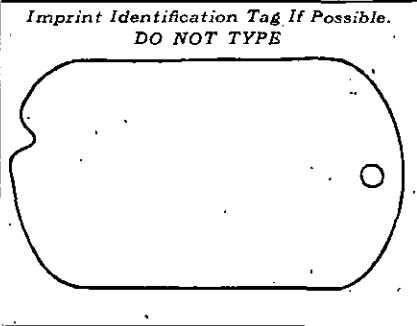
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME -

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



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-60 (Formerly Unknown X-15 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-60)	

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. 1732
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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. Mil. Cem., Myitkyina, Burma	PLOT No. 1	ROW No. B	GRAVE No. 89
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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) Lorango, Joseph P.	RANK Pvt	SERIAL No. 32578916	ORGANIZATION 209 Engr	GRAVE No. 1733
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Harris, Raymond F.	RANK T/5	SERIAL No. 36312550	ORGANIZATION 5307 CoU	GRAVE No. 1731
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 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.

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


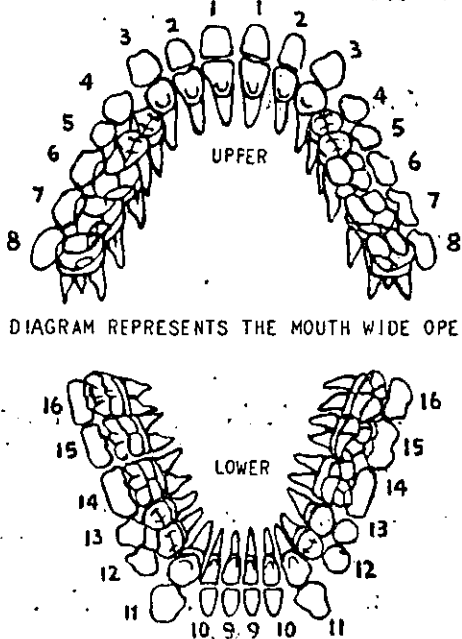




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

DEC 1944 ¹⁶²

X-15

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

(TM 10-630 AND AR 30-1815)

Unknown X-15

<u>Myitkyina, Burma</u> (Last name)	<u></u> (First)	<u></u> (Initial)	<u></u> (Serial number)	<u></u> (Rank)	<u></u> (Organization)
<u>Reinterred 6 Nov 44</u> (Time and date of burial)	<u>U.S. Military Cemetery</u> (Name of cemetery)		<u>Myitkyina, Burma</u> (Name or coordinates of location)		

<u>89</u> (Grave number)	<u>B</u> (Row number)	<u>I</u> (Plot number)	<u>Wooden cross</u> (Type of marker—Regulation V-shaped or other)
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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>Parvin Cook</u> (Name)	<u>35725779</u> (Serial number)	<u>Pfc</u> (Rank)	<u>475th Inf Bn</u> (Organization)	<u>88-B</u> (Grave number)
Body buried on LEFT	<u>Wm. A. Giffing</u> (Name)	<u>3350164</u> (Serial number)	<u>Sgt</u> (Rank)	<u>475th Inf Bn</u> (Organization)	<u>90-B</u> (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 4 X-15

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.

Handwritten signature of John H. Cae

(Signature of officer or other person reporting burial)

JOHN H. CAE

(Verified by Army G.I. Officer)

LEFT HAND

4
3
2
1

THUMB

RIGHT HAND

4
3
2
1

THUMB

RESTRICTED

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

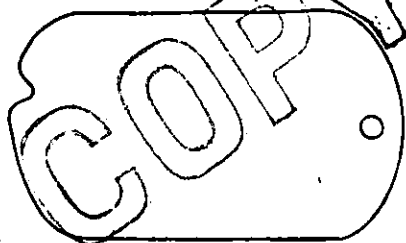
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT

26 Jan 1946

Imprint Identification Tag If Possible
DO NOT TYPE



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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. B	GRAVE No. 89
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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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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 *and 6722*

RESTRICTED

	Section UNIDENTIFIED REMAINS.	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>										
LEFT LITTLE FINGER	LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">HEIGHT</td> <td style="width:25%;">WEIGHT</td> <td style="width:25%;">COLOR OF EYES</td> <td style="width:25%;">COLOR OF HAIR</td> <td style="width:20%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
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LEFT MIDDLE FINGER	LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">WEAPON AND SERIAL No.</td> <td style="width:30%;">LAUNDRY MARKS</td> <td style="width:30%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
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OTHER IDENTIFICATION CLUES												
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REMARKS:												

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.

13 Jan 1947

UNKNOWN X-60

DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma.			6	R 1732
PLACE OF DEATH		PLACE OF BURIAL	PLOT	ROW GRAVE NO.
		Kalaikunda, India		

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	A	A		P			P	P	P				X	A		TYPE
LOCATION		omf	omd	od												o		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">C</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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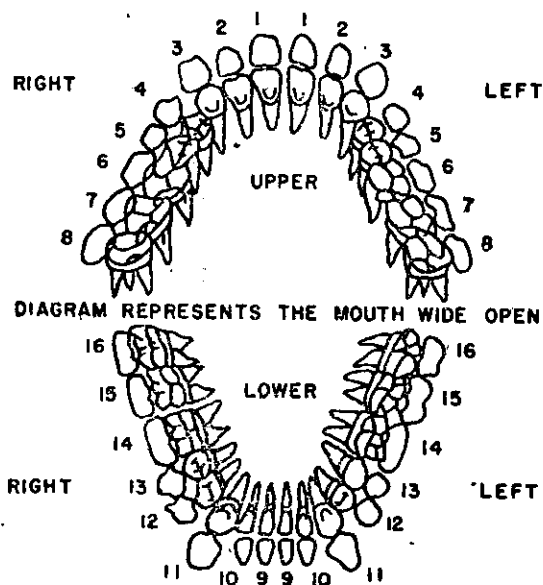
INSTRUCTIONS:

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:

R-16 and L-16 are partially erupted

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 Janauary 1947

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. 6 - R - 1732 of Unknown X-60 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Mandible
Right and left clavicle
Right and left scapula
16 Ribs
1st vertebrae
2nd vertebrae
6 Other vertebrae
Right and left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right tibia
Right fibula.

2. Dental identification chart was prepared for the mandible.
3. There is no evidence of remains of more than one individual.


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