

IFW

207

RKH GWA

HONOLULU NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred 11 March 1949
M. 1394

Alvan C. Baker - Cemetery Superintendent

H
1

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 UNKNOWN X-000064	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY KALAIKUNDA				DISPOSITION OF REMAINS 0 0492 64 CODE DIST. PT.
PLOT 7	ROW N	GRAVE 1359	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-64	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH Unk	DATE DISINTERRED 20 October 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> 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 Temporary Casket	CONDITION OF REMAINS Skeletal
--------------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION
Grave Marker and 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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 7 Feb 49 BY G. D. Meek 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.

2 JUL 1949
C. J. SURINE, CWO, USA
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMG 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

1. SHIPPED

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

JUN 3 11 21 PM '49
 MEMORIAL DIVISION
 REPATRIATION RECORDS BRANCH
 JAMES B HARRIS
 CAPTAIN O M C
 10/19

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 (REVERSE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HAWAIIAN NATIONAL CEMETERY	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- 64) (Kalaiunda)

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

23 May 1947.

LETTER.

FROM: OQ 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.) (Kalaiunda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-64 (Kalaikunda)

I N D E X S H E E T

S U M M A R Y

1st Ind.

8 May 1947

FROM: OCMG
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

QMNT 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 NPREC 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 Kalakunda, India, and X-314, X-~~314~~, 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. N. Guildford
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, QMGRU 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
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

HORACE MANN
Captain, MC
Chief, RR Div

AIR MAIL

RRTEC 293

SUBJECT: Resolution of Unidentified Remains

42 Incls

6. QIC Form 1044-1044a-1044b-Bone List-X-59-Kalaikunda
7. QIC Form 1044-1044a-1044b-Bone List-X-60-Kalaikunda
8. QIC Form 1044-1044a-1044b-Bone List-X-63-Kalaikunda
9. QIC Form 1044-1044a-1044b-Bone List-X-64-Kalaikunda
10. QIC Form 1044-1044a-1044b-Bone List-X-65-Kalaikunda
11. QIC Form 1044-1044a-1044b-Bone List-X-66-Kalaikunda
12. QIC Form 1044-1044a-1044b-Bone List-X-68-Kalaikunda
13. QIC Form 1044-1044a-1044b-Bone List-X-69-Kalaikunda
14. QIC Form 1044-1044a-1044b-Bone List-X-74-Kalaikunda
15. QIC Form 1044-1044a-1044b-Bone List-X-75-Kalaikunda
16. QIC Form 1044-1044a-1044b-Bone List-X-76-Kalaikunda
17. QIC Form 1044-1044a-1044b-Bone List-X-77-Kalaikunda
18. QIC Form 1044-1044a-1044b-Bone List-X-78-Kalaikunda
19. QIC Form 1044-1044a-1044b-Bone List-X-80-Kalaikunda
20. QIC Form 1044-1044a-1044b-Bone List-X-104-Kalaikunda
21. QIC Form 1044- 1044b-Bone List-X-105 Kalaikunda
22. QIC Form 1044-1044b-Bone List X-383 Barrackpore
23. QIC Form 1044-1044a-1044b-Bone List-X-397-Barrackpore
24. QIC Form 1044-1044a-1044b-Bone List-X-398-Barrackpore
25. QIC Form 1044-1044a-1044b-Bone List-X-399-Barrackpore
26. QIC Form 1044-1044a-1044b-Bone List-X-511-Barrackpore
27. QIC 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 1044-1044a-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 X-64 Kalaikunda, India				2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY US Army Mausoleum #2 Formerly of Kalaikunda, India		4. PLOT 7	5. ROW Box N	6. GRAVE 1584 1359	7. DATE OF DISINTERMENT 26 Apr 48	REINTERMENT 26 Apr 48

PHYSICAL DESCRIPTION Age: 23-25 years.					
8. ESTIMATED WEIGHT 165-175	9. ESTIMATED HEIGHT 181-71.26 5' 11 1/4"	10. COLOR OF HAIR U.T.D.		11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute I.D. tag reads: "Unk-X-64." One (1) Form 1042 reads:
 "Unk-X-19, P-1, R-E, Gr-255, Body on left - Tyrajski, Ben J. 35052781,
 475th Inf, Gr-256. Body on right - Smazenko, Jerry. (NMI) 35547880,
 475th Inf, Gr-254."

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

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

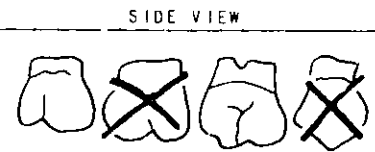
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Incl 9

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

X-64

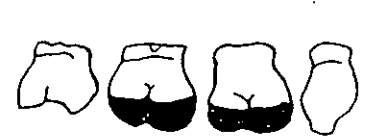


CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

KALAIKUNDA, INDIA



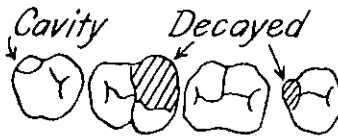
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



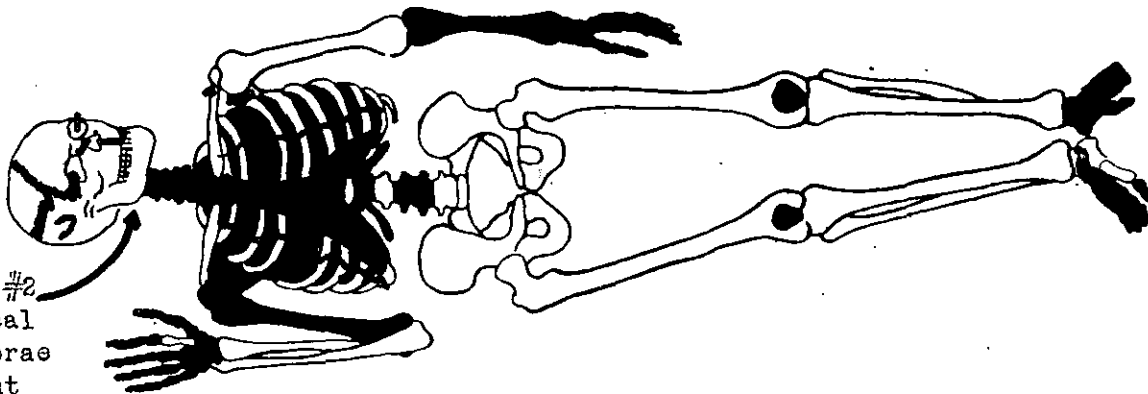
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Back of maxillary teeth missing	R	H											H	H	Back of maxillary teeth missing		
	0,0	0,0L											M0,0	0,0,F			
Side Views															Side Views		
Top Views															Top Views		
Side Views															Side Views		
imp.	A	A											A	A	A	A	⊙
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."

1. R-1 is in a slight facial version, so is L-2.
2. L-4 is in a slight torsion version.
3. L-16 is partially impacted.
4. Over-crowded lower anteriors with R-9 in a facial version.

Bl

19. BLACK OUT PARTS OF BODY NOT RECOVERED



#1 & #2
cervical
vertebrae
present

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 tall young man 23-25 years of age with average body build. The skull is average in size and oval in shape. The backhead projects. The forehead is sloping. The brow ridges are very prominent giving the the forehead a concave appearance. The face is rather square in shape. The profile is straight. The chin forms a fairly wide bilateral 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

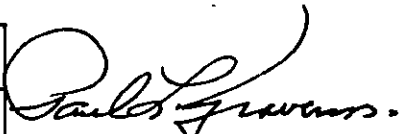
SIGNATURE

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

**CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.6	Multiple fractures
VERTEBRAE	CERVICAL	2		#3 to #7 inclusive missing
	THORACIC	6		6 missing
	LUMBAR	3		#2 & #3 missing
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.7	
	LEFT	1		
RIBS		18		6 missing
STERNUM		0		missing
CLAVICLES	RIGHT	1	16.8	
	LEFT	1	App 16.2	Distal end eroded
SCAPULAE	RIGHT	0		Missing
	LEFT	1		Fractured
HUMERI	RIGHT	0		Missing
	LEFT	1	34.3	
RADII	RIGHT	1	26.7	
	LEFT	0		Missing
ULNAE	RIGHT	1	28.5	
	LEFT	0		Missing
HANDS	RIGHT	1		#2 metacarpal only part present
	LEFT	0		Missing
FEMORA	RIGHT	1	49.5	
	LEFT	1	49.7	
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	1	40.7	
	LEFT	1	40.2	
FIBULAE	RIGHT	1	39.6	
	LEFT	1	39.1	
FEET	RIGHT	1		All missing except talus, calcaneus & #1
	LEFT	0		Missing metatarsal

HUMERO-CLAVICULAR RATIO	48.1	APPROXIMATE	
ESTIMATED HEIGHT	181-71.26 5' 11 1/4"	AGE	23 - 25 YEARS
ESTIMATED WEIGHT	165 - 175	LEG-HIP BR RATIO	55.9


 PAUL L. GRAVENOR
 LAB SUPERVISOR

ENCLOSURE TO: Unknown X-64
Kalaikunda, India

~~ANTHROPOLOGIST~~

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.

18 Jan 1947

DATE

UNKNOWN X-64

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India

7

N

1359

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







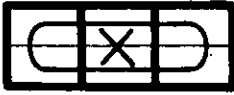








GRAVE NO.

	RIGHT								UPPER TEETH				LEFT				
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	U	A	A											A	A	U	TYPE
LOCATION		o ^v	o ^v											om	o ^v		LOCATION

INSIDE — LOOKING OUT

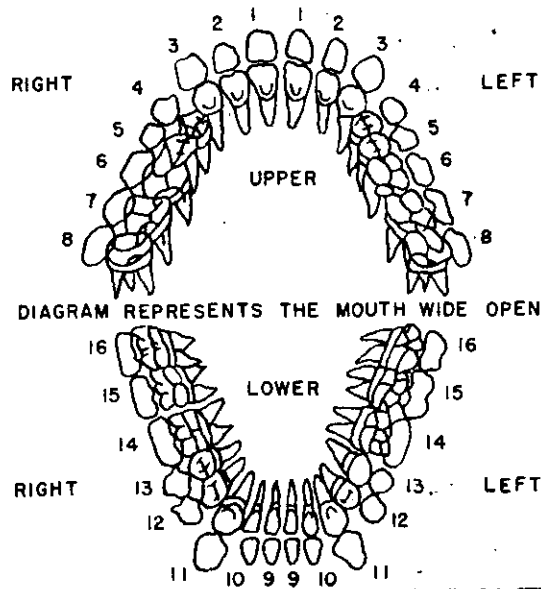
	RIGHT								LOWER TEETH				LEFT				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	A											A	A		TYPE
LOCATION		o	om											omd	o		LOCATION

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)	 <i>un erupted</i>	 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:

R-16 impacted against R-15
R-9 displaced anteriorly
L-11 rotated externally
L-16 impacted

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

18 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
18 January 1947

314.6 (18 Jan 47)

SUBJECT: Examination of human remains.


TO : The Commanding Officer,
American Graves Registration Service, India-Burma Zone,
APO 465.

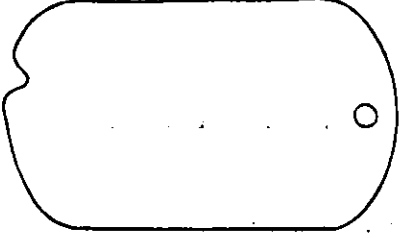
1. The remains of grave No. 7 - N - 1359 of Unknown X-64 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull and mandible
Right and left clavicle
Left scapula
1st vertebrae
10 Other vertebrae
Left humerus
Right radius
Right ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula


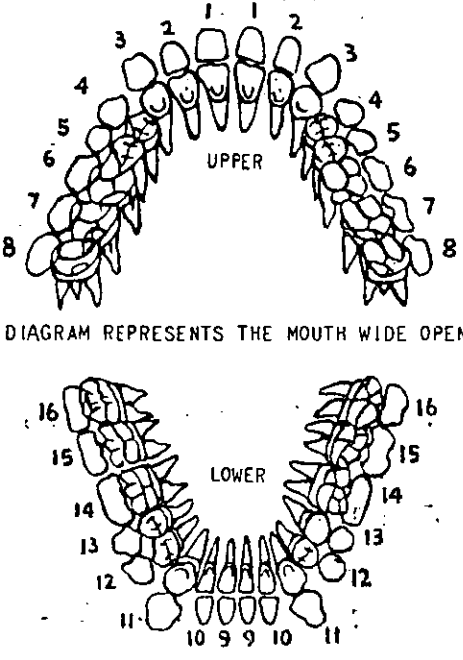





2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was about 6ft 1" tall and weighed about 170 to 185 lbs.


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

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 25 Jan 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) Unknown X-64 (Formerly unknown X-19 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-64)							
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 23 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) blanket	TYPE OF GRAVE MARKER cross	PLOT No. 7	ROW No. N	GRAVE No. 1359	
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. E	GRAVE No. 255	
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) no	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Guttenberger, Walter			RANK Pfc	SERIAL No. 32526832	ORGANIZATION 209 Engr	GRAVE No. 1360	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Brown, Clifford M.			RANK T/5	SERIAL No. 33484088	ORGANIZATION 236 Engr	GRAVE No. 1358	
SIGNATURE OF PERSON PREPARING REPORT Pfc P.J. Krystosek <i>P. Krystosek</i>			SIGNATURE OF GRS OFFICER VERIFYING REPORT William S Smith Jr, 2nd Lt, Inf <i>W. S. Smith Jr</i>				
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.							

Doc # 26

	Section 3.—UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
				
REMARKS:				

166 *med 19 Feb 45* ^{X-19}

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

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

Unknown X-19

<u>Myitkyina, Burma</u> (Last name)	<u> </u> (First)	<u> </u> (Initial)	<u> </u> (Serial number)	<u> </u> (Rank)	<u> </u> (Organization)
<u>Myitkyina, Burma</u> (Place of death)	<u> </u> (Date of death)			<u> </u> (Cause of death)	
<u>Reinterred 18 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>255</u> (Grave number)	<u>E</u> (Row number)	<u>I</u> (Plot number)	<u>Wooden cross</u> (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>Jerry Smazenko</u> (Name)	<u>35547890</u> (Serial number)	<u>Pfc</u> (Rank)	<u>475th Inf Bn</u> (Organization)	<u>254-E</u> (Grave number)
Body buried on LEFT	<u>Ben Z. Tyrajski</u> (Name)	<u>35052781</u> (Serial number)	<u>Pfc</u> (Rank)	<u>475th Inf Bn</u> (Organization)	<u>256-E</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 7 X-19

RESTRICTED

LEFT HAND

4
3
2
1

THUMB

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 :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- 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

John H. Crabbe
1st. Lt Q.M.C. (Signature of officer or other person reporting burial)

RIGHT HAND

1

2

3

4

THUMB

RESTRICTED

REPRINT DATE OF REPORT

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

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

25 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE

COPY

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-19 of Myitkyina, Burma.)
UNKNOWN X-64

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-64)

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.
23 Jan 1946	1600	Blanket	Cross	7	N	1359

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.	ROW No.	GRAVE No.
1	E	255

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)
No	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Guttenberger, Walter	Pfc	32528832	209 Engr.	1360

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Brown, Clifford M.	T/5	33484088	236 Engr.	1358

SIGNATURE OF PERSON PREPARING REPORT: Pfc. P.J. Krystosek.

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 # 18*

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


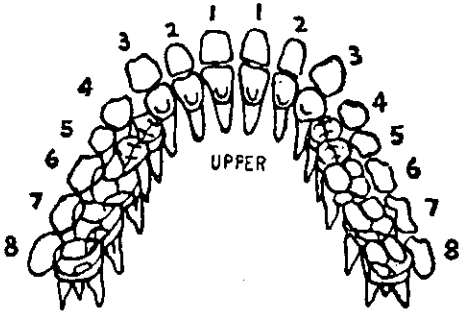




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

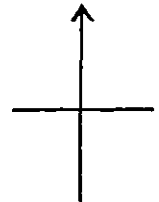
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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: