

NATIONAL OF THE PACIFIC

Interred 11 March 1949
N 149

DISINTERMENT DIRECTIVE

BAKER

- 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-000065

8

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

E 0 1446 INDIA

CAUSE OF DEATH

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 DISTINTERRED

UNKNOWN X-65

Unk

Unk

Unk

21 October 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

Unk

Richard A. Warren,
1st 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

William J. Willis, Embalmer

CASKET SEALED BY

EMBALMER (Signature)

R. L. Trask

R. L. Trask

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7 Feb 49 BY R. L. Trask

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, CWO, USA
12 JUL 1949
REPATRIATION BRANCH

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 Law D	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt.; QMC 01585944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 24 FEB 1949

REPAIR/RECORDS BRANCH
 JUN 3 4 21 PM '49
 MEMORIAL DIVISION
 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

JKP
FILE UNDER NO. 293 Unk. India (X- 65) (Kalaianda)

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

23rd May 1947.

LETTER.

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

SUBJ: Identification of Unk. Deceased.

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

op

FILE UNDER NO. 293 - Unknown India X-65 (Kalaikunda)

I N D E X S H E E T

S Y N O P S I S

1st Ind.

8 May 1947

FROM: OQMG
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) (Xs48 thru X-81)

rtb

QMONT 293
GNS 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 RRUREG 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-510, 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. MEYER
Lt. Colonel, QMC
Memorial Division

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

AIR MAIL

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-65 Kalaikunda, India				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India		4. PLOT Box 6	5. ROW No. 0	6. GRAVE 1371 1446	7. DATE OF DISINTERMENT REINTERMENT 26 Apr 48 26 Apr 48

PHYSICAL DESCRIPTION Age 24 to 26 years.

8. ESTIMATED WEIGHT 145 to 155 lbs.	9. ESTIMATED HEIGHT 156-61.43-5'1 3/8"	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: "Unknown X-65."

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

None

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	<i>F. H. Waters</i>	<i>11 Jan. 1949</i>
Capt. Sp. S. 0-240085		

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

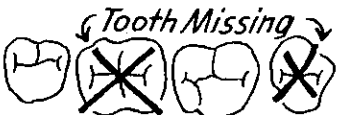

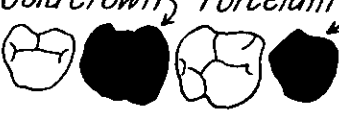

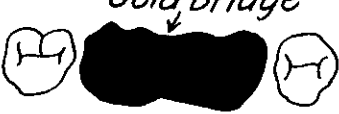

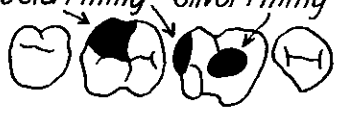

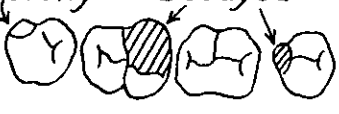

YES NO **Left scapula, right femur fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Six (6) segmented sacrum, 1st 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

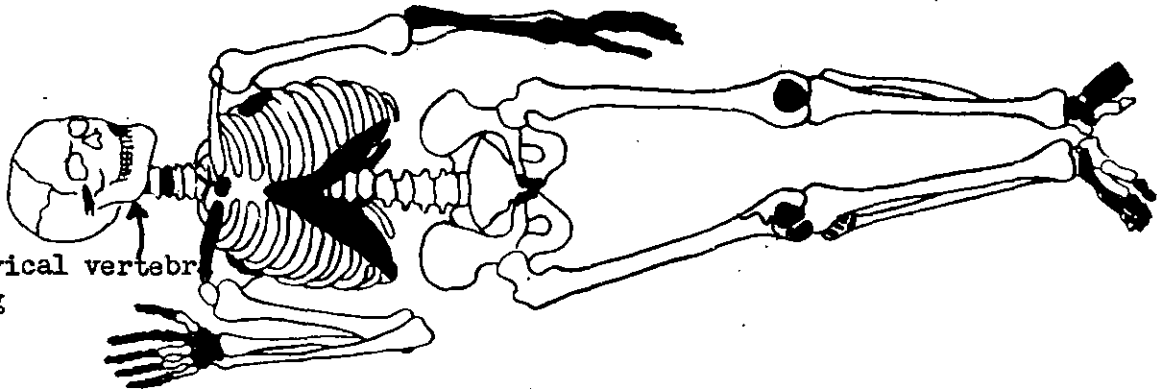
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: X-65</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER 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		
													○	H ○			
<i>Side Views</i>																	<i>Side Views</i>
<i>Top Views</i>																	<i>UPPER</i>
																	<i>LOWER</i>
<i>Side Views</i>																	
													○	H ○			
	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."

L-13 and L-5 are in slight torsti version.

19. BLACK OUT PARTS OF BODY NOT RECORDED



#3 cervical vertebra missing

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 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 very short muscular man in his middle twenties, with wide hips and fairly broad shoulders. The skull is a small average oval outline with slightly projecting backhead, and narrow upright forehead. The face is short and wide with a straight profile. The nasal bones are wide and fairly high, which would indicate a short broad nose. Upper jaw presents some alveolar prognathism. Palate is quite large. The lower jaw is of fairly sturdy construction with little gonial eversion and has rounded bilateral chin eminence.

Fluoroscopic examination negative. 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 & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.5	All present.
VERTEBRAE	CERVICAL	5		#3 & 5 missing.
	THORACIC	11		One missing.
	LUMBAR	5		All present.
SACRUM		1		All present.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.4	Some erosion.
	LEFT	1		" "
RIBS		23		One missing.
STERNUM		1		2 fragments, manubrium.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	Approx. 15.0	Eroded both ends.
SCAPULAE	RIGHT	1		Eroded.
	LEFT	1		Eroded and fractured body.
HUMERI	RIGHT	1	30.4	
	LEFT	1	30.3	All present.
RADII	RIGHT	1	22.5	" "
	LEFT	0		Missing.
ULNAE	RIGHT	1	24.6	All present.
	LEFT	1	24.6	" "
HANDS	RIGHT	1		All missing except #1-3-4-5 metacarpals.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Fractured distal end, portion of left condyle missing.
	LEFT	1	40.9	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	34.6	
	LEFT	1	34.0	
FIBULAE	RIGHT	1	33.6	
	LEFT	1	33.6	
FEET	RIGHT	1		All present except #2-3 cuneiform, & #3 metatarsal.
	LEFT	1		All missing except calcaneus, cuboid, and #1 metatarsal.

HUMERO-CLAVICULAR RATIO	Approx. 49.6	APPROXIMATE	
ESTIMATED HEIGHT	156-61.43-5'1 3/8"	AGE	24 to 26 YEARS
ESTIMATED WEIGHT	145 to 155	LEG-HIP BR RATIO	67.1


Paul L. Gravenor,
 Lab. Supervisor
 XNTH05602137X

ENCLOSURE TO: X-65

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 Jan 1947

DATE

UNKNOWN X-65

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma. Kalaikunda, India

6

0

1446

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		X			⊗	⊗	⊗	⊗	⊗	⊗					A	U	TYPE			
LOCATION																O		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		TYPE				
LOCATION															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)	 FACIAL (TOWARD CHEEK)	

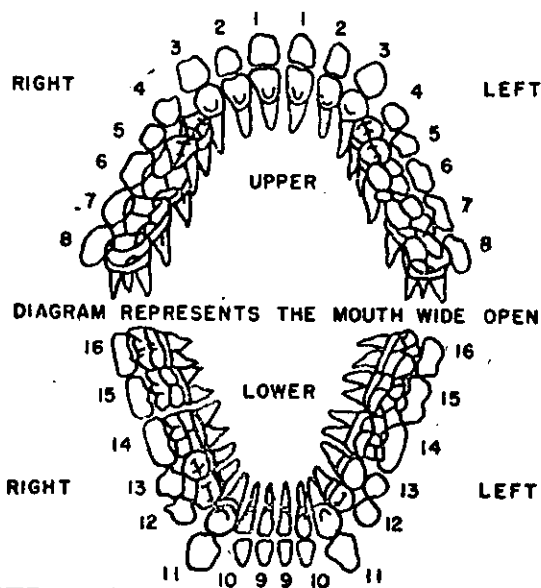
INSTRUCTIONS:

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 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 - 0 - 1446 of Unknown X-65 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Maxilla and mandible
Left clavicle
Right and left scapula
Right and left 1st rib
Manubrium of the sternum
1st vertebrae
21 Other vertebrae
Right and left humerus
Right radius
Right and left ulna
Sacrum
Right and left Os innominatum
Upper 2/3 and condyle of a right femur
Left femur
Right and left tibia
Right and left fibula
2 Tarsals
Complete right foot
Right Os calcis
Shoe size 8EE

2. Dental identification chart was accomplished.

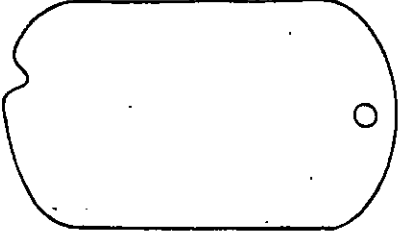
3. There is no evidence of remains of more than one individual. The individual was about 5ft 9" tall and weighed about 140 to 145 lbs.


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

RESTRICTED

REINTERMENT

J

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (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.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-65 (Formerly Unknown X-20 of Lyitkyina)					
		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-65)							
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. 0	GRAVE No. 1446	
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. 260	
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) Henderson, Price M.			RANK Cpl	SERIAL No. 15116420	ORGANIZATION 236 Engr	GRAVE No. 1447	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Shapiro, Manny			RANK Pfc	SERIAL No. 32805033	ORGANIZATION 475 Inf	GRAVE No. 1445	
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.							

Dnd 489

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
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OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

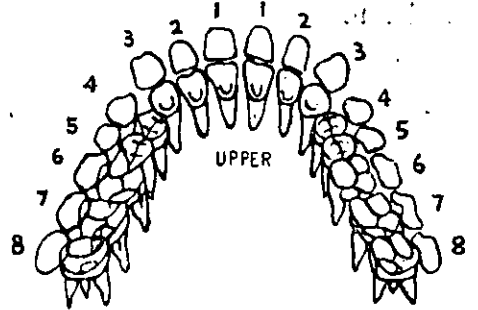
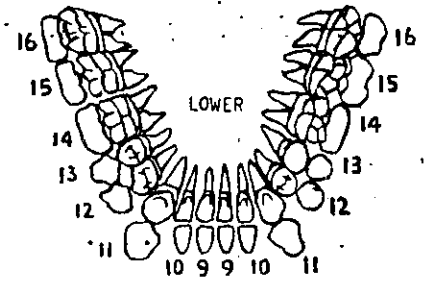
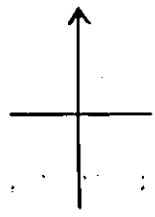


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED Feb 45

X-20
X 30 Burma

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

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

167

Unknown X-20
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

Reinterred 18 Nov 44 U.S. Military Cemetery Myitkyina, Burma
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

260 E I Wooden cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to mark Yes No

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT ~~Empty~~ Herbert Sanning 35546918 PFC 475th Inf Bn 259-E
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT ~~Empty~~ Empty Empty Empty Empty Empty 261-E
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same:

incl #13 X-20

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 H. CRABBE

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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
25 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-20
of Myitkyina)
UNKNOWN X-65

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-65)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U.S. Military Cemetery, Kalaikunda, India.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Jan 1946	1600	Blanket	Cross	6	0	1446

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	260

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)

Henderson, Price M.

RANK

Cpl.

SERIAL No.

15116420

ORGANIZATION

236 Engr

GRAVE No.

1447

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Shapiro, Manny

RANK

Pfc.

SERIAL No.

32805033

ORGANIZATION

475 Inf

GRAVE No.

1445

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

Jul 15

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


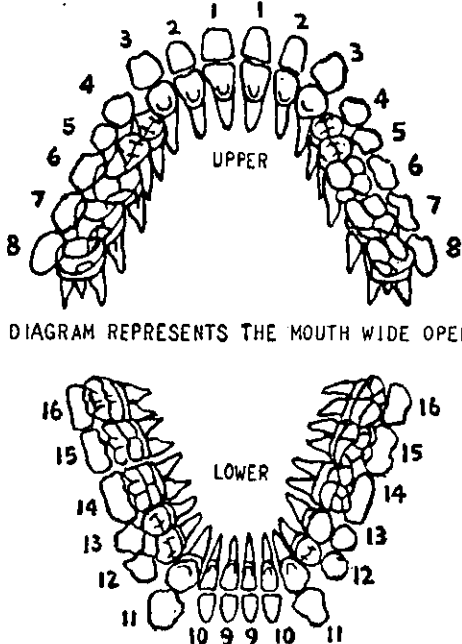

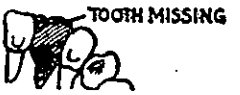


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

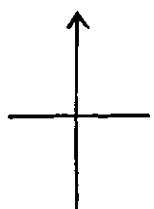
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
LEFT RING FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
RIGHT THUMB		
RIGHT LITTLE FINGER		
RIGHT RING FINGER		
RIGHT MIDDLE FINGER		
RIGHT INDEX FINGER		
RIGHT THUMB		

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: