

OF THE PACIFIC
 Interred 1 February 1949 **DISINTERMENT DIRECTIVE**

C. 1552

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 X-000067

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DISPOSITION OF REMAINS

DAY | MONTH | YEAR

CEMETERY

KALAIKUNDA

0 0492 | 64
 CODE | DIST. PT.

PLOT | ROW | GRAVE | COUNTRY

5 | M | 1217 | 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

UNKNOWN X-67

SERIAL NUMBER

Not Ind

RANK

Not Ind

DATE OF DEATH

Not Indicated

DATE DISINTERRED

Not Indicated

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Not Ind

IDENTIFICATION VERIFIED BY

J. L. MURPHY, Capt. QMC
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Temporary casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Cemetery Record

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 1948

BY ROBERT W. RALSTON (Embalmer)

CASKET SEALED BY

J. P. SIMONI

EMBALMER (Signature)

Joseph P. Simoni
 J. P. SIMONI

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

12 MAR 1949

DATE 13 Jan 49 BY J. P. SIMONI

C. J. SURINE, CWO, USA

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

C. J. Surine
 C. J. SURINE, CWO, USA
 SIGNATURE OF GRS INSPECTOR

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.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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 UNKNOWN		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HONOLULU 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- 67) (Kalaianda)

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

23 May 1947.

LETTER.

FROM: O.M.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.) (Kalaianda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-67 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: OQMG
TO: CO, Amer. GRS, 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

QCMT 293

1st Ind.

GHS Pacific

SUBJECT: Resolution of Unidentified Remains

Dept of the Army, OTCG, Washington 25, D. C. 7 December 1948

TO: Commanding Officer, American Graves Registration Service, Pacific
Zone, APO 950, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of all Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

7 Incls v/d

F. H. METZ
Lt. Colonel, OTCG
Memorial Division

RRREC 293

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.

1. Transmitted herewith QMC Forms 1044 for seven (7) unknowns stamped and signed in accordance with ltr, DA QMG QMGIU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dtd 22 September 1948.

2. Detailed study of the files pertaining to these remains offer no clue as to individual or collective identity.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

7 Incls

- | | |
|-------------------------------------------------|-----------------------------------------------------|
| 1. QMC Form 1044-1044b-Bone List
X-50 | HARRIE E. HOXIE
Lt. Colonel, QMC
Deputy Chief |
| 2. QMC Form 1044-1044a-1044b-
Bone List-X-51 | |
| 3. QMC Form 1044-1044a-1044b-X-54 | |
| 4. QMC Form 1044-1044a-1044b-Bone List
X-67 | |
| 5. QMC Form 1044-1044b-Bone List-X-70 | |
| 6. QMC Form 1044-1044b-Bone List-X-71 | |
| 7. QMC Form 1044-1044a-1044b-Bone List-X-79 | |

IDENTIFICATION DATA

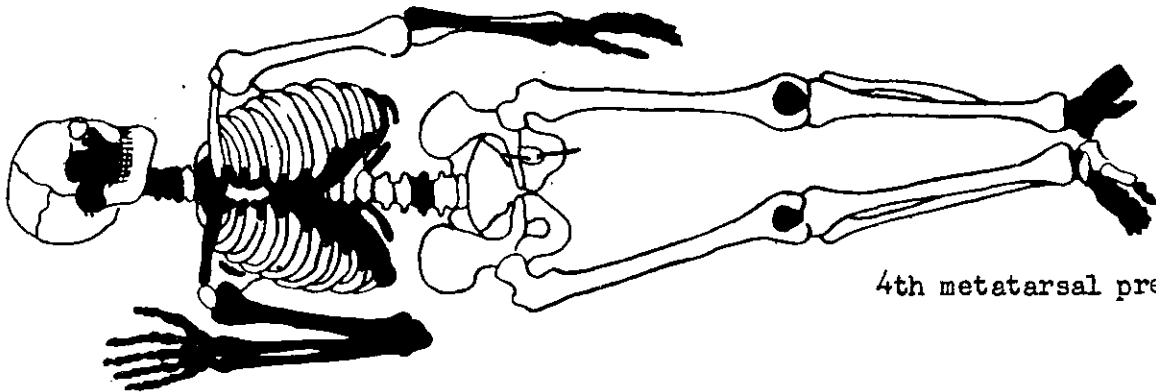
1. REMAINS OF UNKNOWN X-67 KALAIKUNDA				2. DATE OF REPORT 26 April 1948									
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India			4. PLOT 5	5. ROW M	6. GRAVE 1067 1217	7. DATE OF DISINTERMENT REINTERMENT 26 Apr 48 26 Apr 48							
PHYSICAL DESCRIPTION Age: 22 - 24													
8. ESTIMATED WEIGHT 130 lbs.		9. ESTIMATED HEIGHT 5' 5-3/4"		10. COLOR OF HAIR None.		11. RACE Possibly Mongoloid							
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I.D. tag reading: "Unknown X-67."													
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None													
<div style="font-size: 2em; letter-spacing: 0.5em; font-weight: bold;">U N I D E N T I F I A B L E</div> <p style="text-align: center; font-weight: bold;">BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black;">CLARENCE B. WATTS</td> <td style="width: 30%; border: 1px solid black;"><i>Clarence B. Watts</i></td> <td style="width: 30%; border: 1px solid black;"><i>15 Nov 1948</i></td> </tr> <tr> <td style="border: 1px solid black;">Capt. QMC 0358911</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>								CLARENCE B. WATTS	<i>Clarence B. Watts</i>	<i>15 Nov 1948</i>	Capt. QMC 0358911		
CLARENCE B. WATTS	<i>Clarence B. Watts</i>	<i>15 Nov 1948</i>											
Capt. QMC 0358911													
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?											
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?											
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Persistent, open metopic suture of frontal bone.													
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.													

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: Unk. X-67</p>	<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: KALAIKUNDA, INDIA</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
	This section of maxilla and teeth missing.													0		SECTION MAXILLA AND TEETH MISSING								
Side Views																								
Top Views																								
Side Views																								
	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."

19. BLACK OUT PARTS OF BODY NOT RECORDED



4th metatarsal 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.

/s/ Paul L. Gravenor

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a small, slight young man of approximately 22 - 24 years of age.

Skull presents a very small oval outline, high erect forehead and a fairly normal back-head. Frontal bone is divided into two (2) halves by an open metopic suture. Most facial parts missing, thereby, precluding detailed description of facial characteristics. However, it does appear to have been flat, of small proportions and of sharply defined characteristics. Chin is of light construction, comparatively wide and presents a rounded bilateral eminence.

Platymeria of the femurs and tibias and the sharp pilasters of the femurs, anterior-posterior bowing of the femurs together with large squatting facets at both the knee and ankle joints, all of which coupled with the smallness and muscularity of this man suggest Oriental ancestry.

Absence of sufficient facial parts precludes definite statement as to race of these remains. However, the skull's smallness, together with the above criteria tends to suggest Mongoloid possibilities. At the same time, the slighthness of mandible structure tends to draw away from the normal Mongoloid characteristics.

Fluoroscopic examination unnecessary. Teeth charted.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

SIGNATURE

/s/ O. W. Greenwood
O. W. GREENWOOD
(a.l.)

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	50.0	All face parts, except left malar, left 1/2 of maxilla and mandible missing, minus right ascending ramus.
VERTEBRAE	CERVICAL	1		#7 present. rest missing.
	THORACIC	10		2 missing.
	LUMBAR	4		#3 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.6	Ischium & pubis fractured.
	LEFT	1		
RIBS		20		one right. three left. ribs missing.
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	13.9	
SCAPULAE	RIGHT	1		Fragments of body missing.
	LEFT	1		Fragments of body missing.
HUMERI	RIGHT	0		Missing.
	LEFT	1	31.8	
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	1	26.2	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	44.6	
	LEFT	1	44.8	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.3	
	LEFT	1	37.1	
FIBULAE	RIGHT	1	36.5	
	LEFT	1	36.2	
FEET	RIGHT	1		All missing except talus, 1st cuneiform, 1st & 4th metatarsal and calcaneus.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO	.40	APPROXIMATE AGE (in years)	22 - 24
ESTIMATED HEIGHT	5' 5-3/4"	LEG-HIP BR RATIO	.55
ESTIMATED WEIGHT	130 lbs.		

/s/ Paul L. Gravenor
PAUL L. GRAVENOR
Lab. Supervisor.
ANTHROPOLOGIST

ENCLOSURE TO: X-67 Kalaikunda, India

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.

14 Jan 1947

UNKNOWN X-67

DATE

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India

5

M

1217

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															
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															
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)

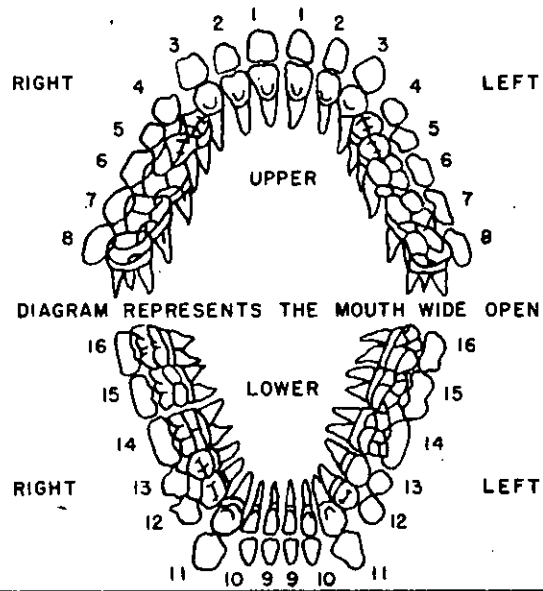
INSTRUCTIONS:

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
14 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
14 January 1947

314.6 (14 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. 5 - M - 1217 of X-67 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Cranium
Fragment of maxilla
Mandible
Left clavicle
Left and right scapula
19 Ribs
Body of the sternum
13 Vertebrae
Left humerus
Left ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula
Right Os calcis
Right talus.

2. Dental identification chart was accomplished.

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


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

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

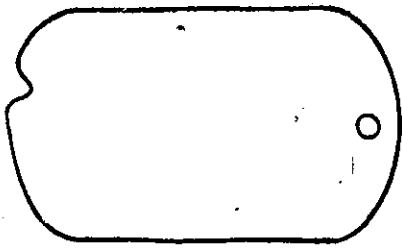
CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WD QMC Form 1842 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	Date of report 20 Jan 1946
-------------------------------------------------------------------	-----------------------------------------------------------	-------------------------------

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial) **UNKNOWN X-67** (Formerly Unknown X-22 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
-------------------------------------------	----------------	---------------

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-67)	

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 18 Jan 1946	Hour 1600	Buried in (Shroud, blanket, or name of other) Blanket	Type of grave marker Cross	Plot No. 5	Row No. M	Grave No. 1217
--------------------------------------	---------------------	-----------------------------------------------------------------	--------------------------------------	----------------------	---------------------	--------------------------

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. F	Grave No. 308
------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------	----------------------	---------------------	-------------------------

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) Zeigler, Lee R.	Rank Pfc	Serial No. 33496022	Organization 124 Cav	Grave No. 1218
--------------------------------------------------------------------------------------------	--------------------	-------------------------------	--------------------------------	--------------------------

Body buried on deceased right, name (Last, first, middle initial) Shockey, Samuel W.	Rank Cpl	Serial No. 14078849	Organization 9 ComCar	Grave No. 1216
------------------------------------------------------------------------------------------------	--------------------	-------------------------------	---------------------------------	--------------------------

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.

Serial #9

Section 3.—UNIDENTIFIED REMAINS.


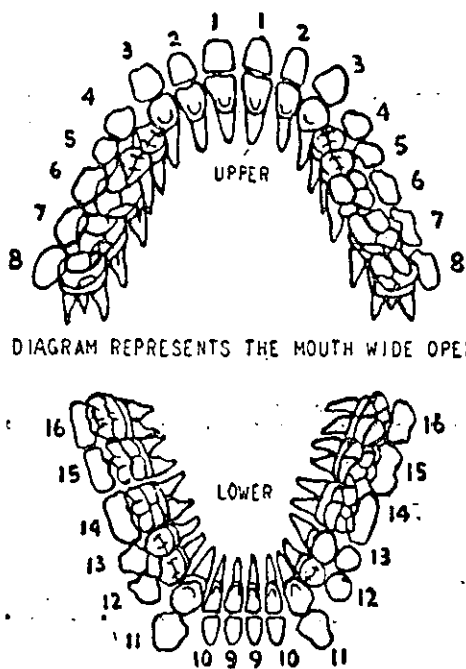




INSTRUCTIONS:

(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.

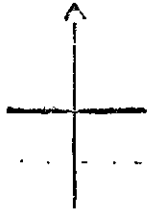
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

Left Little Finger	<p>FILLINGS</p> 	
Left Ring Finger	<p>CAVITIES</p> 	
Left Middle Finger	<p>MISSING TEETH</p> 	
Left Index Finger	<p>CROWNED TEETH</p> 	
Left Thumb	<p>BRIDGE WORK</p> 	
Right Thumb		
Right Index Finger		
Right Middle Finger		
Right Ring Finger		
Right Little Finger		

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)

169

recd 19 Feb 45
X-22 Burma

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

Unknown X-22

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

Reinterred 19 Nov 44

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

308

(Grave number)

F

(Row number)

I

(Plot number)

Wooden cross

(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 Ralph L. Martin

(Name)

O-489637

(Serial number)

1st Lt

(Rank)

1337th AAF B.U.

(Organization)

307-F

(Grave number)

Body buried on LEFT Kermit H. Newland

(Name)

35217814

(Serial number)

Pvt

(Rank)

241st Chemical

(Organization)

309-F

(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 #5 X-22

RESTRICTED

DEC 27 1944

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:

John H. Crabbe

(Signature of officer or other person reporting)

JOHN H. CRABBE

(Verified by Army GRS Officer)
Gr. Regis. Officer.

LEFT HAND

4
3
2
1

THUMB

RIGHT HAND

1

2

3

THUMB

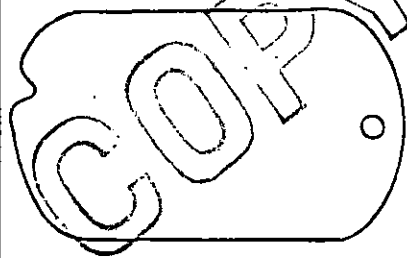
RESTRICTED

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
20 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-22 of Myitkyina)		SERIAL No.
UNKNOWN X-67		
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-67)	

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 18 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 5	ROW No. M	GRAVE No. 1217
-------------------------------	--------------	----------------------------------------------------------	-------------------------------	---------------	--------------	-------------------

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. F	GRAVE No. 308
--------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------	---------------	--------------	------------------

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) Zeigler, Lee R.	RANK Pfc.	SERIAL No. 33496022	ORGANIZATION 124 Cav	GRAVE No. 1218
-------------------------------------------------------------------------------------	--------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Shockey, Samuel W.	RANK Cpl.	SERIAL No. 14C78849	ORGANIZATION 9 Com Car	GRAVE No. 1216
-----------------------------------------------------------------------------------------	--------------	------------------------	---------------------------	-------------------

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.

MEMORIAL DIVISION
FEB 27 3 15 PM '47
REGISTRATION AND RECORDS BRANCH

Copy/ds Dec 18 47

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.


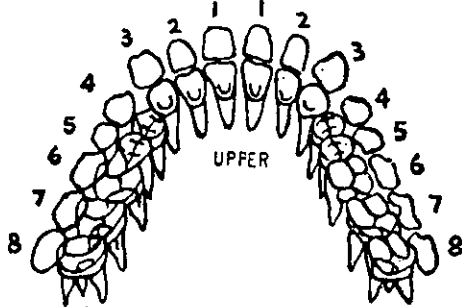
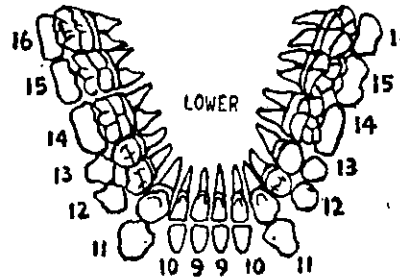




INSTRUCTIONS:

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

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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

RIGHT
LITTLE FINGER