

OF THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**

C 1306

*Alvan C. Baker*

- Cemetery Superintendent

SECTION A - **ALVAN C. BAKER**  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**4996 00000**

DATE  
**15 12 47**  
DAY MONTH YEAR

NAME: **UNKNOWN X - 000071** SERIAL NUMBER: **0** RANK: **0** ARM: **0** DATE OF DEATH: DAY MONTH YEAR

CEMETERY: **KALAIKUNDA** DISPOSITION OF REMAINS: **0** CODE: **0492** DIST. PT.: **64**

PLOT: **6** ROW: **L** GRAVE: **1142** 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-71** SERIAL NUMBER: **Not Ind** RANK: **Not Ind** DATE OF DEATH: **Not Indicated** DATE DISTINTERRED: **Not Indicated**

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **UNKNOWN** RELIGION: **Not Ind** IDENTIFICATION VERIFIED BY: **LLOYD G. ORMES (Embalmer)** 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: **None**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **2 July 1948** BY: **N. R. JOYNES (Embalmer)**

CASKET SEALED BY: **DONALD C. HERR** EMBALMER (Signature): *Donald C. Herr*  
**DONALD C. HERR**

CASKET BOXED AND MARKED: **13 Jan 49** BY: **DONALD C. HERR** 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**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

"Inspected for identification only per paragraph 2, 1st Ind, QMGM, file QMGMO 293 (Pacific), dated 5 May 1948."

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO <b>CHIEF HAWN D. C.</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> <b>JOHN L. MURPHY</b> Capt., - QMC - 07585944	DATE <b>19 JAN 1949</b>	SIGNATURE OF RECEIVER <i>James B. Harris</i> <b>JAMES B HARRIS</b> CAPTAIN Q. M. C.	DATE <b>JAN 19 1949</b>

## 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 (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HEADQUARTERS OF HAWAII HONOLULU NAVAL AIR STATION	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-71 ) (Kalaikunda)

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

23 May 1947.

LETTER.

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

SUBJ: Identification of Unk. Deceased.

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

op

FILE UNDER NO. 293 - Unknown India X-71 (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: 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

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. 6 - L - 1142 of Unknown X-71 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Right clavicle  
Left 1st rib  
23 Fragments  
11 Vertebrae  
Sacrum  
Right and left Os innominatum  
Lower 2/3 of a right femur  
Left femur  
Right tibia  
Fragment of the condyle of a left tibia  
6 Unidentifiable fragments

2. Accomplishment of dental identification chart was impossible.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 11" tall and weighed about 175 lbs.

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-71 KALAIKUNDA, INDIA</b>				2. DATE OF REPORT <b>26 April 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum #2 Formerly of Kalaikunda, India</b>		4. PLOT <b>6</b>	5. ROW <b>L</b>	6. GRAVE <b>1292 1142</b>	7. DATE OF DISINTERMENT <b>26 Apr 48</b>	REINTERMENT <b>26 Apr 48</b>

PHYSICAL DESCRIPTION Age: **22 - 24 years.**

8. ESTIMATED WEIGHT <b>170 - 175 lbs.</b>	9. ESTIMATED HEIGHT <b>186 - 73.2 - 6' 1-1/8"</b>	10. COLOR OF HAIR <b>U.T.D.</b>	11. RACE <b>U.T.D.</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag which reads: "Unknown X-71."  
 One (1) 1042 form reads: "X-26, Date of burial, 8/1/45, P-1, R-6, G-384. Body on left:  
 Lytch, Angus F., Major, O-659386, 201- Tact. Ren., Grave #385, Body on right:  
 Windt, Roy R., Pvt., 36374667, 209 - Eng., Grave #383.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	<b>U N I D E N T I F I A B L E</b>	
	<b>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b>	
	CLARENCE B. WATTS Capt. QMC 0358911	<i>Clarence B. Watts</i> 15 Nov 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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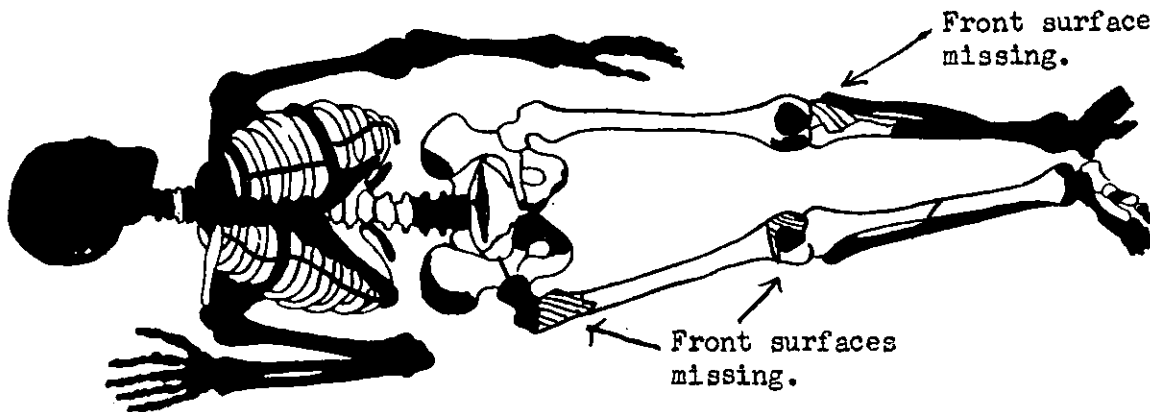
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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.

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.

/s/ Paul L. Gravenor  
 Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very tall young man of 22 - 24 years of age, with average muscularity, weighing 170 - 175 lbs.

A picture of the skull and facial features is impossible, due to the absence of the skull and facial parts.

Fluoroscopic examination unnecessary. No teeth present.

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., OMC  
 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		0		Missing.
VERTEBRAE	CERVICAL	1		6 missing.
	THORACIC	3		Possibly Nos. 10, 11 and 12; 9 missing.
	LUMBAR	2		3 missing.
SACRUM		1		Fractured, fragments of 2nd segment missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.6	Portions of ilium & pubis missing.
	LEFT	1		Portion of ilium and fragments of pubis missing.
RIBS		18		All fractured, 6 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.2	Acromion extremity fractured, few fragments missing.
	LEFT	0		Missing.
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1		Head, neck, greater trochanter & portion of shaft missing.
	LEFT	1	50.5 (Approx.)	Portion of medial condyle missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	40.9 (approx.)	Fractured at midshaft & distal extremity, medial malleolus missing.
	LEFT	1		Portion of head and upper 1/3 of shaft present only.
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	1		Fragments of 1 & 2 metatarsals present only.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO	APPROXIMATE AGE (in years)
186 - 73.2	22 - 24
ESTIMATED HEIGHT 6' 1-1/8"	LEG-HIP BR RATIO 52.6
ESTIMATED WEIGHT 170-175 lbs.	

/s/ Paul L. Cravenor  
PAUL L. GRAVENOR  
Lab. Supervisor

ENCLOSURE TO: X-71 KALAIKUNDA, INDIA

ANTHROPOLOGIST



**RESTRICTED**  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

*X-26 Burma  
red 19 Feb 45*

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

140

<u>Unknown X-26</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 8 Jan 1945</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>384</u> (Grave number)	<u>G</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 <b>RIGHT</b>	<u>Roy R. Wendt</u> (Name)	<u>36374667</u> (Serial number)	<u>Pvt.</u> (Rank)	<u>209th Ingr Bn</u> (Organization)	<u>385-G</u> (Grave number)
Body buried on <b>LEFT</b>	<u>Angus F. Lytch</u> (Name)	<u>0-659386</u> (Serial number)	<u>Major</u> (Rank)	<u>20th Tac Rcn Sqd</u> (Organization)	<u>385-G</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:

*#5 X-26 Burma*

**RESTRICTED**

27 JAN 1945

## 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*  
JOHN H. CRABBE,

1st Lt. G. M. (Verified by Army GRS Officer)

Gr. Regis. Officer.

MGIPC-SI-1-849 (PD-L/L)-21-1-44-50,000.

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

3

2

1

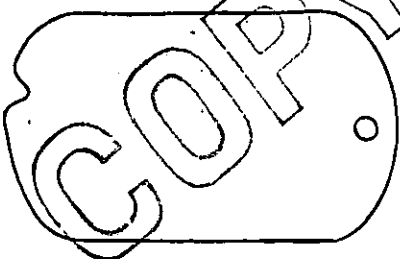
THUMB

**RESTRICTED**

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

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

REINTEGRATION  
DATE OF REPORT  
20 Jan 1946

Imprint Identification Tag If Possible DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) (Formerly Unknown X-26 of Myitkyina) <b>UNKNOWN X-71</b>		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <b>Myitkyina, Burma</b>	CAUSE OF DEATH	DATE OF DEATH	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (X-71)</b>	

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 <b>19 Jan 1946</b>	HOUR <b>1600</b>	BURIED IN (Shroud, blanket, or name of other) <b>Blanket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>6</b>	ROW No. <b>L</b>	GRAVE No. <b>1142</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>U. S. Military Cemetery, Myitkyina, Burma</b>	PLOT No. <b>1</b>	ROW No. <b>G</b>	GRAVE No. <b>384</b>
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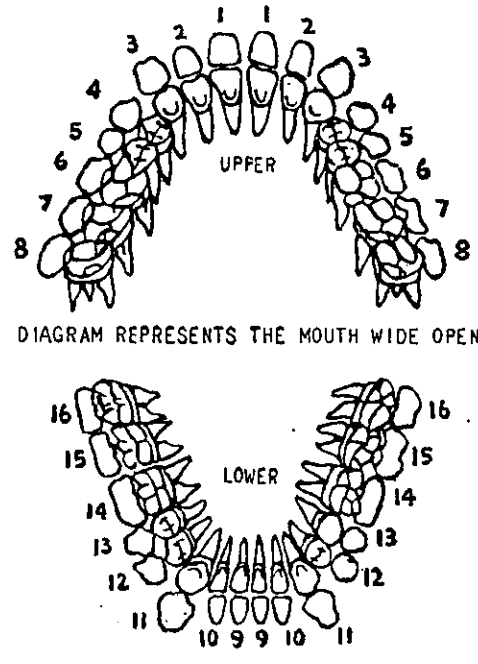





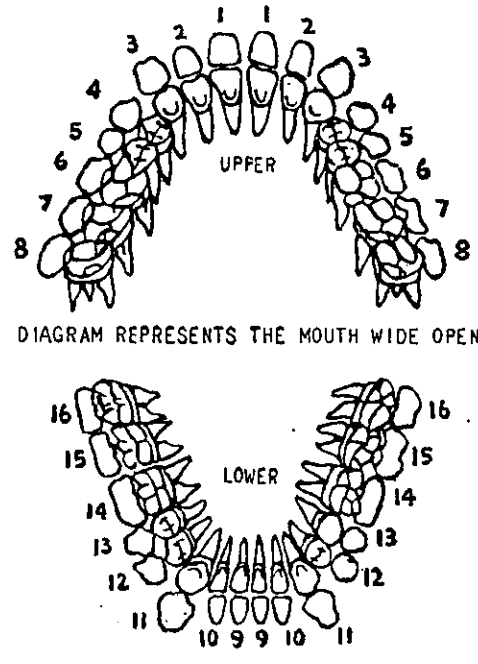





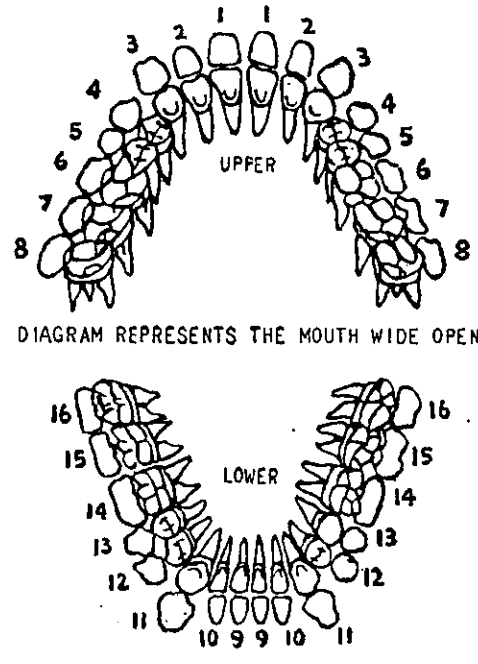




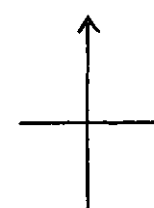
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>None</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Heaton, Lloyd G.</b>	RANK <b>Sgt.</b>	SERIAL No. <b>37001564</b>	ORGANIZATION <b>209 Engr</b>	GRAVE No. <b>1143</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Martin, David A.</b>	RANK <b>Pvt.</b>	SERIAL No. <b>32359353</b>	ORGANIZATION <b>236 Engr</b>	GRAVE No. <b>1141</b>
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SIGNATURE OF PERSON PREPARING REPORT <b>T/4 Q. E. Barber</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>William S. Smith Jr., 2nd Lt. Inf.</b>
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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.

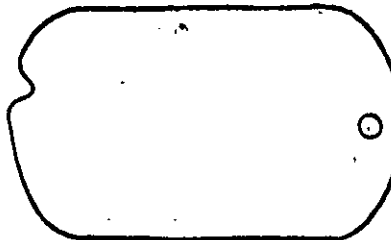
LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security 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.																
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES														
			COLOR OF HAIR														
	BIRTHMARKS, SCARS, OR TATTOOS																
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS														
	WHERE BODY WAS BURIED OR FOUND																
	OTHER IDENTIFICATION CLUES																
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE			
FILLINGS				 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES				 CAVITY DECAYED													
MISSING TEETH				 TOOTH MISSING													
CROWNED TEETH				 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK				 GOLD BRIDGE													
LEFT THUMB																	
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:																

IDENTIFICATION SECTION  
HEPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

# RESTRICTED REPRINT

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  
**20 Jan 1946**

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p><b>Section 1.—IDENTIFICATION.</b></p> <p>Name (<i>Last, first, middle initial</i>) <b>UNKNOWN X-71 (Formerly Unknown X-26 of Myitkyina)</b></p> <p>Serial No. _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Grade</td> <td style="width: 25%;">Organization</td> <td style="width: 50%;">Branch of Service</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Race</td> <td>Religion</td> <td>If other than U.S. dead, give name of country</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Grade	Organization	Branch of Service				Race	Religion	If other than U.S. dead, give name of country			
Grade	Organization	Branch of Service											
Race	Religion	If other than U.S. dead, give name of country											

Place of death <b>Myitkyina, Burma</b>	Cause of death	Date of death
Emergency addressee ( <i>Name, relationship, and address</i> )		

Identification tags found on body ( <i>1, 2, or none</i> ) <b>None</b>	If no tags found on body, describe means of identification ( <i>If unidentified, fill in section 3 on reverse</i> )
Were substitute tags provided? ( <i>Yes or no</i> ) <b>Yes (X-71)</b>	

List personal effects found on body and disposition of same

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**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 ( <i>Shroud, blanket, or name of other</i> )	Type of grave marker	Plot No.	Row No.	Grave No.
19 Jan 1946	1600	Blanket	Cross	6	L	1142

Was this a reburial? ( <i>Yes or no</i> ) <b>Yes</b>	If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave. <b>U. S. Mil. Cem., Myitkyina, Burma</b>	Plot No.   Row No.   Grave No. <b>1   G   384</b>
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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  <b>None</b>
Identification tag buried with body ( <i>Yes or no</i> ) <b>No</b>	Identification tag attached to marker ( <i>Yes or no</i> ) <b>Yes</b>	

Body buried on deceased left, name ( <i>Last, first, middle initial</i> ) <b>Heaton, Lloyd G.</b>	Rank <b>Sgt</b>	Serial No. <b>37001564</b>	Organization <b>209 Engr</b>	Grave No. <b>1143</b>
Body buried on deceased right, name ( <i>Last, first, middle initial</i> ) <b>Martin, David A.</b>	Rank <b>Pvt</b>	Serial No. <b>32359353</b>	Organization <b>236 Engr</b>	Grave No. <b>1141</b>

Signature of person preparing report <b>T/4 Q. E. Barber</b>	Signature of GRS Officer verifying report <b>William S. Smith Jr.</b> 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.

**RESTRICTED**

*Doc # 59*

**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.

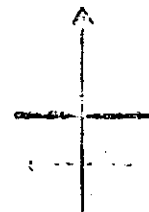
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

<b>FILLINGS</b>		
<b>CAVITIES</b>		
<b>MISSING TEETH</b>		
<b>CROWNED TEETH</b>		
<b>BRIDGE WORK</b>		

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



REMARKS: