

317-

Rtd GWA

NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC

Interred 1 February 1949  
C 1418  
DISINTERMENT DIRECTIVE  
- Cemetery Superintendent



SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

AT C. BAKER

DIRECTIVE NUMBER

4996 00000

DATE

15 12 47  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000072

8

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0

0492 64  
CODE DIST. PT.

LOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

8 0 1478 INDIA

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-72

Unknown

Unk

Unknown

21 Oct 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

Unknown

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

Disinterment record

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Oct 47

BY

W A MCNANAMY, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

R L TRASK

R L TRASK

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 13 Jan 49

BY R L TRASK

A J ROBERTSON, EMBALMER

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

A J Robertson  
A J ROBERTSON, EMBALMER

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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

Handwritten initials or signature.

# 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. QTC 01585944	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		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER
		DATE

## 6. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER
		DATE

## 7. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER
		DATE

FILE UNDER NO. 293 Unk. India (X- 72 ) (Kalaikunda)

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

23 <sup>rd</sup> May 1947.

LETTER.

FROM: OCM G.  
TO: Organization Records <sup>B</sup>r., 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

1/9/47  
FILE UNDER NO. 293 - Unknown India X- 72 (Kalaikunda)

INDEX SHEET

SYNOPSIS

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) (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  
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. 8 - 0 - 1478 of Unknown X-72 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Left clavicle  
Left 1st rib  
4 Ribs  
3 Vertebrae  
Left and right radius  
Left and right ulna  
Left tibia  
Left fibula  
4 Skull fragments  
Shoe size 8D

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 8' tall.

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-72 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>8</b>	5. ROW <b>0</b>	6. GRAVE <b>1852</b>	7. DATE OF DISINTERMENT <b>26 Apr '48</b>
				REINTERMENT <b>26 Apr '48</b>	

PHYSICAL DESCRIPTION <b>Approx. Age: 25 - 27</b>					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>168 - 66.14 - 5' 6-1/8"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) duplicate I.D. tag reading: "Unknown X-72."**

13. GIVE DESCRIPTION OF TATTOOS OR MARKS ON BODY AND/OR 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>	
	<b>CLARENCE B. WATTS Capt. QMC 0358911</b>	<i>Clarence B. Watts</i> <b>31 Dec 1948</b>

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









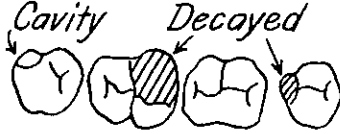

**None.**

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 7*

*2/19/48*

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: <b>X-72</b></p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: <b>KALAIKUNDA, INDIA</b></p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

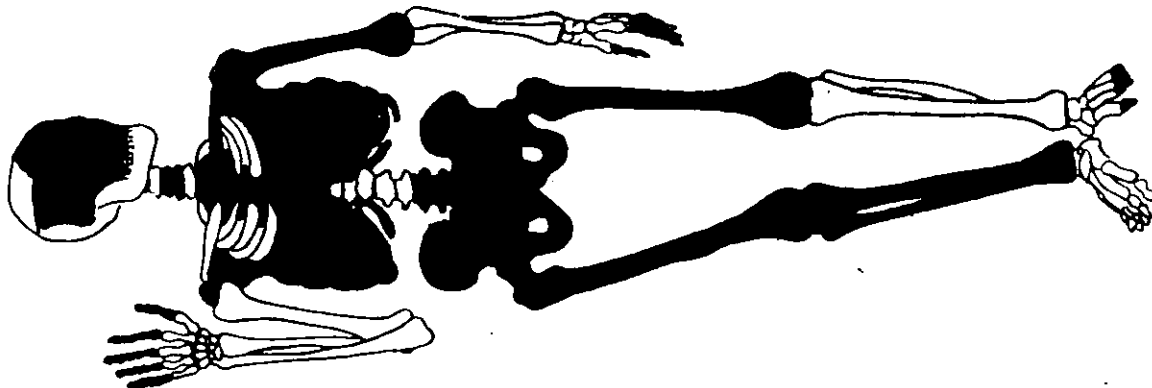
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEE REMARKS															
Side Views															
UPPER															
LOWER															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
														O	HORX. IMP.

**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."

Maxilla and teeth missing except for L-3. Has no restoration and has some wear on the incisal edge.

L-3 may or may not belong to the mandible. Occlusal surfaces of lower molars present show wear.

19. BLACK CUT PARTS OF BODY NOT RECORDED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

**No extra parts**

  
**Paul L. Gravenor** SIGNATURE OF MEDICAL OFFICER **Lab Supervisor**

21. REMARKS AND ADDITIONAL INFORMATION

**Absence of facial parts precludes physical description, except to state that these are the remains of a short man (5' 6-1/8") in his middle twenties.**

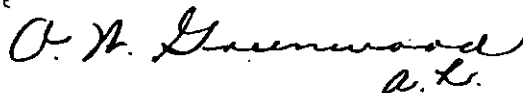
**Teeth charted. Fluoroscopic examination unnecessary.**

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

  
**O.W. Greenwood**  
*a.l.*



CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fragments of left and right parietal and occipital and mandible present only.
VERTEBRAE	CERVICAL	2		5 missing.
	THORACIC	2		10 missing.
	LUMBAR	0		Missing.
SACRUM		0		"
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		5		19 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.4	
	LEFT	0		Missing.
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	1	30.5	MISSING <i>dy</i>
RADII	RIGHT	1	24.9	
	LEFT	1	24.7	
ULNAE	RIGHT	1	26.7	
	LEFT	1	26.4	
HANDS	RIGHT	1		#1-2-3-5 metacarpals present only.
	LEFT	1		2-3-5 metacarpals present only.
FEMORA	RIGHT	0		Missing.
	LEFT	0		"
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1	35.5	
FIBULAE	RIGHT	0		Missing.
	LEFT	1	36.1	
FEET	RIGHT	1		All present except #2 cuneiform.
	LEFT	1		All present except few terminal phalanges.

HUMERO-CLAVICULAR RATIO	UTD	APPROXIMATE
ESTIMATED HEIGHT 168 - 66.14 5' 6-1/8"	AGE	25-27 (?) YEARS
ESTIMATED WEIGHT UTD	LEG-HIP BR RATIO	UTD
ENCLOSURE TO: X-72, Kalaikunda, India		Paul L. Gravenor, <i>Paul L. Gravenor</i> Lab Supervisor. ANTHROPOLOGIST

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

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

141

20 Feb 45  
X-27  
Burma

Unknown X-27

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<u>Myitkyina, Burma</u>					
(Place of death)	(Date of death)			(Cause of death)	
<u>Reinterred 17 Jan 1945</u>	<u>U.S. Military Cemetery</u>			<u>Myitkyina, Burma</u>	
(Time and date of burial)	(Name of cemetery)			(Name or coordinates of location)	

<u>430</u>	<u>H</u>	<u>I</u>	<u>Wooden cross</u>
(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 <u>RIGHT</u>	<u>Delmar J. Brandt</u>	<u>17065628</u>	<u>S/Sgt.</u>	<u>115th Liaison Sq.</u>	<u>429-H</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <u>LEFT</u>	<u>Charles F. Patterson</u>	<u>0-799240</u>	<u>1st Lt.</u>	<u>311th Fighter Gp.</u>	<u>431-H</u>
	(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 #5 X-27 Burma*

**RESTRICTED**

6 FEB 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.**

*John W. Cobbe*

(Signature of officer of Office of the Registrar)

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

LEFT HAND

4  
3  
2  
1  
THUMB

RIGHT HAND  
3  
2  
1  
THUMB

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

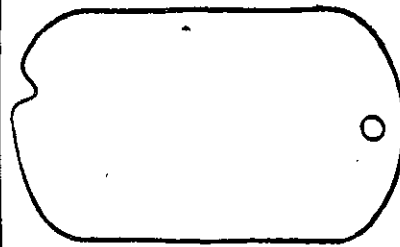
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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

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

Date of report  
17 Jan 1946

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.— IDENTIFICATION.**

Name (Last, first, middle initial) Unknown X-72 (Formerly unknown X-27 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-72)	

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, Kalakunda, India

Date of burial	Hour	Buried in (Shroud, blanket, or name of other)	Type of grave marker	Plot No.	Row No.	Grave No.
17 Jan 1946	1600	Blanket	cross	8	0	1478

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. H	Grave No. 430
---	--	---------------	--------------	------------------

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) yes	

Body buried on deceased left, name (Last, first, middle initial) Dills, Willard G.	Rank Sgt	Serial No. 34088879	Organization 475 Inf	Grave No. 1479
Body buried on deceased right, name (Last, first, middle initial) Edmonds, Cyril E.	Rank Lt/Col	Serial No. O-239159	Organization Hq NCAC	Grave No. 1477

Signature of person preparing report: Pfc P.J. Krystosek *[Signature]*  
Signature of GRS Officer verifying report: William S. Smith Jr. *[Signature]* 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.

*[Handwritten]* Incho # 21

**Section 3.—IDENTIFIED REMAINS.**


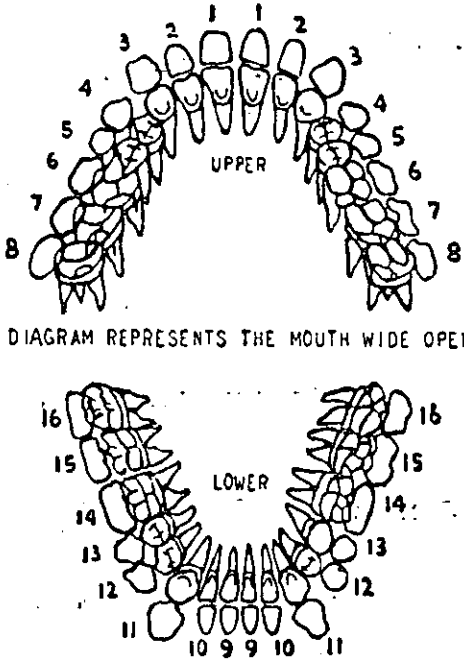




**INSTRUCTIONS:**

(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>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Left Little Finger  
Left Ring Finger  
Left Middle Finger  
Left Index Finger  
Left Thumb  
Right Thumb  
Right Index Finger  
Right Middle Finger  
Right Ring Finger  
Right Little Finger

**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

17 Jan 1946.

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Formerly Unknown X-27  
of Myitkyina)  
UNKNOWN X-72

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Myitkyina, Burma.

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-72)

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

PLAT No.

ROW No.

GRAVE No.

17 Jan 1946

1600

Blanket

Cross

8

0

1478

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

H

430

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)

Yes

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

Dills, Willard G

RANK

Sgt.

SERIAL No.

34088879

ORGANIZATION

475 Inf

GRAVE No.

1479

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

Edmonds, Cyrill E.

RANK

Lt. Col.

SERIAL No.

0-239159

ORGANIZATION

Hq NCAC

GRAVE No.

1477

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

*Jan 1/10*

**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


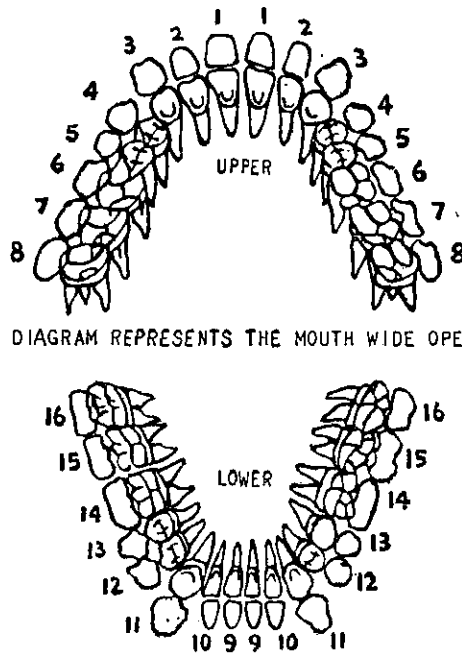




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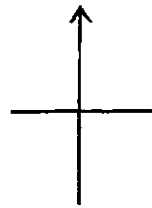
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	

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



REMARKS:

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER