

OF THE PACIFIC

Interred 14 March 1949
F 917

DISINTERMENT DIRECTIVE

Cemetery Superintendent

ATWAM C. BAKER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME
293 UNKNOWN X-000074

SERIAL NUMBER
X-000074

RANK
C

ARM
8
DATE OF DEATH

CEMETERY
KALAIKUNDA

DISPOSITION OF REMAINS
0 0492 64
CODE DIST. PT.

PLOT ROW GRAVE
8 0 1682

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-74

SERIAL NUMBER
Unk

RANK
Unk

DATE OF DEATH
Unk

DATE DISTINTERRED
22 October 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unk

IDENTIFICATION VERIFIED BY
Richard A. Warren,
1st Lt., ORD NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Temporary Casket

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Grave Marker and Cemetery Record

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 2 July 48 BY N. R. Joynes, Embalmer

CASKET SEALED BY
R. L. Trask

EMBALMER (Signature)
R. L. Trask
FILE
15 JUL 1949

CASKET BOXED AND MARKED
DATE 7 Feb 49 BY R. L. Trask

SHIPPING ADDRESS VERIFIED BY
C. J. SURINE, CWO, USA
REPATRIATION
BRANCH
MEXICO DIV.

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."

293 97

N. R. Joynes

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief: Haw'n D C
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., OMC 01583944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES B. HARRIS CAPTAIN, M.C.

2. SHIPPED

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

REPAIRING RECORDS BRANCH
 FEB 24 8 55 AM '49
 SERIAL DIVISION

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO
KIND OF CONVEYANCE (BY MAIL OR REGISTERED MAIL)		NAME OF CONVOYER
SIGNATURE OF SHIPPER HONOLULU HAWAII	DATE	SIGNATURE OF RECEIVER

6. SHIPPED

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

7. SHIPPED

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

FILE UNDER NO. 293 Unk. India (X-74) (Kalaikunda)

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

23rd May 1947.

LETTER.

FROM: OCMG.
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

92
FILE UNDER NO. 293 - Unknown India I-74 (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 FM, New York

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India. Misc (Kalaikunda) (I-48 thru I-81)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
INDIA-BURMA ZONE
APO 465

12-WCH/se

c/o Postmaster, New York, N.Y.

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. 8 - Q - 1682 of Unknown X-74 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Right clavicle
Right and left scapula
Right 1st rib
20 Other ribs
Body and manubrium of the sternum
14 Others
Right and left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula
Maxilla
Pair of shoes size 11 A mark U.S.A. 1068
was on the sole.
Both feet were in the shoes.

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 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 January 47

DATE

UNKNOWN X-74

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma Kalaikunda, India 8 Q 1682







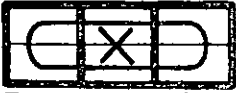








PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		⊗	A	BRO	A	A	⊗		⊗	BRO					A	A	A	TYPE			
LOCATION			O	KEN	O	O				KEN					O	O	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																		TYPE			
LOCATION																		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.

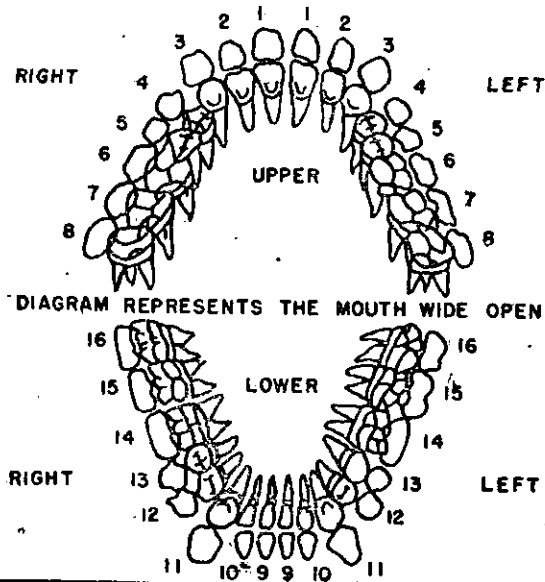


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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 1947

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-74 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India		4. PLOT 8	5. ROW Q	6. GRAVE 1906 1682	7. DATE OF DISINTERMENT 26 Apr '48	REINTERMENT 26 Apr '48

PHYSICAL DESCRIPTION Age: 22 - 24 years.					
8. ESTIMATED WEIGHT 180 - 190 lbs.	9. ESTIMATED HEIGHT 6' 2"	10. COLOR OF HAIR Scalp: med. dk. brn, pubic on axillary, brn, auburn.		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reading: "Unknown X-74".

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>	Capt. Sp. S. 0-240085	11 Jan. 1949
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14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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)

Fragments of shelter half and blanket, no markings.

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

X-74

TOP VIEW

SIDE VIEW



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

KALAIKUNDA, INDIA

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed

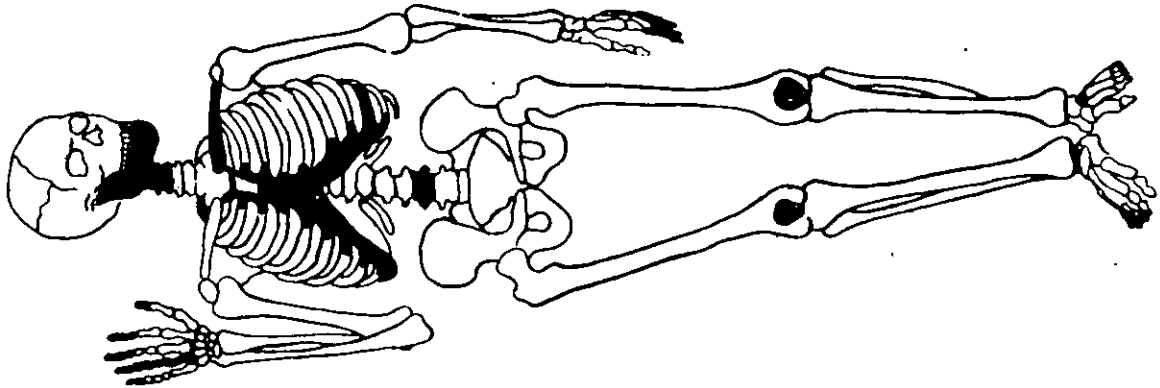


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	H		H	H									O	H	H	O	
	O		O	O									O	O	O	O	
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
MANDIBLE AND								TEETH MISSING									
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. A cavity preparation is possible on the occlusal of R-6.
2. L-2 is in a slight lingual version.

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.

Paul L. Gravenor,

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, fairly muscular young man of approximately 22 to 24 years of age.

Skull presents a long-oval outline, with slight right asymmetry. Vault is rather high, backhead of average projection, with a palpable occipital protuberance. Forehead high and sloping. Face (minus mandible) appears long, but of comparatively average proportions.

Mandible missing; thereby, precluding chin description.

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

SIGNATURE

**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	Mandible missing.
VERTEBRAE	CERVICAL	5		#1, 2, 3, 4 and 5 missing.
	THORACIC	8		4 missing.
	LUMBAR	4		#3 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.5	
	LEFT	1		
RIBS		22		one right and one left missing.
STERNUM		1		Xiphoid process missing.
CLAVICLES	RIGHT	1	16.2	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	34.4	
	LEFT	1	33.9	
RADII	RIGHT	1	27.7	
	LEFT	1	27.5	
ULNAE	RIGHT	1	29.8	
	LEFT	1	29.5	
HANDS	RIGHT	1		All missing except # 1, 3, 4, 5 metacarpals, navicular, lesser multangular & terminal phal.
	LEFT	1		All missing except #1, 2, 3, 5 metacarpals, gr. & lesser multangular and phalanges.
FEMORA	RIGHT	1	47.8	
	LEFT	1	48.1	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	41.7	
	LEFT	1	42.3	
FIBULAE	RIGHT	1	41.6	
	LEFT	1	42.0	
FEET	RIGHT	1		Missing, talus, #3 cuneiform, and terminal phalanges.
	LEFT	1		Missing, #3 cuneiform, & terminal phalanges.

HUMERO-CLAVICULAR RATIO

47.6

APPROXIMATE

ESTIMATED HEIGHT 6' 2"

AGE

22 to 24 YEARS

ESTIMATED WEIGHT 180 - 190 lbs.

LEG-HIP BR RATIO 59.5

Unknown X-74 Kalaikunda,

Paul L. Gravenor,
Lab Supervisor.



ANTHROPOLOGIST

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

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

X-29 Burma
Bid 24 Feb 45
154

UNKNOWN X-29

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

Reinterred 1 Feb 1945

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

508

(Grave number)

I

(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	<u>John E. Harman</u>	<u>39612336</u>	<u>Sgt</u>	<u>209th Engr Bn</u>	<u>507-I</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Milford E. Braddee</u>	<u>13089322</u>	<u>Pvt</u>	<u>209th Engr Bn</u>	<u>509-I</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:

encl. #6 X-29. Burma

RESTRICTED

IF DECEASED UNIDENTIFIED

11 FEB 1945

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

- Height :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

LEFT HAND

RIGHT HAND

THUMB

THUMB

John H. Cabbe
 (Signature of officer or other person reporting burial)
JOHN H. CABBE

RESTRICTED

REINTEGRATION

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

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

DATE OF REPORT
24 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-74		(Formerly X-29 of Myitkyina)	SERIAL No.
GRADE Unknown	ORGANIZATION Unknown		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)

Unknown

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) None
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U.S. Military Cemetery, Kalaikunda, India.

DATE OF BURIAL 23 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 8	ROW No. Q	GRAVE No. 1682
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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. 1	GRAVE No. 508
--	---	---------------	--------------	------------------

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) Lenz, Irwin H.	RANK Tec/4	SERIAL No. 37269404	ORGANIZATION 330th Engr. Regt	GRAVE No. 1683
--	---------------	------------------------	-------------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Spielman, William J.	RANK Pvt.	SERIAL No. 31324501	ORGANIZATION 475 Inf.	GRAVE No. 1681
---	--------------	------------------------	--------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Pfc. Robert L. Stornier	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Copy/ds
Incl # 8

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


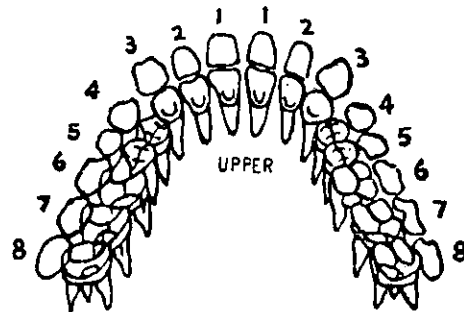



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

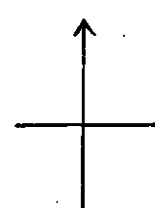
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		



REMARKS:

IDENTIFICATION SECTION
RETRIBUTION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE

AT PRESENT TIME

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 <p style="text-align: center; font-size: 1.2em;">24 Jan 1946</p>									
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>	Section 1.—IDENTIFICATION. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">Unknown X-74 (Formerly X-29 of Myitkyina)</p> </td> <td style="padding: 5px;"> SERIAL NO. <p style="text-align: center; font-size: 1.1em;">Unknown</p> </td> </tr> <tr> <td style="padding: 5px;"> GRADE <p style="text-align: center; font-size: 1.1em;">Unknown</p> </td> <td style="padding: 5px;"> ORGANIZATION <p style="text-align: center; font-size: 1.1em;">Unknown</p> </td> <td style="padding: 5px;"> BRANCH OF SERVICE </td> </tr> <tr> <td style="padding: 5px;"> RACE </td> <td style="padding: 5px;"> RELIGION </td> <td style="padding: 5px;"> IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY </td> </tr> </table>		NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">Unknown X-74 (Formerly X-29 of Myitkyina)</p>		SERIAL NO. <p style="text-align: center; font-size: 1.1em;">Unknown</p>	GRADE <p style="text-align: center; font-size: 1.1em;">Unknown</p>	ORGANIZATION <p style="text-align: center; font-size: 1.1em;">Unknown</p>	BRANCH OF SERVICE	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">Unknown X-74 (Formerly X-29 of Myitkyina)</p>		SERIAL NO. <p style="text-align: center; font-size: 1.1em;">Unknown</p>									
GRADE <p style="text-align: center; font-size: 1.1em;">Unknown</p>	ORGANIZATION <p style="text-align: center; font-size: 1.1em;">Unknown</p>	BRANCH OF SERVICE									
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY									
PLACE OF DEATH <p style="font-size: 1.1em;">Myitkyina, Burma</p>	CAUSE OF DEATH	DATE OF DEATH									
EMERGENCY ADDRESSEE (Name, relationship, and address) <p style="text-align: center; font-size: 1.1em;">Unknown</p>											
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center; font-size: 1.1em;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p style="text-align: center; font-size: 1.1em;">None</p>										
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p style="text-align: center; font-size: 1.1em;">Yes</p>											
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 <p style="text-align: center; font-size: 1.2em;">U. S. Military Cemetery, Kalaikunda, India</p>											
DATE OF BURIAL <p style="font-size: 1.1em;">23 Jan 1946</p>	HOUR <p style="font-size: 1.1em;">1600</p>	BURIED IN (Shroud, blanket, or name of other) <p style="text-align: center; font-size: 1.1em;">Blanket</p>									
TYPE OF GRAVE MARKER <p style="text-align: center; font-size: 1.1em;">Cross</p>	PLOT No. <p style="text-align: center; font-size: 1.1em;">8</p>	ROW No. <p style="text-align: center; font-size: 1.1em;">Q</p>									
GRAVE No. <p style="text-align: center; font-size: 1.1em;">1682</p>											
WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center; font-size: 1.1em;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center; font-size: 1.1em;">Burma U. S. Military Cemetery, Myitkyina,</p>										
PLOT No. <p style="text-align: center; font-size: 1.1em;">1</p>	ROW No. <p style="text-align: center; font-size: 1.1em;">I</p>	GRAVE No. <p style="text-align: center; font-size: 1.1em;">508</p>									
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) <p style="text-align: center; font-size: 1.1em;">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center; font-size: 1.1em;">Yes</p>										
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="font-size: 1.1em;">Lenz, Irwin H.</p>	RANK <p style="font-size: 1.1em;">Tec 4</p>	SERIAL No. <p style="font-size: 1.1em;">37269404</p>									
ORGANIZATION <p style="font-size: 1.1em;">330th Engr Regt</p>	GRAVE No. <p style="font-size: 1.1em;">1683</p>										
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="font-size: 1.1em;">Spielman, William J.</p>	RANK <p style="font-size: 1.1em;">Pvt</p>	SERIAL No. <p style="font-size: 1.1em;">31324501</p>									
ORGANIZATION <p style="font-size: 1.1em;">475 Inf</p>	GRAVE No. <p style="font-size: 1.1em;">1681</p>										
SIGNATURE OF PERSON PREPARING REPORT <p style="font-size: 1.1em;"><i>Robert L. Sterner</i> Pfc Robert L. Sterner</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="font-size: 1.1em;"><i>William S. Smith Jr.</i> William S. Smith Jr., 2nd Lt, Inf.</p>										
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.											

Doclo # 3.4

Section 3. UNIDENTIFIED REMAINS.


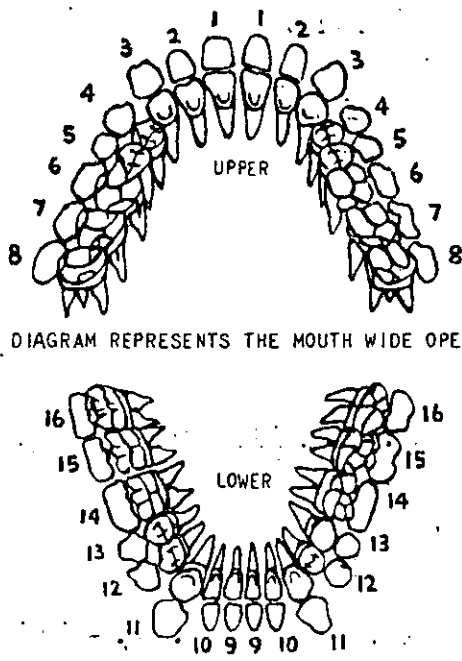




INSTRUCTIONS:

(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.

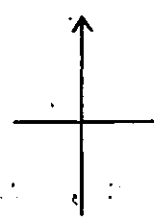
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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



REMARKS:

[Handwritten notes and sketches in the remarks section, including a rough sketch of a human figure.]