

HT

NATIONAL MEMORIAL CEMETERIES

OF THE PACIFIC

Interred 14 March 1949 **DISINTERMENT DIRECTIVE**

F 185

Cemetery Superintendent

SECTION A —

NAME AND BURIAL LOCATION OF DECEASED

ALVAN C.

DIRECTIVE NUMBER

BAKEX

4996 00000

DATE

15 12 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

293 UNKNOWN X-000077

8

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

KALAIKUNDA

0

0492 64
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

8 0 1685 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-77

Unk

Unk

Unk

22 October 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

UNKNOWN

Unk

Richard A. Warren,
1st Lt., ORD MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Temporary Casket

Skeletal

OTHER MEANS OF IDENTIFICATION

Grave Marker and Cemetery Record

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 48

BY

N. R. Joynes, Embalmer

CASKET SEALED BY

William J. Willis

EMBALMER (Signature)

William J. Willis
William J. Willis

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7 Feb 49 BY William J. Willis

C. J. SURINE, CWO, USA

7 5 JUL 1949

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

C. J. SURINE, CWO, USA

SIGNATURE OF GRS. INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

"Inspected for identification only per paragraph 2, 1st Ind,
MG, file QMGMO 293 (Pacific), dated 5 May 1948."QMC FORM
REV 15 MAR 46

1194

NAN mb

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief, Hawaii D. C.	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., QMC-01585944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>James B Harris</i>	DATE FEB 24 1949

2. SHIPPED

FROM		TO JAMES B HARRIS CAPTAIN Q M C	
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 (SUBVINE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER OF HAWAII HONOLULU NATIONAL CENTER	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- 77) (Kalaianda)

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

23 ¹⁴ 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.) (Kalaianda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-77 (Kalaikunda)

I N D E X S H E E T

SYNOPSIS

1st Ind.

8 May 1947

FROM: CQMG
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 - Q - 1685 of Unknown X-77 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull and mandible
Right and left clavicle
Right and left scapula
Right and left 1st rib
18 Ribs
Body and manubrium of the sternum
1st and 2nd vertebrae
19 Vertebrae
Right and left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right femur
Right and left fibula
Pair of shoes size 9C with both feet in it.

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.

Final Ident 8
Deter Sec July
Sec Ident 1948
Id Br Br
Mem Div

REF: N/R Case # 1746

1. Reference is made to attached findings AGRS (India-Burma Area) dated 16 Feb 48 declaring the remains of the following decedents to be non-recoverable.

BURLING, Phillip R.	Capt.	0-404088
Carson, Robert S.	1/Lt.	0-794466
Lautzenhiser, Melvin R.	Pvt.	14139534
Schofield, Fred J.	Cpl.	33285630

2. Your attention is invited to the "Findings" paragraph "D" stating that remains were interred in Kalaikunda Cemetary as Unknowns X-76 and X-77.

3. Action by this office to process Findings of non-recoverability for subject decedents will be suspended pending receipt of your advice as to the results of your investigation.

Incls. 6:

Incls. 1/4 - 293 files for above

Incls. 5/6 = AGO Info & Hd Findings

BARRY

73472

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

Jan 17 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith 42 QMC Forms 1044 for Kalaikunda and Barrackpore, stamped and signed in accordance with letter, DA OQMG, QMGMU 293 GRS (Pacific Zone) Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. These Unknowns originated in the Myitkyina area and have been compared with OQMG Forms 371 for all unaccounted-for persons believed to have been killed in this area, with negative results. It is believed that some of these unknowns could be identified if more detailed dental charts were available, since many of these unknowns exhibit unusual dental conditions. However, from the data available to this Headquarters, no identification can be established.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

42 Incls

- | | | |
|----|---|---|
| 1. | QMC Form 1044-1044a-1044b-
Bone List X-48-Kalaikunda | HO FACE MANN
Captain, OMC
Chief, RR Div |
| 2. | QMC Form 1044-1044a-1044b-
Bone List X-52-Kalaikunda | |
| 3. | QMC Form 1044-1044a-1044b-
Bone List X-53-Kalaikunda | |
| 4. | QMC Form 1044-1044a-1044b-
Bone List X-55-Kalaikunda | |
| 5. | QMC Form 1044-1044a-1044b-
Bone List X-58-Kalaikunda | |

AIR MAIL

RRDEC 293

SUBJECT: Resolution of Unidentified Remains

42 Incls

6. QMC Form 1044-1044a-1044b-Bone List-
X-59-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone List-
X-60-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone List-
X-63-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone List-
X-64-Kalaikunda
10. QMC Form 1044-1044a-1044b-Bone List-
X-65-Kalaikunda
11. QMC Form 1044-1044a-1044b-Bone List-
X-66-Kalaikunda
12. QMC Form 1044-1044a-1044b-Bone List-
X-68-Kalaikunda
13. QMC Form 1044-1044a-1044b-Bone List-
X-69-Kalaikunda
14. QMC Form 1044-1044a-1044b-Bone List-
X-74-Kalaikunda
15. QMC Form 1044-1044a-1044b-Bone List-
X-75-Kalaikunda
16. QMC Form 1044-1044a-1044b-Bone List-
X-76-Kalaikunda
17. QMC Form 1044-1044a-1044b-Bone List-
X-77-Kalaikunda
18. QMC Form 1044-1044a-1044b-Bone List-
X-78-Kalaikunda
19. QMC Form 1044-1044a-1044b-Bone List-
X-80-Kalaikunda
20. QMC Form 1044-1044a-1044b-Bone List-
X-104-Kalaikunda
21. QMC Form 1044- 1044b-Bone List-X-105
Kalaikunda
22. QMC Form 1044-1044b-Bone List X-383
Barrackpore
23. QMC Form 1044-1044a-1044b-Bone List-
X-397-Barrackpore
24. QMC Form 1044-1044a-1044b-Bone List-
X-398-Barrackpore
25. QMC Form 1044-1044a-1044b-Bone List-
X-399-Barrackpore
26. QMC Form 1044-1044a-1044b-Bone List-
X-511-Barrackpore
27. QMC Form 1044-1044a-1044b-Bone List-
X-514-Barrackpore

42 Incls

28. QMC Form 1044a-1044b-Sone List-
X-518-Barrackpore
29. QMC Form 1044-1044b-Sone List-
X-519-Barrackpore
30. QMC Form 1044-1044a-1044b-Sone List-
X-520-Barrackpore
31. QMC Form 1044-1044a-1044b-Sone List-
X-521-Barrackpore
32. QMC Form 1044-1044a-1044b-Sone List-
X-524-Barrackpore
33. QMC Form 1044-1044a-1044b-Sone List-
X-526-Barrackpore
34. QMC Form 1044-1044a-1044b-Sone List-
X-530-Barrackpore
35. QMC Form 1044-1044a-1044b-Sone List-
X-531-Barrackpore
36. QMC Form 1044-1044a-1044b-Sone List-
X-533-Barrackpore
37. QMC Form 1044-1044a-1044b-Sone List-
X-535-Barrackpore
38. QMC Form 1044-1044a-1044b-Sone List-
X-536-Barrackpore
39. QMC Form 1044-1044a-1044b-Sone List-
X-540-Barrackpore
40. QMC Form 1044-1044a-1044b-Sone List-
X-541-Barrackpore
41. QMC Form 1044-1044a-1044b-Sone List-
X-530-Barrackpore
42. QMC Form 1044-1044a-1044b-Sone List-
X-611-Barrackpore

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-77 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 Box 1909 1685	7. DATE OF DISINTERMENT 26 Apr '48	REINTERMENT 26 Apr '48

PHYSICAL DESCRIPTION Approx. Age: 28 - 30					
8. ESTIMATED WEIGHT 125 - 135 lbs.	9. ESTIMATED HEIGHT 165 - 64.97 - 5' 5"	10. COLOR OF HAIR UTD		11. RACE See remarks.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(A). One (1) I.D. tag reading: "Unknown X-77".

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

None. **UNIDENTIFIABLE**
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

14. WAS BODY BURNED? <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

1. Arthritic lipping of vertebral column.
2. Six (6) segmented sacrum, 1st coccygeal attached.
3. Perforation of olecranon fossa of left humerus.
4. Osteoporotic pitting of skull vault.

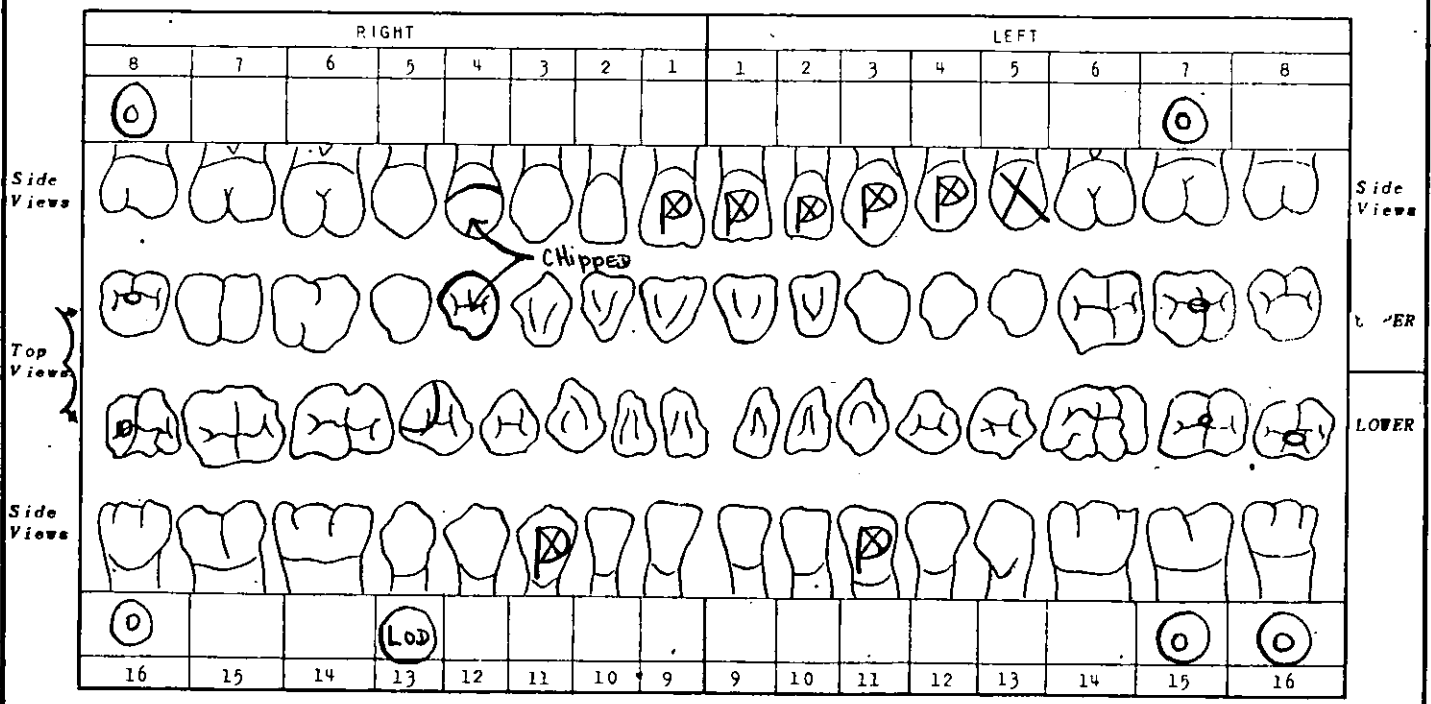
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None.

Incl 17'

2/19/48

18. TOOTH CHART		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:</p> <p>Unk. X-77</p>		<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>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>	

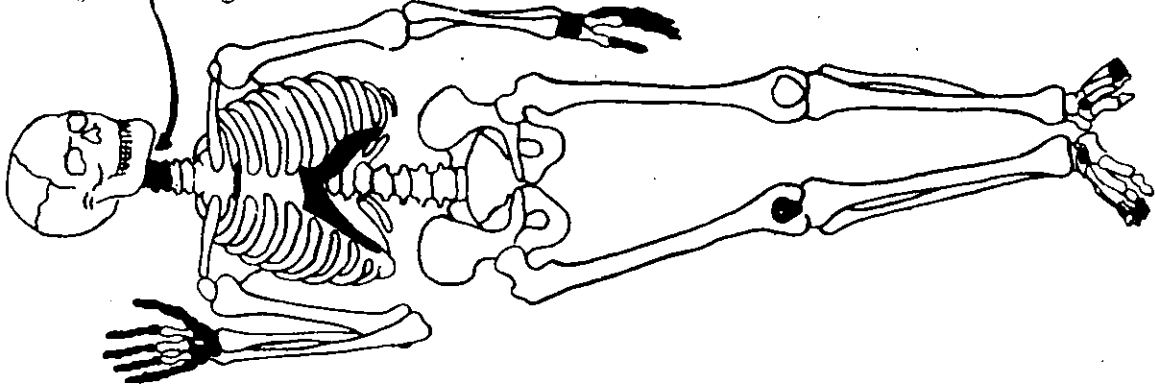


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

- Occlusal surfaces of molars show much wear.
- Very crowded lower anteriors.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

#3 cervical missing.




20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very short, slender man in his late twenties. The skull is small, average in size and of globular outline. The vault is relatively high and presents slight right asymmetry. The backhead is rounded and slightly projected. The forehead is relatively high and narrow. The face appears to have been rather flat, with prominent cheek bones, low nasal bridge, and a broad nasal root. The upper jaw presents alveolar prognathism. The mandible is quite heavy in structure, with almost straight sides and a well rounded heavy deep chin. The palate is wide.

The following traits are indicative of possible Oriental ancestry; anterior - posterior bowing of femur, retroverted tibial heads, and squatting facets.

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


O. W. Greenwood
A. T.

**CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	49.9	
VERTEBRAE	CERVICAL	4		3, 4 and 5 missing.
	THORACIC	12		
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 25.9	
	LEFT	1		
RIBS		24		
STERNUM		1		
CLAVICLES	RIGHT	1	14.6	
	LEFT	1	14.7	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	31.4	
	LEFT	1	31.2	
RADII	RIGHT	1	22.7	
	LEFT	1	22.3	
ULNAE	RIGHT	1	24.6	
	LEFT	1	24.3	
HANDS	RIGHT	1		Hamate & 2, 3, 4 metacarpals present.
	LEFT	1		1 and 2 metacarpals present.
FEMORA	RIGHT	1	42.3	
	LEFT	1	42.2	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1	33.5	
	LEFT	1	33.3	
FIBULAE	RIGHT	1	33.2	
	LEFT	1	33.0	
FEET	RIGHT	1		2 & 3 cuneiform missing & some phalanges.
	LEFT	1		2 & 3 cuneiform missing & some phalanges.
HUMERO-CLAVICULAR RATIO		41.8	APPROXIMATE	
ESTIMATED HEIGHT	165 - 64.97 5' 5"	AGE	28-30	YEARS
ESTIMATED WEIGHT	125 - 135 lbs.	LEG-HIP BR RATIO		61.0
ENCLOSURE TO:		Unknown X-77 Kalaikunda, India		Paul L. Gravenor, Lab Supervisor. ANTHROPOLOGIST

Paul L. Gravenor

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

13 Jan 47

DATE

UNKNOWN X-77
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma			8	Q 1685
PLACE OF DEATH			PLACE OF BURIAL	GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
					BRO		P	P	P	P		BRO	X			
TYPE	U															
LOCATION					KEN							KEN				

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
						P	P									
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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 <i>unrestored</i>	 FACIAL (TOWARD CHEEK)

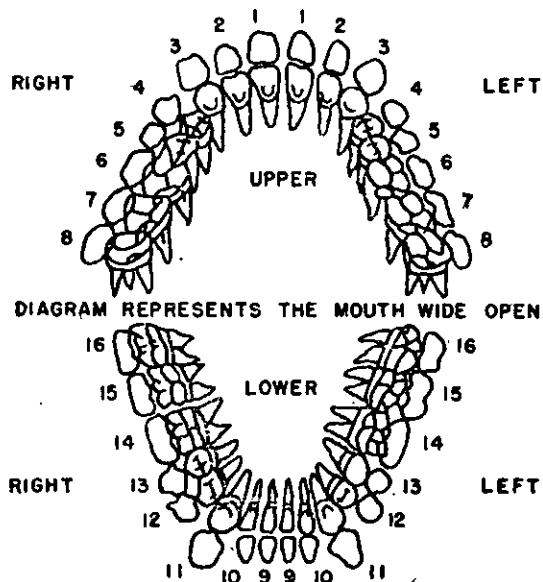
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

W.C. Hilderman
SIGNATURE OF PERSON WHO PREPARED CHART
W.C. HILDERMAN, Capt. MC

NAME AND RANK TYPED OR PRINTED
Kalaikunda, India

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Harry L. Bowen
VERIFIED BY GRS OFFICER
HARRY L. BOWEN, Capt. AGD

NAME AND RANK TYPED OR PRINTED
13 Jan 47

DATE

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

151

X-32 Burma
58 Feb 45

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

UNKNOWN X-32

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

2 Feb 1945

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

548

(Grave number)

J

(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

PR Form No. 1 buried in a bottle

(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>William C. Nixon</u>	<u>34500942</u>	<u>Pvt</u>	<u>236th Eng</u>	<u>547-J-I</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Daniel A. Wheatman</u>	<u>39536895</u>	<u>T/5</u>	<u>209th Eng</u>	<u>549-J-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:

incl #3 X-32 Burma

RESTRICTED

14 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 :
- 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.

.....
(Signature of officer or other person reporting burial)
JON KABBE

1st Lt. J. C. [unclear]
(Verified by Army GRS Officer)
Gr. Insp. Officer.

LEFT HAND

RIGHT HAND

4
3
2
1
THUMB

2
1
THUMB

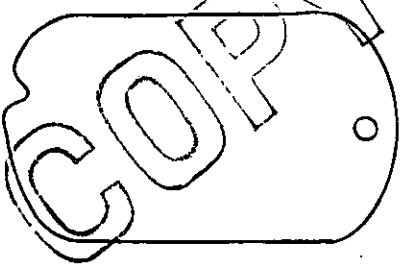
RESTRICTED

PRINT

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
24 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) (Formerly X-32 of Myitkyina)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	Unknown	Unknown	
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)
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. 1685
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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. J	GRAVE No. 548
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TYPE OF RELIGIOUS CEREMONY No	PERSON CONDUCTING BURIAL RITES Yes	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GR From #1 buried in bottle.
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) Morris, William R.	RANK Pvt	SERIAL No. 32666504	ORGANIZATION 209th Engr Bn	GRAVE No. 1686
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Connery, Henry J.	RANK T/Sgt	SERIAL No. 36710923	ORGANIZATION 475 Inf	GRAVE No. 1684

SIGNATURE OF PERSON PREPARING REPORT Pfc. Robert L. Sterner	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.

RESTRICTED

Copy/ds *del 1/5*

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


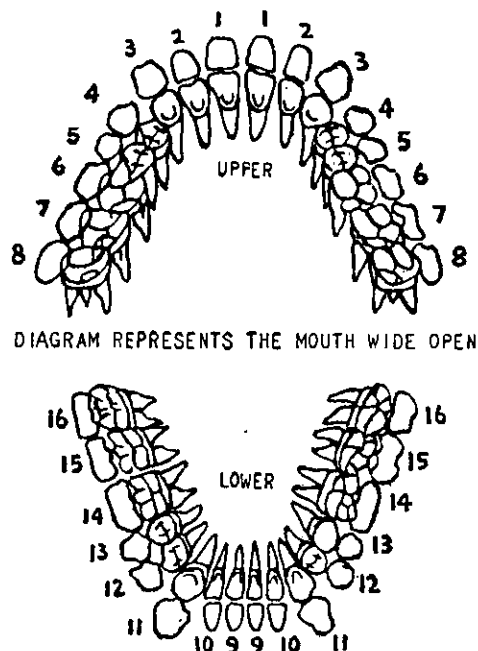




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

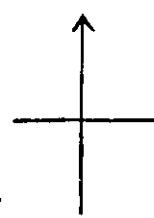
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

○ IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

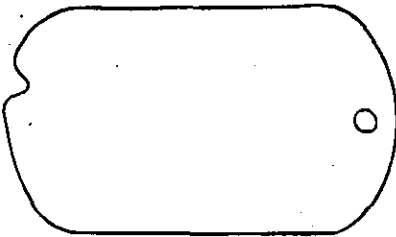
RETIRED

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

24 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X-77 (Formerly X-32 of Myitkyina)					SERIAL No. Unknown		
GRADE Unknown		ORGANIZATION Unknown			BRANCH OF SERVICE				
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY					
PLACE OF DEATH Myitkyina, Burma XXXXXXXX W8		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)							
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. 1685	
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. J	GRAVE No. 548
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GR Form #1 buried in bottle.					
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) Morris, William R.			RANK Pvt	SERIAL No. 32666504	ORGANIZATION 209th Engr Bn	GRAVE No. 1686			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Connery Henry J.			RANK T/Sgt	SERIAL No. 36710923	ORGANIZATION 475 Inf	GRAVE No. 1684			
SIGNATURE OF PERSON PREPARING REPORT Pfc Robert L. Sterner				SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr.					
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.									

Incl. 37

RESTRICTED

16-43097-1

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


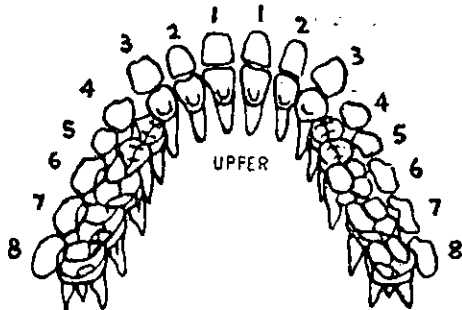




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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: