

RRREC 293 (22 June 48)

6th Ind

SUBJECT: Cancellation of Findings of Non-Recoverability

American Graves Registration Service, (Pacific Zone), APO 958 NOV 2 1949

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

Inclosed Form 371 has been compared with unidentified remains re-
covered from the Myitkyina area with negative results.

FOR THE COMMANDING OFFICER:

293 msk India Kalaikunda X-78

7 Incls
n/c

HAROLD E. FIKE
Capt, Inf
Acting Chief, RR Div

X-78, Kalaikunda

193 msk India - Burma (RR Div) (RR Div)

AIRMAIL

QJMC 293

5th Ind

GRS Pacific

SUBJECT: Cancellation of Findings of Non-Recoverability

Dept. of the Army, QJMC, Washington 25, D. C., 18 November 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Board Proceedings Number 2523, are returned herewith disapproved.
2. Dental data previously furnished your Office on Form 371 has been supplemented per revised form attached herewith. A reinvestigation of the association initiated by this Office reveals several dental discrepancies in the comparison between Army dental records for Pfc. Cerlanek and of Unknown X-78, resulting in an unfavorable dental comparison which does not afford a sound group identification.
3. Reference is made to the Unidentifiable Certificate, dated 11 January 1949, for Unknown X-78, Kalaikunda. This Office approves the unidentifiable findings concerning Unknown X-78.
4. Request further investigation be conducted in an effort to establish the identity of Pfc. Cerlanek and this Office advised of results.

FOR THE QUARTERMASTER GENERAL:

7 Incls

Added 1 Incl

8. QJMC Form 371 (in dup)
(Cerlanek)

T. E. METZ

Lt. Colonel, QMC

Memorial Division

REB

R. W. Miller:lak

Salsar

J. Windsor

TEC

cc: Administrative Section

AIRMAIL

AIRMAIL

QOQMG 293

5th Ind

GRS Pacific

SUBJECT: Cancellation of Findings of Non-Recoverability

Dept. of the Army, OQMG, Washington 25, D. C., 18 November 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 956, c/o Postmaster, San Francisco, California

1. Board Proceedings Number 2523, are returned herewith disapproved.
2. Dental data previously furnished your Office on Form 371 has been supplemented per revised form attached herewith. A reinvestigation of the association initiated by this Office reveals several dental discrepancies in the comparison between Army dental records for Pfc. Cerlanek and of Unknown X-78, resulting in an unfavorable dental comparison which does not afford a sound group identification.
3. Reference is made to the Unidentifiable Certificate, dated 11 January 1949, for Unknown X-78, Kalaikunda. This Office approves the unidentifiable findings concerning Unknown X-78.
4. Request further investigation be conducted in an effort to establish the identity of Pfc. Cerlanek and this Office advised of results.

FOR THE QUARTERMASTER GENERAL:

7 Incls
 Added 1 Incl
 8. OQMG Form 371 (in dup)
 (Cerlanek)

F. E. METZ
 Lt. Colonel, QMG
 Memorial Division

REB

R. W. Miller:lak
 Salser
 J. Windsor

TEG

cc: Administrative Section

Handwritten notes:
 X-78 in X-78
 Kalaikunda
 Salser
 11/18/49

AIRMAIL

AIR MAIL

RRREC 293 (22 June 48) 4th Ind
SUBJECT: Cancellation of Findings of Non-Recoverability

American Graves Registration Service, (Pacific Zone), APO 958, OCT 5 1949

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

Action as requested in preceding 3rd Indorsement has been taken
and Board Proceedings #2523 are furnished herewith.

FOR THE COMMANDING OFFICER:

6 Incls	/s/	Harrie E. Hoxie
Withdrawn 1 Incl --6	/t/	HARRIE E. HOXIE
Added 1 Incl		Lt Colonel, QMC
7. BP 2523 w/exhibits		Deputy Chief
atcd to orig (in quad)		

C
O
P
Y

AIR MAIL

AIRMAIL

QUONET 293

34 Ind

GRS Pacific

SUBJECT: Cancellation of Findings of Non-Recoverability

Dept. of the Army, OQMG, Washington 25, D. C., 7 September 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. It is requested that the remains of Unknown X-78, formerly Kaleikunda, India, be processed by a medical officer and a statement prepared attesting to the fact that the remains are those of one and the same individual.

2. It is further requested that Army records for Pfc. Joseph W. Gerlanek, 31 316 092, (OQMG Form 371 inclosed) be compared with your records for the Unidentifiables of Myitkyina, Burma, with special attention given to Unknown X-78 if sound segregation is possible.

3. In the event identification comparison proves favorable, it is suggested that the case be submitted to your Board of Review for a decision. Identification of Pfc. Gerlanek, as one of a group, was previously accepted by OQMG and next of kin advised.

FOR THE ACTING THE QUARTERMASTER GENERAL:

6 Incls

Incls 1 - 5 n/c

Added 1 Incl

6. OQMG Form 371 (in dup)
(Gerlanek)

F. H. REITZ

Lt. Colonel, QMG

Memorial Division

REB

TEC

K. Bradley:lak

V. Jeffrey

J. Windsor

cc: Administrative Section

3

AIRMAIL

Ltr, Dept of the Army, OQMG QMGMU 293, World War II Unrecoverables, 22 June 48, Subj: Cancellation of Findings of Non-Recoverability

RRREC 293 (22 June 48) 2nd Ind

American Graves Registration Service, (Pacific Zone), APO 958 AUG 26 1948

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

1. Reference is made to basic communication. It is advised that a thorough review of available pertinent India-Burma Zone files reveals the following burial information, listed in the sequence of occurrence, concerning the crew members and passengers manifested on aircraft C47 34-15795, that crashed 22 June 1944 near HAMTI, Burma, and Pfc Joseph W. Cerlanek, 31 316092:

a. QMC Form 1042 dated 22 August 1945 accomplished by the original graves agency lists this burial as two (2) common graves. The first grave in Plot 2, Row O, Grave 410, contained 2nd Lt. John H. Roberts, O-748798 and Don H. Glasco, O-768 513; and the second in Plot 2, Row G, Grave 411, contained 2nd Lt. Glenn C. Harris, O-718735, 2nd Lt. William H. O'Kelly and Pfc Joseph W. Cerlanek, 31316092. The remains in these grave sites were subsequently removed to the US Military Cemetery Kalaikunda, India and reinterred as "Common Burial" in Plot 6, Row O, Grave 1434, and Plot 8, Row R, Grave 1785 respectively. The QMC Forms 1042 accomplished by the new burial agency lists Pfc Cerlanek as being part of the group in Grave 1785, (formerly Myitkyina Grave 411). 0-7167540

b. On 7 October 1947 the India-Burma Zone Headquarters initiated the action referred to in Par 4, basic communication, and assigned the following unknown numbers to these common burials: Unknown X-101 to Plot 6, Row O, Grave 1434; Unknown X-102 to Plot 8, Row R, Grave 1785. Corrected QMC Forms 1042 were submitted 19 September 1947 and the name of Pfc Cerlanek was intentionally deleted because nothing could be found in the files that would substantiate that he was a crew member or a passenger aboard C47 34-15795 at the time of the disaster. It is believed that this decision was based on the information contained in the following listed communications, copies of which are attached herewith for ready reference:

(1) Statement of Cpl Frederick E. Huess, 15125219, only survivor of this air crash.

(2) 3rd Ind, Hq, 11th Combat Sqd., 23 Nov 1944 to letter, Hq, SOS, IBT, dated 8 November 1944, Subject: Burial Information.

(3) Paragraph 3, ltr, OQMG, Graves Registration Service, NAC, ADV, Section, IBT, dated 23 July 1945.

(4) 4th Ind, Hq, Intermediate Section, IBT, 13 June 1945 to

COPY:

Ltr, Dept of the Army OQMG QMGMU 293, World War II Unrecoverables, 22 June 48, Subj: Cancellation of Findings of Non-Recoverability, 2nd Ind, Cont'd

Ltr ASF OQMG, Washington D. C. dtd 15 May 1945, Subj: Reports of Interment.

2. It is requested that the information referred to in the above mentioned communications be reviewed again by the OQMG, as this Headquarters concurs with the opinion of the India-Burma Zone that Pfc Cerlanek was not a member or a passenger aboard C47 - 34-15795, but was a non-recoverable ground casualty.

3. It is advised that this Headquarters is deferring the action requested in par 5 basis communication, pending final decision of the OQMG.

FOR THE COMMANDING OFFICER:

5 Incls

4 Incls added

2. Statement - Cpl Frederick E. Huess
3. 3rd Ind, Hq, 11th Combat Sqd., 23 Nov 44 to ltr, Hq, SOS, IBT, dtd 8 Nov 44, Subj: Burial Information
4. Par 3, Ltr, OQMG, Graves Registration Service, NAC, ADV. Sect. IBT, dtd 23 Jul 1945
5. 4th Ind, Hq, INT SECT., IBT, 13 Jun 45 to ltr, ASF OQMG, dtd 15 May 45, Subj: Reports of Interment

/s/ Harrie E. Hoxie
/t/ HARRIE E. HOXIE
Lt. Colonel, QMC
Deputy Chief

Copy furnished:

ComGen - PHILRYCOM, APO 707

C
O
P
Y

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGMU 293
World War II
Unrecoverables

22 June 1948

SUBJECT: Cancellation of Findings of Non-Recoverability

TO: Commanding General
Philippine-Fyukyus Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, Philrycom Zone

1. Reference is made to proceedings of a board of officers, which board convened in the former India-Burma Zone under date of 9 January 1948, and determined the remains of certain members of the 5307th Composite Unit (Provisional) to be non-recoverable. A copy of these proceedings is attached for ready reference.

2. Further reference is made to the Report of Interment, prepared in the former India-Burma Zone under date of 25 January 1946, designating the contents of Grave 1785, Row R, Plot 8, Kalaikunda, to be the common burial of the remains of:

<u>CERLANEK, Joseph W.</u>	<u>Pfc.</u>	<u>31316092</u>
O'KELLY, William H.	2nd Lt.	0-718735
HARRIS, Glenn C.	2nd Lt.	0-767540

3. Inasmuch as Pfc. Cerlanek's remains have been identified as part of a group, that portion of the proceedings referred to in paragraph 1, above, declaring his remains to be non-recoverable have been cancelled. It is requested that action be taken by your Headquarters to amend your records accordingly.

4. Under date of 19 September 1947, the former India-Burma Zone submitted a "corrected" Report of Interment for the group then interred in Grave 1785, Row R, Plot 8, Kalaikunda, for the purpose of assigning an "X" number to the group. X-102 is shown on the corrected Report of Interment as the re-designation of the group burial. However, in listing the decedents comprising the group, the name, grade and serial number of Pfc. Cerlanek were omitted from this latest Report of Interment.

cc: Ident Sec, Ident Br.

unable to locate copy
of 1st Ind

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGMU 293
World War II
Unrecoverables

22 June 1948

SUBJECT: Cancellation of Findings of Non-Recoverability

TO: Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, Philrycom Zone

1. Reference is made to proceedings of a board of officers, which board convened in the former India-Burma Zone under date of 9 January 1948, and determined the remains of certain members of the 5307th Composite Unit (Provisional) to be non-recoverable. A copy of these proceedings is attached for ready reference.

2. Further reference is made to the Report of Interment, prepared in the former India-Burma Zone under date of 25 January 1946, designating the contents of Grave 1785, Row R, Plot 8, Kalaikunda, to be the common burial of the remains of:

<u>CERLANEK, Joseph W.</u>	<u>Pfc.</u>	<u>31316092</u>
<u>O'KELLY, William H.</u>	<u>2nd Lt.</u>	<u>0-718735</u>
<u>HARRIS, Glenn C.</u>	<u>2nd Lt.</u>	<u>0-767540</u>

3. Inasmuch as Pfc. Cerlanek's remains have been identified as part of a group, that portion of the proceedings referred to in paragraph 1, above, declaring his remains to be non-recoverable have been cancelled. It is requested that action be taken by your Headquarters to amend your records accordingly.

4. Under date of 19 September 1947, the former India-Burma Zone submitted a "corrected" Report of Interment for the group then interred in Grave 1785, Row R, Plot 8, Kalaikunda, for the purpose of assigning an "X" number to the group. X-102 is shown on the corrected Report of Interment as the re-designation of the group burial. However, in listing the decedents comprising the group, the name, grade and serial number of Pfc. Cerlanek were omitted from this latest Report of Interment.

cc: Ident Sec, Ident Br.

unable to locate copy
of 1st Ind

QMGMU 293
World War II
Unrecoverables

Ltr.

22 June 1948

Cont'd

5. It is, therefore, requested that a corrected Report of Interment be furnished to this office to cover all decedents comprising the group formerly interred in Grave 1785, Row R, Plot 8, Kalaikunda. It is further requested that a copy of this corrected Report of Interment be furnished to the Commanding General, U.S. Army Pacific, APO 958, c/o Postmaster, San Francisco, California, so that the records of that command concerning subject decedents may be adjusted.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Cy proceedings of bd of
officers fm former IBZ

T. H. METZ
Lt. Colonel, QMC
Memorial Division

REB

JCM

wb

cc: CIC, Far East, APO 500, c/o Postmaster,
San Francisco, California

cc: CG, U.S. Army, Pacific, APO 958, c/o Postmaster
San Francisco, California

1. FILE UNDER NO. 293 - Unk India X-78 (Kalaikunda.)

SYNOPSIS

2. TYPE OF DOCUMENT: 5th Ind. 3. DATE: 18 Nov 1949
4. FROM: OQMG
5. TO: CO, AGRS, Pacific Zone, APO 958, c/o PM, San Francisco, Calif.
6. SUBJECT: Cancellation of Findings of Non-Recoverability

7. DOCUMENT FILED UNDER NO. 293 - GRS India - Burma (Non Recoverable)

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

INTERMENT IN THE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC CEMETERY

TO: THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C.

REGULOUS EMBLEM (Check One)

LATIN CROSS STAR OF DAVID

NAME (Last, first, middle initial)

STATE

SERVICE DATA (Company, regiment, or other organization or branch of service and division, if any.)

293
UNKNOWN X-78 - India (Kalaikunda)

RANK

SERIAL NO.

DATE OF BIRTH			DATE OF DEATH			DATE OF INTERMENT			GRAVE LOCATION		DATES OF SERVICE			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	SEC. OR PLOT	GRAVE OR LOT NO.	ENLISTMENT	DIED ON A. D.	DISCHARGE	RETIREMENT
						Mar	15	1949	F	488				

REMARKS (Authority for interment, pension or claim number, disinterment, etc.)

DATE HEADSTONE ORDERED AND B/L NUMBER

WORLD WAR II DEAD
FROM: KALAIKUNDA CEMETERY, INDIA

SHIPPING POINT FOR HEADSTONES

SIGNATURE OF SUPERINTENDENT OF NATIONAL CEMETERY OR QM OF POST OR POW CEMETERY

RAILROAD STATION FOR FREIGHT

HONOLULU, T. H.

POST OFFICE ADDRESS

FILE NOV 21 1949
Alvan C. Baker

(SIGNATURE)
ALVAN C. BAKER
(See instructions on reverse side)

INSTRUCTIONS

1. These reports will be made out in triplicate at the close of each month, two copies to be mailed direct to The Quartermaster General and one copy retained for the superintendent's file. If no interments are made, the return of Q. M. C. Form 21, Summary Slip, to The Quartermaster General is all that is necessary; if any disinterments are made, they should be listed under "Remarks" and the total number for the month shown on the Summary Slip.

2. Data for the respective columns in this report will be carefully copied from telegram or other communication from The Quartermaster General authorizing interment or papers presented with request for interment.

3. If decedent served under an *alias* (or assumed name), give both the *alias* and the true name, writing the true name on the first line, followed on the second line by the word "*alias*" and the surname under which he served, with the Christian name, rank, company, regiment, etc., following on the same line.

4. If the decedent be a soldier's widow, the name of widow and date of death will be written on the first line, followed on the second line by the name of her husband, with his rank, company, regiment, date of death, and grave number.

5. If the decedent be a civilian, the character of his employment and the department by which employed, or, if not a Government employee, the name of the officer, soldier, or Government employee, or other person to whom the decedent was related, with the reason and the authority for the interment will be given.

6. In cases of disinterments, give the places at which reinterment will be made.

7. See paragraphs Section III, and paragraph 83, National Cemetery Regulations of 1931.

8. Requests for these blanks will be made direct to The Quartermaster General.

DIS INTERMENT IN THE

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC

CEMETERY

TO:

THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C.

RELIGIOUS EMBLEM (Check One)

 LATIN CROSS STAR OF DAVID

NAME (Last, first, middle initial)

UNKNOWN X-78

STATE

RANK

SERIAL NO.

SERVICE DATA (Company, regiment, or other organization or branch of service and division, if any.)

DATE OF BIRTH			DATE OF DEATH			DATE OF INTERMENT			GRAVE LOCATION		DATES OF SERVICE			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	SEC. OR PLOT	GRAVE OR LOT NO.	ENLISTMENT	DIED ON A. D.	DISCHARGE	RETIREMENT
						Mar	15	1949	F	488				

REMARKS (Authority for interment, pension or claim number, disinterment, etc.)

WORLD WAR II DEAD
FROM: KALAIKUNDA CEMETERY, INDIA
DISINTERRED: 16 SEPTEMBER 1949

DATE HEADSTONE ORDERED AND B/L NUMBER

SHIPPING POINT FOR HEADSTONES

RAILROAD STATION FOR FREIGHT

SIGNATURE OF SUPERINTENDENT OF NATIONAL CEMETERY OR QM OF POST OR POW CEMETERY

POST OFFICE ADDRESS

FILE NO. 815
Alvan C. Baker

(SIGNATURE)
ALVAN C. BAKERQMC FORM 14 Previous editions may be used
REV 1 AUG 45

(See instructions on reverse side)

16-48609-1

INSTRUCTIONS

1. These reports will be made out in triplicate at the close of each month, two copies to be mailed direct to The Quartermaster General and one copy retained for the superintendent's file. If no interments are made, the return of Q. M. C. Form 21, Summary Slip, to The Quartermaster General is all that is necessary; if any disinterments are made, they should be listed under "Remarks" and the total number for the month shown on the Summary Slip.

2. Data for the respective columns in this report will be carefully copied from telegram or other communication: from The Quartermaster General authorizing interment or papers presented with request for interment.

3. If decedent served under an *alias* (or assumed name), give both the *alias* and the true name, writing the true name on the first line, followed on the second line by the word "*alias*" and the surname under which he served, with the Christian name, rank, company, regiment, etc., following on the same line.

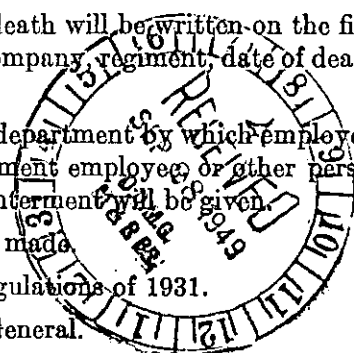
4. If the decedent be a soldier's widow, the name of widow and date of death will be written on the first line, followed on the second line by the name of her husband, with his rank, company, regiment, date of death, and grave number.

5. If the decedent be a civilian, the character of his employment and the department by which employed, or, if not a Government employee, the name of the officer, soldier, or Government employee or other person to whom the decedent was related, with the reason and the authority for the interment will be given.

6. In cases of disinterments, give the places at which reinterment will be made.

7. See paragraphs Section III, and paragraph 83, National Cemetery Regulations of 1931.

8. Requests for these blanks will be made direct to The Quartermaster General.



NATIONAL MEMORIAL CEMETERY

Interred 15th Feb 1948

DISINTERMENT DIRECTIVE

F 488

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALVARD G.

DIRECTIVE NUMBER

4996 00000

DATE

15 12 47
DAY MONTH YEAR

NAME

743 UNKNOWNX-000078

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DISPOSITION OF REMAINS

CEMETERY

KALAIKUNDA

0 0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

8 0 1700 INDIA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-78	Unk	Unk	Unk	22 October 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNKNOWN

Unk

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

R. W. Ralston, 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

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 P.,
QMG, file QMGMO 293 (Pacific), dated 5 May 1948.

MC FORM 1194
EV 15 MAR 46

NLN

REPATRIATION RECORDS BRANCH
 JUN 8 10 34 AM '48
 MEMORIAL DIVISION

FILE

REPATRIATION BRANCH

ms

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3	24 FEB 1949	TO Chief, Haw'n 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> JAMES B HARRIS CAPTAIN Q M C

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-78) (Kalaikunda)

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

23 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

FILE UNDER NO. 293 - Unknown India I-78 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: OQMG
TO: CO, Amer. GRS, India-Burma Zone, APO 465, c/o FM, New York

RE: Identification of Unknown Deceased

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

rtb

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE									
1	Final Det Sec Ident Br Mem Div	Ident Sec Ident Br Mem Div	7 Sept 48	<p>1. Attached 2nd Ind. from Pacific Zone has the effect of contesting a group identification now on record in this office for:</p> <table border="0"> <tr> <td>CERLANEK, Joseph W.</td> <td>Pfc.</td> <td>31 316 092</td> </tr> <tr> <td>O'KELLY, William H.</td> <td>2/Lt.</td> <td>0 718 735</td> </tr> <tr> <td>HARRIS, Glenn C.</td> <td>2/Lt.</td> <td>0 767 540</td> </tr> </table> <p>2. Request that upon completion of your investigation that this Section be informed whether there is an indication that any of the above listed decedents will have to be declared non-recoverable.</p> <p style="text-align: right;"><i>BARRY</i> BARRY 73472</p> <p>2 Incls: 1. 2nd Ind. from Pac, dtd. 26 Aug 48 2. File 293 GRS India-Burma</p>	CERLANEK, Joseph W.	Pfc.	31 316 092	O'KELLY, William H.	2/Lt.	0 718 735	HARRIS, Glenn C.	2/Lt.	0 767 540
CERLANEK, Joseph W.	Pfc.	31 316 092											
O'KELLY, William H.	2/Lt.	0 718 735											
HARRIS, Glenn C.	2/Lt.	0 767 540											

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-78 KALAIKUNDA, INDIA				2. DATE OF REPORT 27 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India		4. PLOT 8	5. ROW Q	6. GRAVE 71	7. DATE OF DISINTERMENT 26 Apr '48
					REINTERMENT 27 Apr '48

PHYSICAL DESCRIPTION				Age: 22 - 24 years.	
8. ESTIMATED WEIGHT 155 - 165 lbs.	9. ESTIMATED HEIGHT 178 - 70.08 - 5' 10"	10. COLOR OF HAIR UTD		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) substitute I.D. tag reading: Unknown X-78.
 One (1) form 1042 in beer bottle too disintegrated and faded to read.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OF SUCH INFORMATION OBTAINED FROM OTHER SOURCES	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA </div>
None.	<div style="border: 1px solid black; padding: 5px;"> F. H. WATERS Capt. Sp. S. 0-240085 <i>F.H. Waters</i> <i>11 Jan. 1949</i> </div>

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Hip region, left arm fractured.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Persistent metopic suture.

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 # 2

212

18.

TOOTH CHART

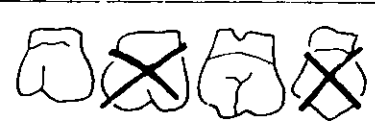
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

X-78

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



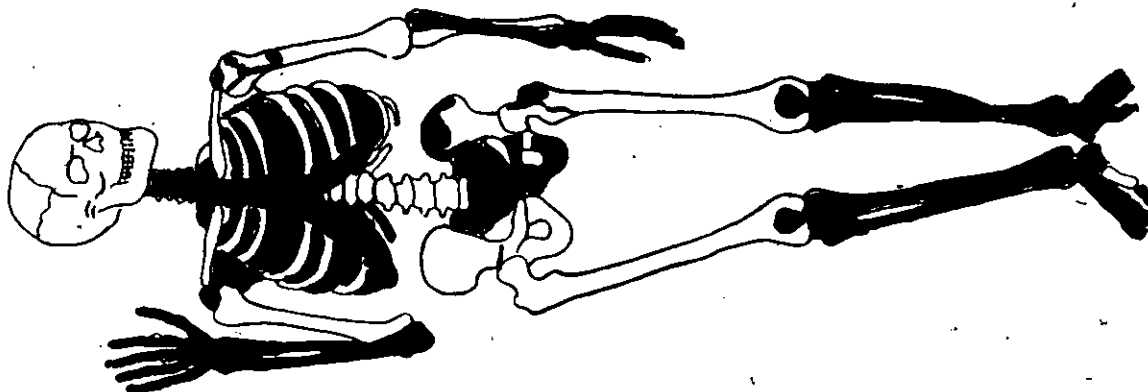
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
													→ DRIFT →		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Remarks:

1. L-13 is in a *versi* version and there is a considerable amount of space between L-11 and L-13.
2. No full denture found for the upper edentulous.

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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

- One (1) extra left clavicle.
- One (1) extra left humerus.
- One (1) pair extra scapulae.
- One (1) extra lumbar vertebra (possibly # 2)

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall young man 22 - 24 years of age.

The skull is small in size and a long oval in shape. There is backhead projection. There is a ridge or crest along the anterior 1/2 of the sagittal suture and along the entire length of the metopic suture. The face has small features.

The lower jaw is low, but of fairly rugged construction. The chin is bilateral in type and has an eminence of average width.

The extra skeletal parts listed under Item # 20 have been compared with the remains of Unknowns X-76, X-77, X-79, X-80 and X-81. Since no associations could be made, they have been classified as C.I.L. Unknown X-735.

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.k.

CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Mandibular condyle of left ascending ramus missing.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	7		5 missing.
	LUMBAR	5		
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM UTD	Fractured.
	LEFT	1		Pubis, portion of ischium & part of ilium crest
RIBS		16		8 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.7	
	LEFT	1	16.4	
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Fractured and eroded.
HUMERI	RIGHT	1	35.1	
	LEFT	1		Fractured at superior end.
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	1	27.7	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	46.1	
	LEFT	1	46.6	Fractured at superior end.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	1		Only #1 metatarsal is present.
	LEFT	0		Missing.

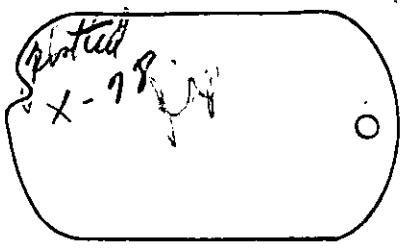


HUMERO-CLAVICULAR RATIO	45.7	APPROXIMATE	
ESTIMATED HEIGHT	178 - 70.08 5' 10"	AGE	22-24 YEARS
ESTIMATED WEIGHT	155 - 165 lbs.	LEG-HIP BR RATIO	UTD

ENCLOSURE TO: X-78 KALAIKUNDA

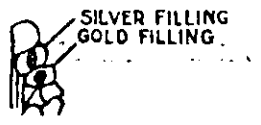
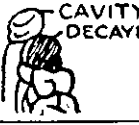
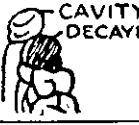



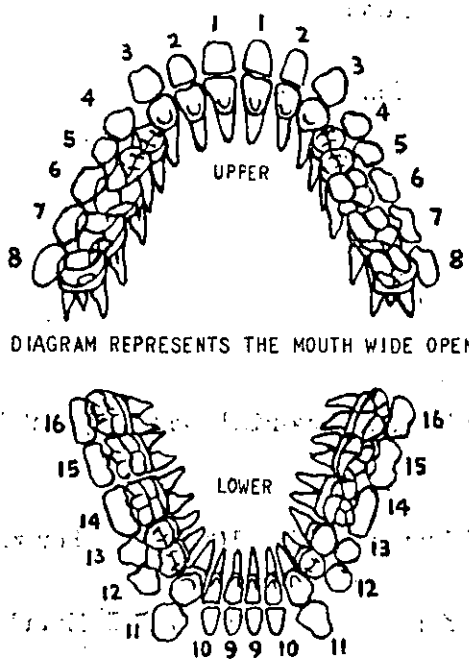

Paul L. Gravenor,
Lab Supervisor.

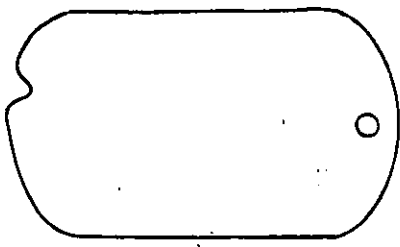
Paul L. Gravenor
ANTHROPOLOGIST

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 3 February 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. Unknown
		NAME (Last, first, middle initial) UNKNOWN X-78 (Kalaikunda Unidentifiable)				
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown		
		RACE Probably White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Myitkyina, Burma		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
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		Unidentifiable				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H.						
DATE OF BURIAL 8 February 1950	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	GRAVE No. 435	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India			PLOT No. 8	GRAVE No. 1700	
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew	PERSON CONDUCTING BURIAL RITES Chaplain Kirtley Chaplain Vierra Rabbi Kumin		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	GRAVE No. 413	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	GRAVE No. 457	
SIGNATURE OF PERSON PREPARING REPORT  LEROY F. FURNER, Adm. Assistant			SIGNATURE OF GRS OFFICER VERIFYING REPORT  STEWART W. ABEL, Major, QMC, Chief			
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

	Section	UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 CAVITY DECAYED		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
			DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS:					
21 FEB 1950 Identification Section					

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 3 February 1950
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNKNOWN X-76 (Kalaikunda Unidentifiable)	SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE Probably White	RELIGION Unknown
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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) Unidentifiable	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None		
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H.		
DATE OF BURIAL 3 February 1950	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket
		TYPE OF GRAVE MARKER Cross
		PLOT No. P
		ROW No. Q
		GRAVE No. 456
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India	
		PLOT No. 8
		ROW No. Q
		GRAVE No. 1700
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew	PERSON CONDUCTING BURIAL RITES Chaplain Kirtley Chaplain Vierra Rabbi Kuzin	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK
		SERIAL No.
		ORGANIZATION
		GRAVE No. 418
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK
		SERIAL No.
		ORGANIZATION
		GRAVE No. 457
SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Assistant		SIGNATURE OF GRS OFFICER VERIFYING REPORT STUART W. ABEL, Major, QMC, Chief
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.		


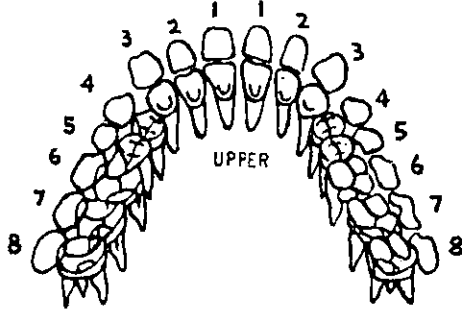




Section UNIDENTIFIED REMAINS.

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.

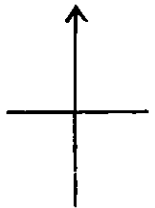
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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


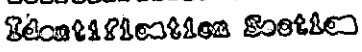
OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>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



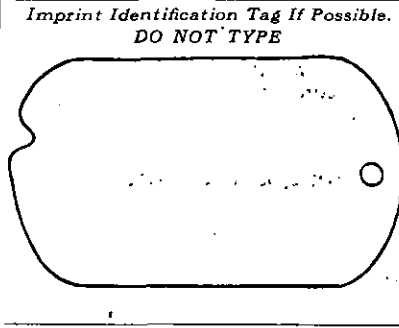
REMARKS:

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
25 Jan 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Common Burial, See section 3 on reverse) Cerlanek, Joseph W		SERIAL No. 31316092
GRADE Pfc	ORGANIZATION AAF U5307 Comp Unit	BRANCH OF SERVICE AAF
RACE White	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH (Namti, Burma	CAUSE OF DEATH Plane crash	DATE OF DEATH 22 June 1944
----------------------------------	-------------------------------	-------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Regina Cerlanek, 212 Franklin St., New Haven, Conn.

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) Identified as group.
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, ^{N 80} Kalaikunda, India

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Jan 1946	1600	Blanket	Cross	8	R	1785

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. 2	ROW No. G	GRAVE No. 411
---	--	---------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY General Graveside	PERSON CONDUCTING BURIAL RITES Chaplain (Capt) W. R. Bouknight	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GR Form #1042 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) Pausch, Harold T.	RANK Pfc	SERIAL No. 20644195	ORGANIZATION 5307th Comp Unit	GRAVE No. 1786
---	-------------	------------------------	----------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Baird, Lorain	RANK Pfc	SERIAL No. 34543774	ORGANIZATION 475 Inf	GRAVE No. 1784
--	-------------	------------------------	-------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Robert L. Sterner</i> Pfc Robert L. Sterner	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William S. Smith Jr.</i> 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.

Form # 59

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


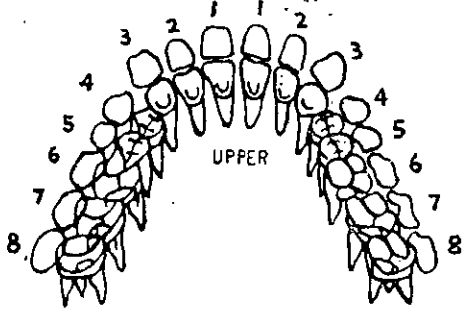




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

Buried in Common Grave with:
O'Kelly, William H.
Harris, Glenn C.

O-718729

O-907540

767340

20 LT

20 LT

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

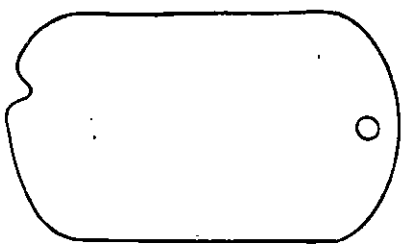
REINTERMENT

✓

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

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	Unknown X-78 (Formerly X-33 of Myitkyina, Burma)		
	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-78)	

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	PLOT No.	ROW No.	GRAVE No.
23 Jan 1946	1600	blanket	cross	8	Q	1700

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. 562
--	---	---------------	--------------	------------------

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) None (Pathway)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Bowler, Cheater R.	RANK Pfc	SERIAL No. 37396001	ORGANIZATION 209 Engr	GRAVE No. 1699
---	-------------	------------------------	--------------------------	-------------------


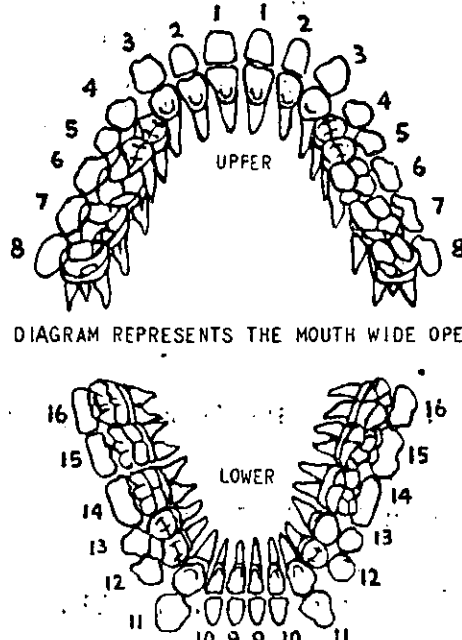




SIGNATURE OF PERSON PREPARING REPORT Pfc P.J. Krystosek	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S Smith Jr, 2nd Lt, Inf
--	--

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.

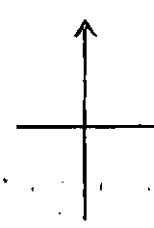
Doclo 4-52

RESTRICTED

	Section UNIDENTIFIED REMAINS.	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>										
LEFT LITTLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">HEIGHT</td> <td style="width:25%;">WEIGHT</td> <td style="width:25%;">COLOR OF EYES</td> <td style="width:25%;">COLOR OF HAIR</td> <td style="width:20%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS						
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS								
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">WEAPON AND SERIAL NO.</td> <td style="width:30%;">LAUNDRY MARKS</td> <td style="width:30%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND								
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES											
LEFT INDEX FINGER												
LEFT THUMB												
RIGHT THUMB												
RIGHT INDEX FINGER												
RIGHT MIDDLE FINGER												
RIGHT RING FINGER												
RIGHT LITTLE FINGER												

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:

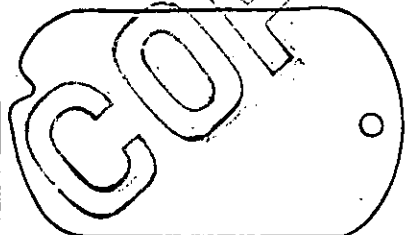
RESTRICTED

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

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

DATE OF REPORT
24 Jan 1946

Imprint Identification Tag If Possible
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly X-33 of Myitkyina, Burma)		SERIAL No.
Unknown X-78		
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-78)	

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. 1700
-------------------------------	--------------	--	-------------------------------	---------------	--------------	-------------------

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. 562
---	---	---------------	--------------	------------------

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) None (Pathway)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Bowler, Chester R.	RANK Pfc	SERIAL No. 37396001	ORGANIZATION 2009 Engr	GRAVE No. 1699
---	-------------	------------------------	---------------------------	-------------------

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.

MEMORIAL DIVISION
FEB 27 3 14 PM '46
REGISTRATION AND RECORDS BRANCH

Copy/ds

Handwritten signature/initials

RESTRICTED

Section 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.

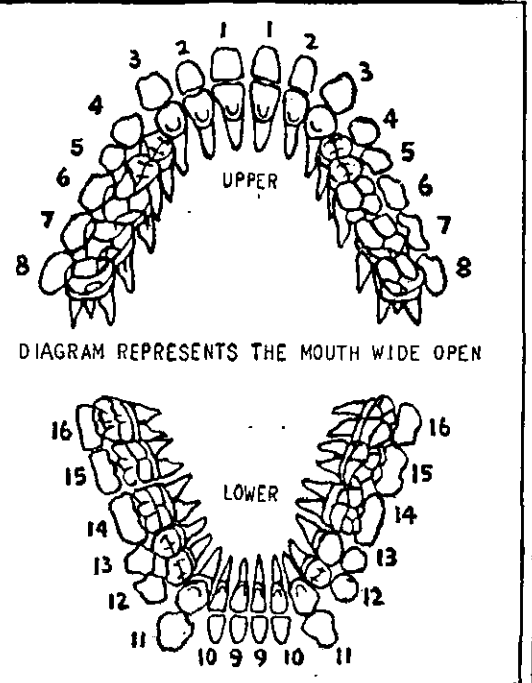
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

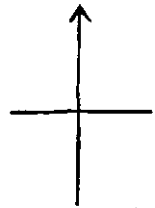
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
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:

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

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG 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-78

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma Kalaikunda, India 8 Q 1700
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																		TYPE			
LOCATION																		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		X	X	X	⊙	⊙			⊙	⊙			X	X	X	X	TYPE				
LOCATION		X	X	X	⊙	⊙			⊙	⊙			X	X	X	X	LOCATION				

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">⊙</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">⊙</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">⊙</div> </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">Ⓟ</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">(</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>OCCLUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	---	---

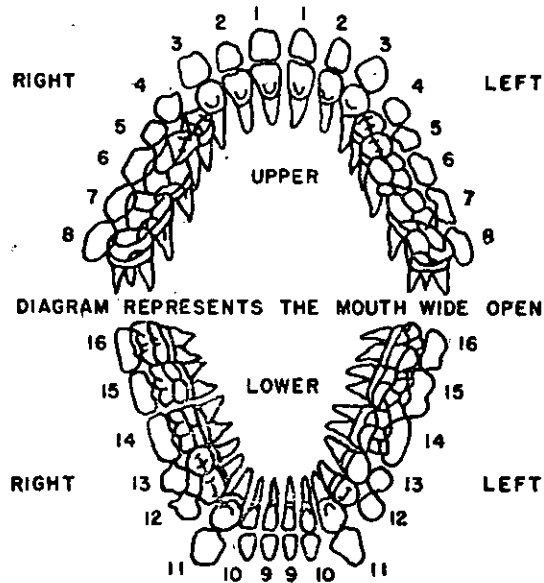
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

W.C. Hilderman
SIGNATURE OF PERSON WHO PREPARED CHART

W.C. HILDERMAN, Capt., MC
NAME AND RANK TYPED OR PRINTED

Kalaikunda, India
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Harry L. Bowen
VERIFIED BY GRS OFFICER

HARRY L. BOWEN, Capt. AGD
NAME AND RANK TYPED OR PRINTED

13 Jan 47
DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
INDIA-BURMA ZONE
APO 465
c/o Postmaster, New York, N.Y.

12-WCH/se

Calcutta, India
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 - 1700 of Unknown X-78 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull with edentulous upper jaw
Right clavicle)
Left clavicle) differ in size
2 Right scapulae
Left scapula
Right first rib
19 Rib fragments
13 Vertebrae
Right humerus
2 Left humeri
Left ulna
Right and left Os innominatum
Right and left femur

2. Dental identification chart was accomplished.
3. There is evidence of remains of at least two (2) individuals.


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

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

RESTRICTED
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

150

*X-33 Burma
rec'd 28 Feb 45*

UNKNOWN X-33

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

3 Feb 1945

(Time and date of burial)

U.S. Military Cemetery
(Name of cemetery)

Myitkyina, Burma
(Name or coordinates of location)

562

(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

GR 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

Melvin G. Krug

(Name)

36217430

(Serial number)

5307th Com U.

(Organization)

561-J-I

(Grave number)

Body buried on LEFT

Fred W. Coleman

(Name)

34500529

(Serial number)

Sgt

(Rank)

236th Eng

(Organization)

563-J-I

(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 #4X-33 Burma

RESTRICTED

IF DECEASED UNIDENTIFIED

14 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:	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

(Verified by _____ Officer)

Reg. Officer.

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB

RESTRICTED

Myitkyina, Burma

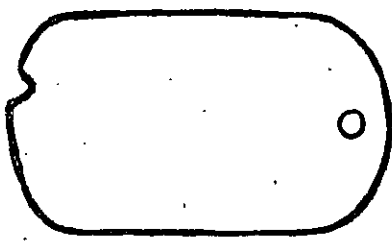
WD QMC Form 1042
Rev 1 February 1945
(Supersedes form dated
3 Jan, 1945. Existing stocks
may be used until exhausted.)

REPORT OF INTERMENT

(TM 10-630 and AR 30-1815)

Date Report Filled out

22 August 1945

FOR IMPRINT OF IDENTIFICATION TAG.		NAME (Last, First, Middle Initial)			
		CERLANEK, JOSEPH (NMI)			
RANK		SERIAL NUMBER		COUNTRY	
PFC		31316092		Burma	
ORGANIZATION			BRANCH		
5307th Composite Unit			Air Corps		
RACE		RELIGION		DATE OF DEATH	
White		Unknown		22 June 1944	
PLACE OF DEATH			CAUSE OF DEATH		
Nantti, Burma			Airplane Crash		
IDENTIFICATION TAGS FOUND ON BODY			IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE					
DISPOSITION OF SUBSTITUTE TAGS, IF MADE					
One tag on Cross			Identified as Group C-47 #34-315795		
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE			COMPLETE TOOTH CHART ON REVERSE		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN					
None					
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME					
Buried in Common Grave with William H. O'Kelly O-718735 Glenn C. Harris O-767540					
None <i>idk</i>					
NAME OF EMERGENCY ADDRESSEE			ADDRESS OF EMERGENCY ADDRESSEE		
Mrs. Regina Cerlanek			212 Franklin St. New Haven, Conn.		
Name, Number and Location of Cemetery					
U.S. Military Cemetery Myitkyina, Burma					
Date of Burial	Hour	Plot No.	Row No.	Grave No.	Grave Marker
18 July 45	1500	II	G	411	Wooden Cross
Type of Religious Ceremony			Person Reporting Burial		
General Graveside Service			Chas. E. Chambliss, 2nd Lt., GRO		
Identification Tags Buried with Body			Attached to Marker		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Identification Tags not present, what other identification data buried with body and in what kind of containers.					
GR Form #1042 buried in bottle					
(BODIES BURIED EITHER SIDE See Paragraph 2 on Reverse)					
Body on Left, Name (Last, First, Middle Initial)		Rank	Serial No.	Organization	Grave No.
HANSEN, JEAN S.		2nd Lt.	O-930931	9th Com Car	412
Body on Right, Name (Last First, Middle Initial)		Rank	Serial No.	Organization	Grave No.
COMMON GRAVE					410
Person Conducting Burial Rites			Verified by G. H. S. Officer		
Chaplain W. R. Bouknight (Capt)			John H. Crabbe, 1st Lt., QMC Gr Regis O.		
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE.					
Instructions for Filling out 'Burial Report': Prepare in quadruplicate for U. S. dead, one additional copy for Allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against casualty reports and allied papers and all copies verified by the Graves Registration Officer.)					
OVER FOR BURIAL INSTRUCTIONS					

RESTRICTEDfile 13-75-48
C. H. Sharp

INSTRUCTIONS FOR BURIAL

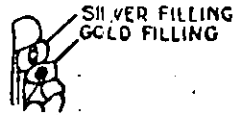
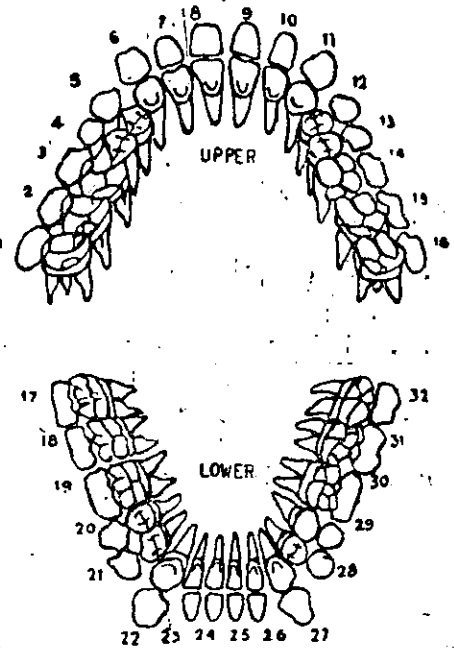




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS 	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
CAVITIES 	
MISSING TEETH 	
CROWNED TEETH 	
BRIDGE WORK 	
SKETCH AND MAP REFERENCE	

WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1	Left Little Finger
2	Left Ring Finger
3	Left Middle Finger
4	Left Index Finger
5	Left Thumb
6	Right Thumb
7	Right Index Finger
8	Right Middle Finger
9	Right Ring Finger
10	Right Little Finger