

1

**MEMORIAL CEMETERY**  
**OF THE PACIFIC**  
 Inferred 31 January 1949 **DISINTERMENT DIRECTIVE**  
 A 476 - Cemetery Superintendent

SECTION A — **ALVAN G.**  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**4996 00000**

DATE  
**15 12 47**  
 DAY MONTH YEAR

NAME: **UNKNOWN X-000079** SERIAL NUMBER: **X-000079** RANK: **8** ARM: **0** DATE OF DEATH: **15 12 47**

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

PLOT: **5** ROW: **T** GRAVE: **1907** COUNTRY: **INDIA** CAUSE OF DEATH: **6**

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **HONOLULU NATIONAL CEMETERY  
 TERRITORY OF HAWAII  
 (BY ADMINISTRATIVE ORDER)**

NAME AND ADDRESS OF NEXT OF KIN:

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-79** SERIAL NUMBER: **Unknown** RANK: **Unk** DATE OF DEATH: **Unknown** DATE DISTINTERRED: **27 Oct. '47**

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **UNKNOWN** RELIGION: **Unknown** IDENTIFICATION VERIFIED BY: **Richard A. Warren, EMBALMER**  
**1st Lt. ORD.** NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Casket** CONDITION OF REMAINS: **Skeleton**

OTHER MEANS OF IDENTIFICATION: **Substitute identification tag and mortuary plates**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET: **2 July 48** BY: **N R JOYNES, EMBALMER**

CASKET SEALED BY: **J N ROBINSON** EMBALMER (Signature): **J N ROBINSON**

CASKET BOXED AND MARKED: **12 Jan 49** BY: **J N ROBINSON** SHIPPING ADDRESS VERIFIED BY: **A J ROBERTSON, EMBALMER**

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

**A J ROBERTSON, EMBALMER**  
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
 Inspected for identification only per paragraph 2, 1st Inc. file QMGMO 293 (Pacific), dated 5 May 1948.

*Sheet 131* *N 4 IV*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO <b>CHIEF HAWN D. C</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> <b>JOHN L. MURPHY</b> Capt., QMC 04585944	DATE <b>19 JAN 1949</b>	SIGNATURE OF RECEIVER <i>James B. Harris</i> <b>JAMES B HARRIS</b> CAPTAIN Q M C	DATE <b>JAN 19 1949</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>PERKINOMIA</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>HOLOGO NATIONAL CENELEKA</b>	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- 79 ) (Kalaikunda)

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

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

LETTER.

FROM: OQMG.  
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-79 (Kalaikunda)

**I N D E X S H E E T**

**S Y N O P S I S**

lot Ind.

8 May 1947

FROM: OQMG  
TO: CO, Amer. QRS, Dadia-Burma Zone, APO 465, c/o FM, 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  
20 January 1947

314.6 (20 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. 5 - T - ~~1097~~<sup>1907</sup> of Unknown X-79 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

- 5 Fragments of cranium
  - Fragment of a right mandible
  - Right clavicle
  - Right and left scapulae
- 20 Ribs
- 15 Vertebrae
  - Right and left humerus
  - Fragment of a right radius
  - Fragment of right and left ulnae
  - Fragment of Os innominatum
  - Fragment of right and left femur
  - Fragment of right tibia
  - Fragment of field pill box

These bones are all so fragmented that it was very difficult to find out which side it belong to. The bones were all very small and badly deteriorated.

2. Accomplishment of dental identification chart was impossible.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 6" tall with very light weight.

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-79</b> <b>Kalaikunda, India</b>				2. DATE OF REPORT <b>27 April 1948</b>	
3. NAME OF CEMETERY <b>US Army Mausoleum #2 Formerly of Kalaikunda, India</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>5</b>	<b>N T</b>	<b>56 1907</b>	DISINTERMENT	REINTERMENT
				<b>26 Apr 48</b>	<b>27 Apr 48</b>

PHYSICAL DESCRIPTION    Age: <b>U.T.D.</b>					
8. ESTIMATED WEIGHT <b>U.T.D.</b>	9. ESTIMATED HEIGHT <b>U.T.D.</b>	10. COLOR OF HAIR <b>Dark Brown</b>		11. RACE <b>U.T.D. Possibly Mongoloid</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) substitute I.D. tag reads: "Unknown X-79"**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>None</b>	<b>U N I D E N T I F I A B L E</b>	
	<b>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b>	
	<b>CLARENCE B. WATTS</b> <b>Capt. OMC 0358911</b>	<i>Clarence B. Watts</i> <b>15 Nov 1948</b>

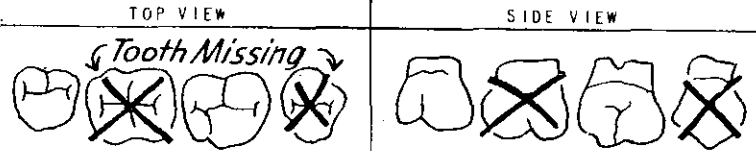
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <b>Remains badly eroded.</b>
--	---

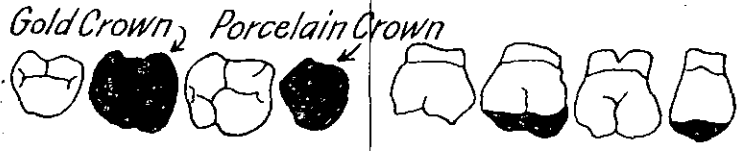
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
  
**None**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  
  
**None**

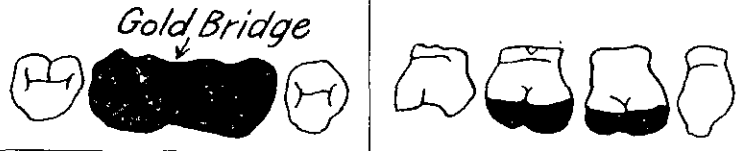
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:  
**Unknown X-79**



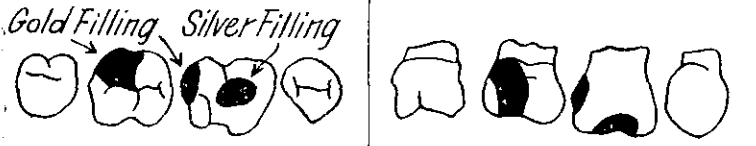
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:  
**Kalaikunda, India**



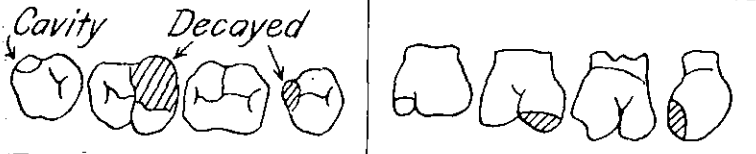
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



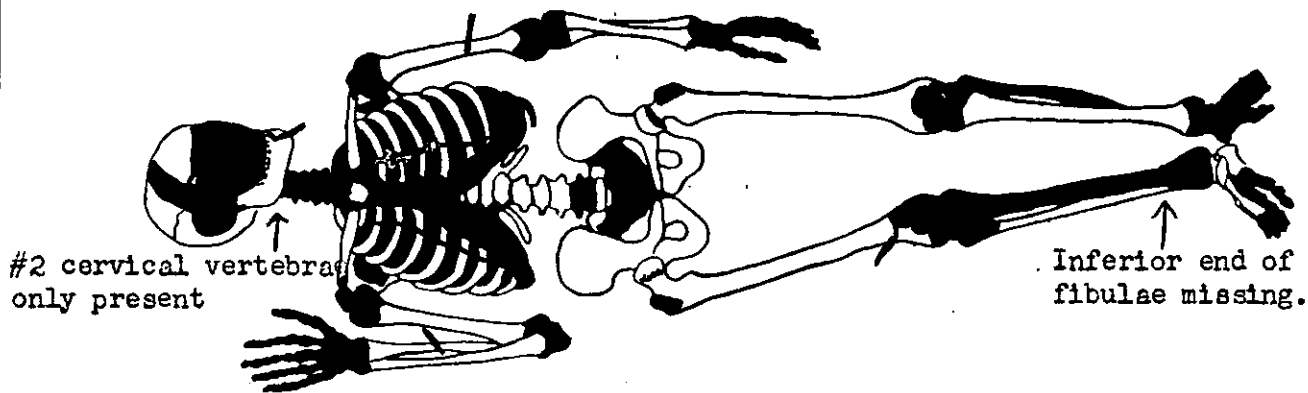
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA AND TEETH MISSING															
Side Views															
Top Views															
Side Views															
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16															

**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. The socket of R-14 shows unusual root formation which leads one to believe there was an abscess or pyorrhetic pocket at the apex of R-14.
2. L-15 appears to be smaller in relation to the first than the second molar usually is.

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture an immature male. Two hairs found with the remains would indicate that he was a brunette with dark brown hair. From the parts of the skull present it appears that it was elliptical in shape. The chin is a broad median and short. The broad mandible and unusual amount of wear on the teeth may indicate this to be the remains of a Mongoloid or of a race other than white. Due to absence of facial parts it is impossible to further describe the head. The absence of all epiphysis makes it impossible to establish height and weight, however the size and general proportions of the skeletal parts appear to be normal. The primary parts of the innominate have not united, but the epiphysis have started to form which would indicate the age of puberty.

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  
/s/ O. W. Greenwood  
O. W. GREENWOOD



**CENTRAL IDENTIFICATION LABORATORY  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	App 49.4	Mandible, occipital excepting left & right 2/3, left parietal, posterior, 2/3 of right parietal & upper 3/4 of frontal bones only present.
VERTEBRAE	CERVICAL	1		#2 only present.
	THORACIC	9		#1-2-3 missing.
	LUMBAR	4		#4 missing.
SACRUM		1		Fractured 1st segment and fragments present.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM U.T.D.	
	LEFT	1		
RIBS		17		Multiple fractures, 6 left and 1 right missing.
STERNUM		1		Manubrium only present.
CLAVICLES	RIGHT	1		Epiphysis missing.
	LEFT	1		" "
SCAPULAE	RIGHT	1		Most of body missing.
	LEFT	1		Portions of body missing.
HUMERI	RIGHT	1		Epiphysis missing, fractured.
	LEFT	1		" " "
RADII	RIGHT	1		Fractured, epiphysis missing.
	LEFT	1		Epiphysis missing.
ULNAE	RIGHT	1		" "
	LEFT	1		" "
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1		Superior epiphysis detached, inferior missing.
	LEFT	1		" " " " "
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Epiphysis missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Epiphysis missing.
FEET	RIGHT	1		Calcaneus, talus, #5 metatarsal, 1st cuneiform, & one phalange present.
	LEFT	0		

HUMERO-CLAVICULAR RATIO	U.T.D.	APPROXIMATE AGE (in years)	U.T.D.
ESTIMATED HEIGHT	U.T.D.	LEG-HIP BR RATIO	U.T.D.
ESTIMATED WEIGHT	U.T.D.		

/s/ Paul L. Gravenor  
PAUL L. GRAVENOR  
Lab. Supervisor  
DANTHROPOLGIST

ENCLOSURE TO: Unknown X-79  
Kalaikunda, India

26 Mar 45  
X-34 Burma

Unknown X-34

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

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

Reinterred 27 Feb 1945

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

165

(Grave number)

C

(Row number)

II

(Plot number)

Wooden cross

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to mark Yes  No

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on <b>RIGHT</b>	Roy J. Smith	53829043	T/5	1304th Engr Bn.	164-C
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <b>LEFT</b>	Grady C. Corley	0-359989	Capt.	475th Inf. Bn.	166-C
	(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-34 Burma

12 MAR 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.**

.....  
*John H. Crabbe*  
 (Signature of officer or other person in charge of the case)  
**JOHN H. CRABBE**

LEFT HAND

RIGHT HAND

4  
3  
2  
1  
THUMB

4  
3  
2  
1  
THUMB

IDENTIFICAT  
REPATRIATION R  
MEMORIAL

CATEGORY  
NO  
IDENTIFICATI  
AT PREN

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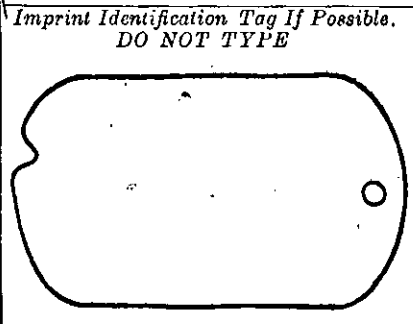
IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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# 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  
**18 Jan 1946**



**Section 1.—IDENTIFICATION:**  
 Name (Last, first, middle initial) (formerly Unknown X-79 X-34, 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**  
 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 (1)**

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.
17 Jan 1946	1600	Blanket	Cross	5	T	1907

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. **C** Grave No. **165**

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)	Rank	Serial No.	Organization	Grave No.
Day, John W.	F/O	T-224107	5 Mob Unit ATC China	1908

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Landry, Allen A.	Pvt	38488862	5307 Comp Unit	1906

Signature of person preparing report: **Robert L. Sterner**  
 Pfc Robert L. Sterner  
 Signature of GRS Officer verifying report: **William S. Smith Jr.**  
 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.

Inclo #132

**RESTRICTED**

# RESTRICTED


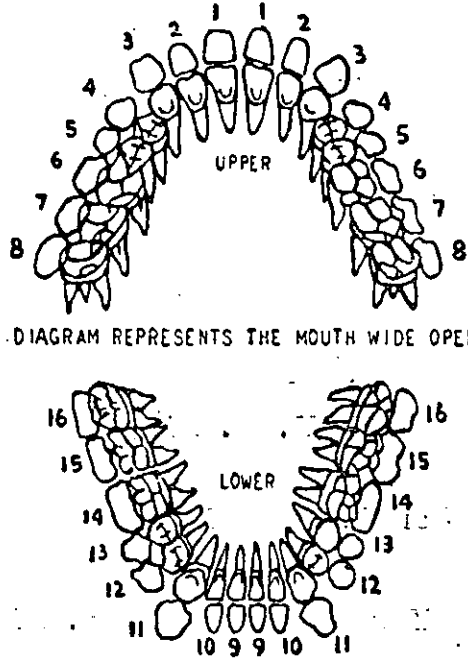




## Section 3.—UNIDENTIFIED REMAINS.

**INSTRUCTIONS:**

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

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

Left Little Finger	Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
Left Ring Finger	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 style="text-align: center;">UPPER</p> <p style="text-align: center;">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p style="text-align: center;">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

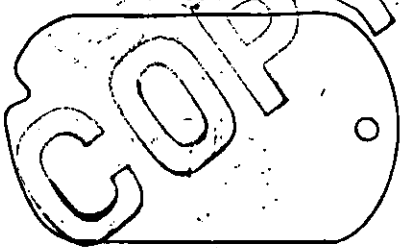


REMARKS:

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

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

DATE OF REPORT  
18 Jan 1946

Imprint Identification Tag, If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (Formerly Unknown X-34 of Myitkyina) UNKNOWN X-79		SERIAL No.
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Myitkyina, Burma.	CAUSE OF DEATH	DATE OF DEATH	

EMERGENCY ADDRESSEE (Name, relationship, and address)

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 (1)	

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 17 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 5	ROW No. T	GRAVE No. 1907
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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. 2	ROW No. C	GRAVE No. 165
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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) Day, John W.	RANK F/O	SERIAL No. T-224107	ORGANIZATION 5 Mob Unit ATC China	GRAVE No. 1908
--	-------------	------------------------	--------------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Landry, Allen A.	RANK Pvt.	SERIAL No. 38488862	ORGANIZATION 5307 Comp Unit	GRAVE No. 1906
---	--------------	------------------------	--------------------------------	-------------------

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.

FEB 27 3 14 PM '47  
 MEMORIAL DIVISION  
 RECORDS BRANCH



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


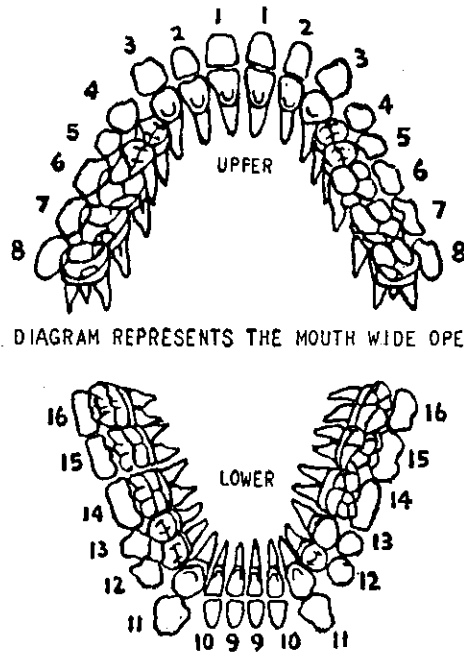
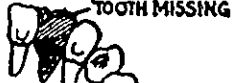


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

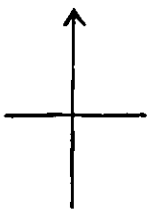
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	FILLINGS		 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH		
LEFT INDEX FINGER	CROWNED TEETH		
LEFT THUMB	BRIDGE WORK		
RIGHT THUMB			
RIGHT LITTLE FINGER			

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



REMARKS: