

OF THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**
 B 198 - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	ALVAN G. BAKLER	DIRECTIVE NUMBER	4996 00000	DATE	15	12	47
				DAY	MONTH	YEAR	

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X - 000081		8	
CEMETERY				DISPOSITION OF REMAINS
KALAIKUNDA				0 0492 64 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
8	0	1483	INDIA	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII	
(BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-21	Not Ind	Not Ind	19 June 45	21 Oct 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN	Not Ind	RICHARD A WARREN, 1st Lt ORD	
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Temporary casket	Skeletal

OTHER MEANS OF IDENTIFICATION
 Disinterment record and mortuary plates

MINOR DISCREPANCIES
 None

REMAINS PREPARED AND PLACED IN CASKET
 DATE 22 Oct 47 BY GERALD A BRICK, EMBALMER

CASKET SEALED BY J P SIMONI EMBALMER (Signature) Joseph P Simoni P SIMONI

CASKET BOXED AND MARKED 13 Jan 49 BY J P SIMONI SHIPPING ADDRESS VERIFIED BY 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, CWO, USA
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN D. C	
KIND OF CONVEYANCE <i>TRUCK</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> JOHN L. MURPHY Capt. 0158594A	DATE 19 JAN 1949	SIGNATURE OF RECEIVER <i>James B. Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE JAN 19 1949

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 <i>(IMPLIVE ORDER)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>OF HAWAII</i> <i>HONOLULU DIVISION</i>	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- 81) (Kalalanda)

I N D E X S H E E T
SYNOPSIS,

23 May 1947.

LETTER.

FROM: OCM G.
TO: Organization Records Br., Records Admin Center, AGO.
St. Louis, Mo.

SUBJ: Identification of Unk. Decdased.

DOCUMENT FILED UNDER NO. 293 Unk. India (Misc.) (Kalalanda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-81 (Kalailunda)

I N D E X S H E E T

S Y N O P S I S

1st Ind.

8 May 1947

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

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Kalailunda) (X-48 thru X-81)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
REFUG 293

JAN 3 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith QMC Forms 1044 for twenty eight unidentified remains, stamped and signed in accordance with letter, DA QMG QAGRU 293 QRS (Pacific Zone), Subject: Resolution of Cases of Unidentified deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE CHIEF, GRAVES REGISTRATION SERVICE:

28 Incls

1. QMC Form 1044-1044a-1044b- Bone List X-16-Kalaikunda
2. QMC Form 1044-1044b- one List X-38-Kalaikunda
3. QMC Form 1044-1044b-Bone List-X-39-Kalaikunda
4. QMC Form 1044-1044b-Bone List-X-40-Kalaikunda
5. QMC Form 1044-1044b-Bone List-X-51-Kalaikunda
6. QMC Form 1044-1044a-1044b-Bone List --57-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone List X-72-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone List X-73-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone List X-81-Kalaikunda

/t/s/ ROBERT W. AAR
Captain, QMC
Chief, RA Div

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

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FOR THE COMMANDING OFFICER:

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1. QMC Form 1044-1044a-1044b-
Bone List X-16-Kalaikunda
2. QMC Form 1044-1044b-Bone
List X-38-Kalaikunda
3. QMC Form 1044-1044b-Bone List-
X-39-Kalaikunda
4. QMC Form 1044-1044b-Bone List-
X-40-Kalaikunda
5. QMC Form 1044-1044b-Bone List-
X-51-Kalaikunda
6. QMC Form 1044-1044a-1044b-Bone
List X-57-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone
List X-72-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone
List X-73-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone
List X-81-Kalaikunda

/s/ HORACE BARR
Captain, QMC
Chief, RR Div

AIR MAIL

RRRNG 293

SUBJECT: Resolution of Unidentified Remains

28 Incls

10. QMC Form 1044-1044b-Bone List-
X-88 Shanghai
11. QMC Form 1044-1044b-X-160 Shanghai
12. QMC Form 1044-1044b-X-161 Shanghai
13. QMC Form 1044-1044a-1044b-Bone List-
X-170-Shanghai
14. QMC Form 1044-1044a-1044b-Bone List-
X-273-Shanghai
15. QMC Form 1044-1044a-1044b-Bone List-
X-274-Shanghai
16. QMC Form 1044-1044b-Bone List X-336
"A"-Shanghai
17. QMC Form 1044-1044-b Bone List X-336
"B"-Shanghai
18. QMC Form 1044-1044a-1044b-Bone List-
X-356-Shanghai
19. QMC Form 1044-1044a-1044b-Bone List-
X-370-Shanghai
20. QMC Form 1044-1044a-1044b-Bone List-
X-371-Shanghai
21. QMC Form 1044-1044a-1044b-X-379
Shanghai
22. QMC Form 1044-1044a-1044a (for GIL 571)
1044b-Bone ListX-229-Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List-
X-234-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List-
X-241-Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List-
X-254-Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List-
X-256-Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List-
X-311-Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List-
X-325-Guadalcanal (Lockett, George R.)

RESTRICTED

*X-81
E. A. ...*

HEADQUARTERS
UNITED STATES FORCES
INDIA BURMA THEATER

314.8(6 July 45)
11

A.P.O. 885
6 July 1945

SUBJECT: Transmittal of Reports of Interment.

TO : The Quartermaster General, Army Service Forces, War Department,
Washington 25, D.C.

1. Transmitted herewith are two (2) reports of interment WD QMC Form 1042 for Unknowns X-38 and X-39. Attached as inclosures are photographs of Unknown X-38 and his fingerprints.

FOR THE COMMANDING GENERAL:

C.A. SEIBOLD
Capt. A.G.D.,
Ass't. Adj. Gen.

2 Incls:
WD QMC Form 1042
with photographs.



314.6 Theater of Operations, India Burma

RESTRICTED

ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1.	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
Quartermaster General		<input type="checkbox"/>	NOTE AND RETURN
2.		<input type="checkbox"/>	NOTE AND FORWARD
		<input type="checkbox"/>	COMPLETE ACTION
Memorial Division		<input type="checkbox"/>	CIRCULATE
3.		<input type="checkbox"/>	INFORMATION
		<input type="checkbox"/>	FILE
Washington 25, D.C.			

293 Wnk X-39 Burma

This appears to be a matter pertaining to your office.

PHELPS C.D.
Mail & Message Sub-Sec.
Demob. Pers. Rec. Br.
St. Louis 20, Mo.

7/14

*file 46
✓ 5/11
20/11*

FROM: (Name, organization, building)	DATE
	TEL.

REGISTRATION AND
RECORDS BRANCH

JUL 24 12 03 PM '46
RECEIVED
MEMORIAL DIVISION

18TH GENERAL HOSPITAL
OFFICE OF THE REGISTRAR
APO 218

/tm

80

20 June 1945

SUBJECT: Removal of Remains by Graves Registration Officer.

TO : Quartermaster Graves Registration Officer, APO 218.

1. Permission is hereby granted to the Base Quartermaster, Advance Section, IBT, APO 218, Graves Registration Officer to remove from the hospital morgue the unidentified remains of unknown X 39, so that proper burial procedure may be followed.

2. Request acknowledgement of receipt of remains by indorsement hereon.

FOR THE COMMANDING OFFICER:

James J. Partica
JAMES J. PARTICA
1st Lt, MAC
Registrar

1st Ind.

OFFICE OF THE QUARTEMASTER, Base Quartermaster, Advance Section, IBT, APO 218, 20 June 1945.

TO: Chief of Laboratory Service, 18th General Hospital, APO 218.

1. Receipt is acknowledged of remains of unknown X 39 in basic communication.

FOR THE QUARTEMASTER:

Chas. E. Chambliss
CHARLES E. CHAMBLISS, 3d
2d Lt, QMC
Graves Registration Officer

293
mark in 01111

7-397

file
= 5 Jul 46
don't see Lt dead

18TH GENERAL HOSPITAL
OFFICE OF THE REGISTRAR
APO 218

/tm

20 June 1945

C-E-R-T-I-F-I-C-A-T-E

"We the undersigned hereby certify that we have inspected the unidentified remains of unknown X 39, and find that they have been properly cleaned, clothed, prepared for burial and placed in a casket.

Arthur Shanley

M. C.

Chas. E. Chambliss, 3d

CHARLES E. CHAMBLISS, 3d
2d Lt, QMC
Graves Registration Officer

Mail + Files

~~Burma~~

~~add~~

~~Rm 2404 B~~

~~Attn: Miss Leeds~~

Could you give name of country
that goes with this membership please;

Thanks

1426 B
add

18TH GENERAL HOSPITAL
OFFICE OF THE REGISTRAR
APO 218

/tm

20 June 1945

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FOR THE COMMANDING OFFICER:

JJP
JAMES J. PARTICA
1st Lt, MAC
Registrar

1st Ind.

OFFICE OF THE QUARTERMASTER, Base Quartermaster, Advance Section, IBT,
APO 218, 20 June 1945.

TO: Chief of Laboratory Service, 18th General Hospital, APO 218.

1. Receipt is acknowledged of remains of unknown X 39 in basic communication.

FOR THE QUARTERMASTER:

C.E.C.
CHARLES E. CHAMBLISS, 3d
2d Lt, QMC
Graves Registration Officer

OK

273
Unknown

7-39

18TH GENERAL HOSPITAL
OFFICE OF THE REGISTRAR
APO 218

/tm

20 June 1945

C-E-R-T-I-F-I-C-A-T-E

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Arthur Shearman

H. C.

Q.E.C.

CHARLES E. CHAMBLISS, 3d
2d Lt, QMC
Graves Registration Officer

18TH GENERAL HOSPITAL
OFFICE OF THE REGISTRAR
APO 218

/tm

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M. C.

C. E. C.

CHARLES E. CHAMBLISS, 3d
2d Lt, QMC
Graves Registration Officer

18th General Hospital
Advanced Section IBT

AUTOPSIES A-52 A-53 A-54

The following three men died as a result of accidental drowning.

A-52

NAME: Rainier, Luther A. STATUS: Pfc. ASN: 33007746

AGE: Unknown RACE: White REG. NO.: 150764

ORGANIZATION: 75 Engrs Light Ponton Co.

HISTORY

Pfc. Rainier, reported missing on 1 June 45, was found in the Irrawaddy River on 14 June 45. Identification was made by members of the unit. The body was badly decomposed, but no evidence of violence could be detected.

DIAGNOSIS: Asphyxiation due to drowning.

A-53

NAME: Smith, Freddie L. ASN: 37135713

ORGANIZATION: 1683 Engr. Avn. Bn.

HISTORY

The body of Smith, a colored soldier, was removed from the Nanti River, Nanti, Burma on 17 June 45. No identification could be made. The body was badly decomposed but showed no evidence of violence. Identification was later made on the basis of finger prints.

DIAGNOSIS: Asphyxiation due to drowning.

A-54

NAME: Unknown (X39)

HISTORY

No information is available about this soldier other than that he was colored and not the victim of violence.

DIAGNOSIS: Asphyxiation due to drowning

Arthur Steer
Arthur Steer, Maj., M.C.
Chief of Laboratory Service.

IDENTIFICATION DENTAL CHART

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

27 Jan 47

UNKNOWN X-81

DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
 Myitkyina, Burma . Kalaikunda, India 8 0 1483
 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				⊗		⊗	⊗	⊗	⊗	⊗										
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							⊗	⊗	⊗							
LOCATION																

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
TEETH REPLACED BY DENTURE	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

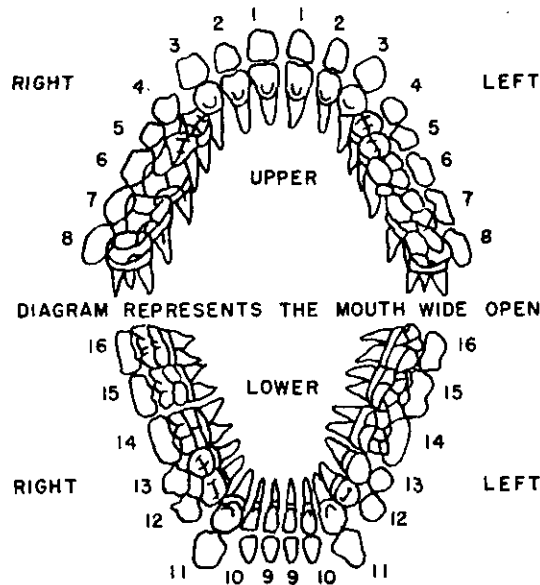
INSTRUCTIONS:

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

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

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

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



REMARKS:

L-16 impacted slightly.

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

27 Jan 47

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-81 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 0	6. GRAVE 1483	7. DATE OF DISINTERMENT 26 Apr '48
				REINTERMENT 27 Apr '48	
PHYSICAL DESCRIPTION Approx. Age: 22 - 24					
8. ESTIMATED WEIGHT 120 - 125 (?)	9. ESTIMATED HEIGHT 162 - 63.78 - 5' 3-3/4"	10. COLOR OF HAIR dark, dark brown, med. texture, straight		11. RACE Possibly Mongoloid Extraction	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I.D. tag with body reads: Unknown X-81.					

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None.	U N I D E N T I F I A B L E BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA	
	CLARENCE B. WATTS Capt. OMC 0358911	<i>Clarence B. Watts</i> 3/Dec/1948

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Retroverted tibial heads.
Anterior-posterior bowing of femora.
Squatting facets at ankle and knee joints.**

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.

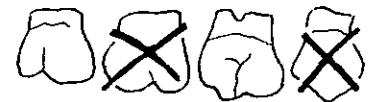
2/17/48

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

Unk. X-81

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

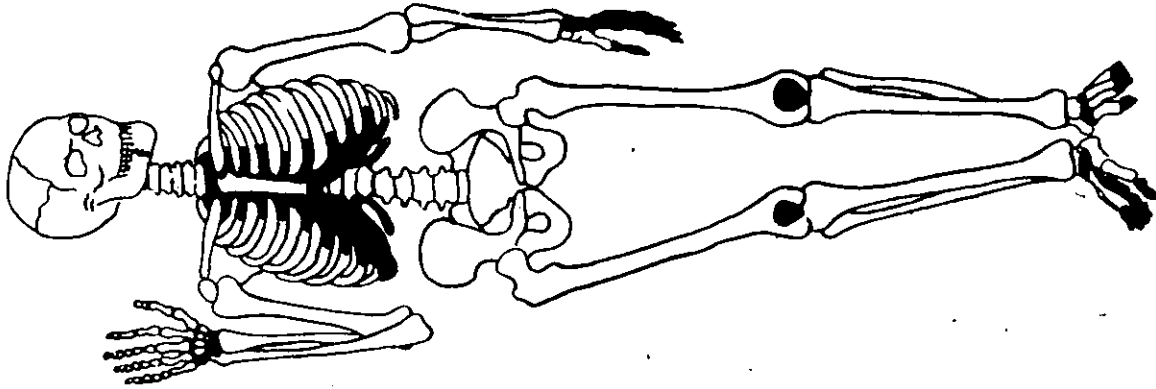


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
											OM				
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

L-16 may or may not belong to this mandible. It has a small occlusal cavity.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

No extra parts.

Paul L. Gravehor,

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a short, slender, young man in his early twenties.

The skull is long-oval in shape, small in size and has prominent parietal bosses. The forehead is rather low with moderate slope. The face is short and broad.

The nasal root, which is rather flat indicates a short, wide nose. The mouth parts are rather full. The palate is low, very wide and "U" shaped.

The lower jaw, which has a short angle, is quite heavy in structure. The chin, which is fairly prominent forms a bilateral eminence of medium width.

The small stature, light construction of skeletal parts, the presence of squatting facets at knee and ankle joints, retroverted tibial heads, anterior-posterior bowing of femora as well as a wide shallow palate and short, wide facial features are all suggestive of possible Mongoloid Ancestry.

Teeth charted. Fluoroscopic examination unnecessary.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLUM, APO 957

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.0	Mandible fractured.
VERTEBRAE	CERVICAL	7		
	THORACIC	11		1 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 23.1	
	LEFT	1		
RIBS		22		
STERNUM		1		
CLAVICLES	RIGHT	1	14.5	
	LEFT	1	14.7	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	28.6	
	LEFT	1	28.5	
RADII	RIGHT	1	22.6	
	LEFT	1	22.3	
ULNAE	RIGHT	1	24.8	
	LEFT	1	24.4	
HANDS	RIGHT	1		All present except four (4) wrist bones. Present are #1-4-5 metacarpals, lesser mul- tangular and navicular.
	LEFT	1		
FEMORA	RIGHT	1	40.1	
	LEFT	1	40.2	
PATELLAE	RIGHT	0		
	LEFT	0		
TIBIAE	RIGHT	1	33.5	
	LEFT	1	33.7	
FIBULAE	RIGHT	1	33.0	
	LEFT	1	33.1	
FEET	RIGHT	1		All present except navicular, #2 cuneiform, #2 metatarsal and phalanges. 1-2-3 cuneiform and phalanges missing.
	LEFT	1		

HUMERO-CLAVICULAR RATIO	51.0	APPROXIMATE	
ESTIMATED HEIGHT	162 - 63.78 5' 3-3/4"	AGE	22 - 24 YEARS
ESTIMATED WEIGHT	120-125 (?)	LEG-HIP BR RATIO	55.0

Paul L. Gravenor
Paul L. Gravenor
Lab Supervisor.

ENCLOSURE TO: Unknown X-81 Kalaikunda, India Paul L. Gravenor
Lab Supervisor.

ANTHROPOLOGIST

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

12-WCH/se


Calcutta, India
27 January 1947

314.6 (27 Jan 47)

SUBJECT: Examination of human remains.

TO : The Commanding Officer,
American Graves Registration Service, India-Burma Zone,
APO 465.

1. The remains of grave No. 8 - 0 - 1483 of Unknown X-81 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and identified a complete body which was very badly decomposed. The individual had black hair.
2. Dental identification chart was accomplished.
3. There is no evidence of remains of more than one individual.


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

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

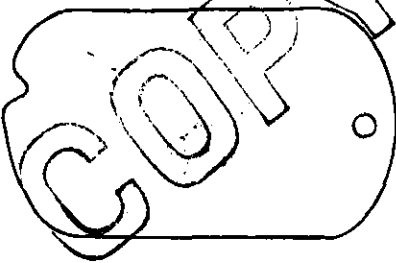
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RENT DM VT

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

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

DATE OF REPORT
17 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.	
		NAME (Last, first, middle initial) See Section 3 UNKNOWN X-81 (Formerly X-39 of Myitkyina)	SERIAL No. Unknown
		GRADE Unknown	ORGANIZATION Unknown
		RACE Negro	RELIGION Unknown
PLACE OF DEATH Unknown	CAUSE OF DEATH Drowning	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
DATE OF DEATH About 10 June 45			

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) Unknown
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (1)	

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
U.S. Military Cemetery, Kalaikunda, India.

DATE OF BURIAL 16 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. B	ROW No. 0	GRAVE No. 1483
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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
--	---

TYPE OF RELIGIOUS CEREMONY Grave side	PERSON CONDUCTING BURIAL RITES Chaplain (Major) William D. Buckley	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY. GR Form #1042 buried in casket.
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) Pingitzer, Joe	RANK Pfc	SERIAL No. 37143667	ORGANIZATION 124 Cav	GRAVE No. 1484
--	-------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Kavel, Hobart T.	RANK 1st Lt.	SERIAL No. O-131614	ORGANIZATION 124 Cav	GRAVE No. 1482
---	-----------------	------------------------	-------------------------	-------------------

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.

Copy/ds Incl #1

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.

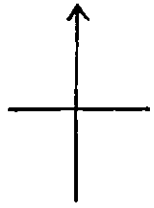
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5' 11"	140-lbs.			
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

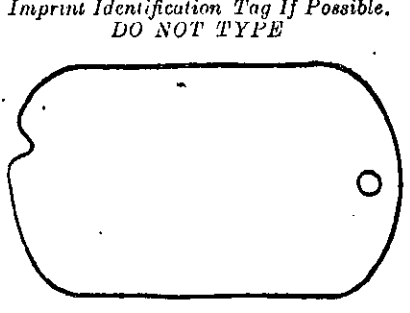


REMARKS:

REMARKS:

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
17 Jan 1946



Section 1.—IDENTIFICATION.
 Name (Last, first, middle initial) **See section 3 (Formerly X-39 of Unknown X-81 Myitkyina)** Serial No. **Unknown**
 Grade **Unknown** Organization **Unknown** Branch of Service
 Race **Negro** Religion **Unknown** If other than U.S. dead, give name of country

Place of death **Unknown** Cause of death **Drowning** Date of death **About 10 June 1945**
 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) **Unknown**
 Were substitute tags provided? (Yes or no) **Yes (1)**

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 **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.
16 Jan 1946	1600	Blanket	Cross	8	0	1483

Was this a reburial? (Yes or no)	If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.	Plot No.	Row No.	Grave No.
Yes	U. S. Mil. Cem., Myitkyina, Burma	2	G	393

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body.
Graveside	Chaplain (Major) William D. Buckley	
Identification tag buried with body (Yes or no)	Identification tag attached to marker (Yes or no)	GR Form #1042 buried in bottle.
No	Yes	

Body buried on deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Pingitzer, Joe	Pfc	37143667 XXXX WLD	124 Cav	1484
Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Kavel, Hobart T.	1st Lt	0-131614	124 Cav	1482

Signature of person preparing report	Signature of GRS Officer verifying report
Pfc Robert L. Sterner	William S. Smith Jr., 2nd Lt, Inf.

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

RESTRICTED

Section 3. IDENTIFIED REMAINS.


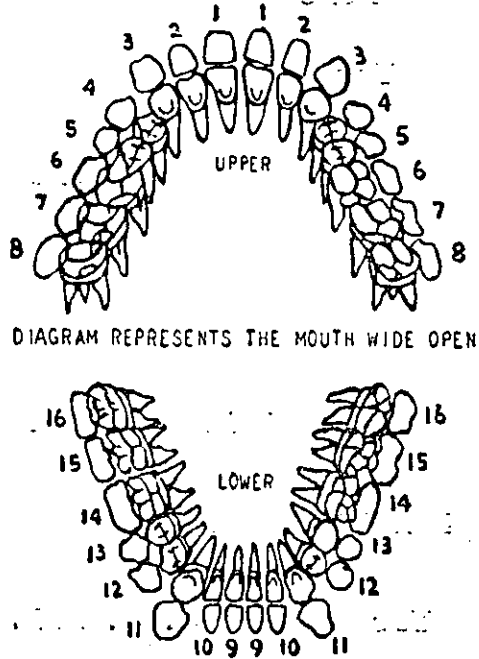

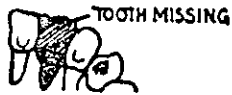


INSTRUCTIONS:

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

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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
5' 11"	140			
Weapon and serial no.		Laundry marks		Where body was buried or found
Other identification clues				

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

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:

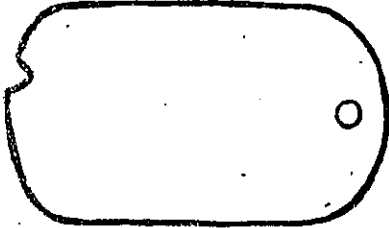
RESTRICTED

X-39 Burma
Myitkyina, Burma

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

REPORT OF INTERMENT 480
(TM 10-630 and AR 30-1815)

Date Report Filled out
26 June 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial)		
				UNKNOWN X-39		
	RANK	SERIAL NUMBER	COUNTRY			
	Unknown	Unknown	Burma			
ORGANIZATION			BRANCH			
Unknown			Unknown			
RACE		RELIGION		DATE OF DEATH		
Negro		Unknown		Unknown		

PLACE OF DEATH	CAUSE OF DEATH
Unknown	Drowning
IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, letters, etc.)
DISPOSITION OF SUBSTITUTE TAGS, IF MADE One tag on Cross	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN
Weight: 140 pds Height: 5' 7"

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
None	None

Name, Number and Location of Cemetery
U.S. Military Cemetery Myitkyina, Burma

Date of Burial	Hour	Plot No.	Row No.	Grave No.	Grave Marker
20 June 45	1000	II	G	393	Wooden Cross
Type of Religious Ceremony			Person Reporting Burial		
General Graveside Interment			Chap. C. Chamberlin, 3d 2nd Lt G.R.O.		
Identification Tags Buried with Body <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attached to Marker <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 Reserve)

Body on Left, Name (Last, First, Middle Initial)	Rank	Serial No.	Organization	Grave No.
EMPTY GRAVE				394
Body on Right, Name (Last First, Middle Initial)	Rank	Serial No.	Organization	Grave No.
FITZGERALD, PAUL	Sgt.	31135523	51st Fg'tr Sq.	392
Person Conducting Burial Rites		Verified by G. H. S. Officer		
Chaplain William D. Buckley (Major)		John H. Crabbe, 1st Lt., OMC 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 of that headquarters) to Base Section Graves Registration Service Officer.

OVER FOR BURIAL INSTRUCTIONS

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

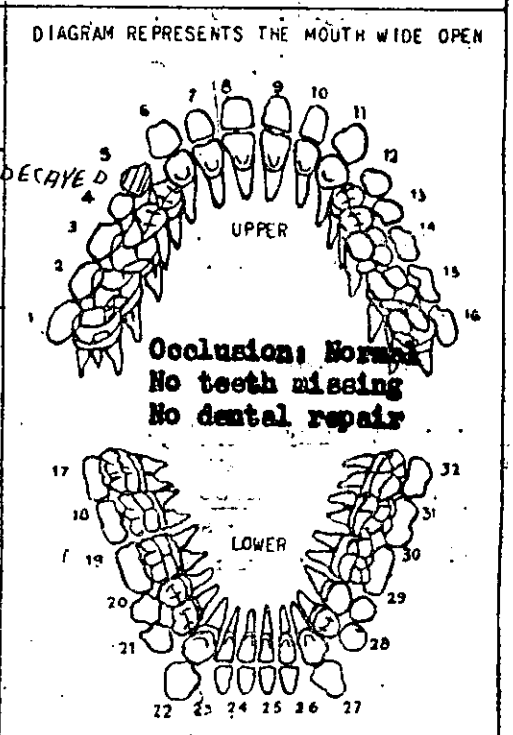
2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER. (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, 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.

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

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



SKETCH AND MAP REFERENCE

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