

886

CMS

RL

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred 15 June 1949
Q 52

ALVAN C. BAKER - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X - 000090 1

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
4 F 586 INDIA 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
UNKNOWN X-90 27 Dec 43 9 Oct 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS UNKNOWN Richard A. Warren, 1 Lt
MARKER Ord NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Temporary Casket Skeletal

OTHER MEANS OF IDENTIFICATION
Grave marker - cemetery record

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Mar 49 BY J. N. ROBINSON, EMBALMER

CASKET SEALED BY J. N. ROBINSON EMBALMER (Signature)
J. N. ROBINSON

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 22 Mar 49 J. N. ROBINSON A. J. ROBERTSON

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 FILE
1 AUG 1949
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
BRANCH MEM, DIV, [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO HAW'N D C
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER C. J. SURINE CWO USA <i>C. J. Surine</i>	DATE 27 APR 1949	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN Q M C
		DATE APR 27 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 (CONVEYANCE INSTITUTE ORDER)		NAME OF CONVOYER
SIGNATURE OF SHIPPER SA. OF HAWAII HONOLOLO NATIONAL CEMETERY	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 X90 (Kalaikunda) India.

I N D E X S H E E T

S Y N O P S I S

24 Feb. 1947.

LETTER.

FROM: OCMG.
TO: CO, American Graves Reg. Service, India-Burma Zone, apo 465.

RE: Identification of Unknown Deceased.

Dental charts submitted for Unks. X-90 thru X-92 Kalaikunda, have been compared with WD dental records of the crew of Aircraft C-47A-42-24272 but there is not sufficient similarity to establish identity.

DOCUMENT FILED UNDER NO.

293 Graves Reg., (India -Burma).

op

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.

23 March 46

Wells, Elwood O.
Unknown (X-90)

Capt. 0-432735

DATE

LAST NAME FIRST INITIAL

RANK SERIAL NO.

1337th AAF BU

AAF

UNIT

ORGANIZATION

96d 19'E - 26d 46'N

Kalaikunda Cemetery

4

F

586

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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

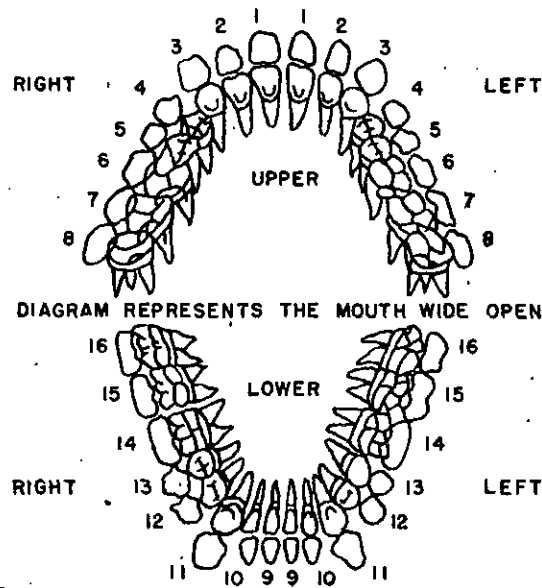
INSTRUCTIONS:

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

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

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

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



REMARKS:

Entire Lower Jaw missing.

Walter C. Hilderman
Walter C. Hilderman

SIGNATURE OF PERSON WHO PREPARED CHART

Walter C. Hilderman
Capt. MC.

NAME AND RANK TYPED OR PRINTED

Kalaikunda Cemetery

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Chas. E. Chambliss III

Chas. E. Chambliss III

VERIFIED BY GRS OFFICER

Charles E. Chambliss 3d.
1st Lt, QMC.

NAME AND RANK TYPED OR PRINTED

23 March 1946.

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-90 Kalaikunda, India				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY US Army Mausoleum #2 Formerly of Kalaikunda, India		4. PLOT 4	5. ROW Box F	6. GRAVE 886 586	7. DATE OF DISINTERMENT REINTERMENT 26 Apr 48 26 Apr 48

PHYSICAL DESCRIPTION **Age: 24-26 years.**

8. ESTIMATED WEIGHT 140 - 150	9. ESTIMATED HEIGHT 172 - 67.7 - 5' 7 5/8"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
---	--	------------------------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) Form reads: "Unk-X-467, P-3, R-V, Gr-20, Buried in burlap & box."
 One (1) embossed plate: "Unk-X-90, died 27 Dec 43, P-4, R-F, Gr-586."
 One (1) embossed plate on casket: "X-90, P-4, R-F, Gr-586, Kalaikunda, India."**

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

None

U N I D E N T I F I A B L E
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

F. H. WATERS
 Capt. Sp. S. **0-240085** *F. H. Waters* **1 Mar. 1949**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Skull, right innominate, and right scapula.**

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

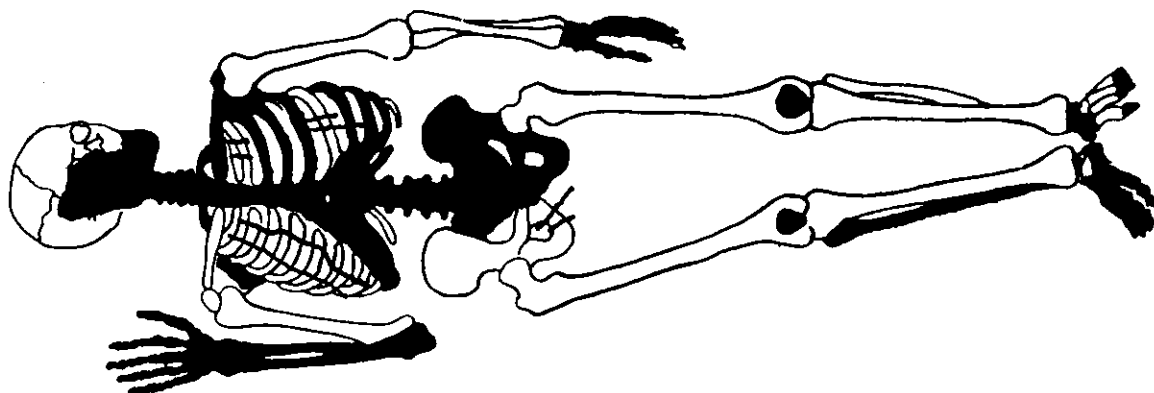
Incl 12

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p>X-90</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>KALAIKUNDA, INDIA</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Section of maxilla and teeth missing															
Side Views																
Top Views																
Side Views																
	MANDIBLE AND TEETH MISSING															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

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 a man in his middle twenties, of average height, build and muscularity.

The skull is small in size and oval in outline. The backhead, vault and forehead are of average proportion. The nasal bones are fairly high and narrow, forming a humped nose. The upper jaw presents considerable alveolar prognathism. The palate is quite large.

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. 51.8	Skull and face fractured, bone of right side of face & skull missing.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	1		
	LUMBAR	0		All missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured, small portion of symphysis missing.
	LEFT	0		Missing.
RIBS		16		8 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	13.9	
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Fractured, most of body missing.
	LEFT	0		Missing.
HUMERI	RIGHT	1	33.2	
	LEFT	1	33.4	
RADII	RIGHT	0		Missing.
	LEFT	1	24.7	
ULNAE	RIGHT	0		Missing.
	LEFT	1	26.2	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	47.1	
	LEFT	1	47.1	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	38.0	
	LEFT	1	38.0	
FIBULAE	RIGHT	0		Missing.
	LEFT	1	37.4	
FEET	RIGHT	1		All missing except navicular, #3 cuneiform.
	LEFT	1		All missing except #2 cuneiform, #1 metatarsal.

HUMERO-CLAVICULAR RATIO	41.7	APPROXIMATE AGE (in years)	24 - 26
ESTIMATED HEIGHT	172 - 67.7 5' 7 5/8"	LEG-HIP BR RATIO	U.T.D.
ESTIMATED WEIGHT	140 - 150		

/s/ Paul L. Gravenor
PAUL L. GRAVENOR
LAB SUPERVISOR

AKG:ROR:CO:KSH

ENCLOSURE TO: Unknown X-90, Kaliakunda, India

RESTRICTED

CORRECTED COPY

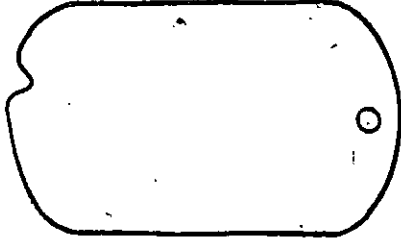
WD QMC Form 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

Date of report

15 May 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

UNKNOWN X-90

Serial No.

(formerly WELLS, Elwood O. of Kalaikunda)

Grade

Organization

Branch of Service

Race

Religion

If other than U.S. dead, give name of country

Place of death

Shingwigang
26d 46'N 96d 17'E

Cause of death

Presumably from Plane Crash C-47 #42-24272

Date of death

27 Dec 1943

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) No

See remarks reverse

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.
23 Dec 45	1800	Blanket	V-shaped	4	F	586

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, Ledo, Assam, India.

Plot No.

Row No.

Grave No.

-

N

21

Type of religious ceremony

Person conducting burial rites

If identification tags not used, describe identification data and containers buried with body

Nameplate "Unknown X-90" attached to marker
WD QMC form 1042 buried with body.

Identification-tag buried with body (Yes or no)

No

Identification tag attached to marker (Yes or no)

No

Body buried on deceased left, name (Last, first, middle initial)

Cherry, Frank J. Jr.

Rank

Pfc

Serial No.

43126086

Organization

Co B 45
Engr Rgt.

Grave No.

587

Body buried on deceased right, name (Last, first, middle initial)

Jones, James M.

Rank

Tec 4

Serial No.

14130564

Organization

Tlc Gp
5303 Hq

Grave No.

585

Signature of person preparing report

B.M. KRISHNA.

Signature of GRS Officer verifying report

CHARLES E. CHAMBLISS, III, 1st Lt. Q MC.

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

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.


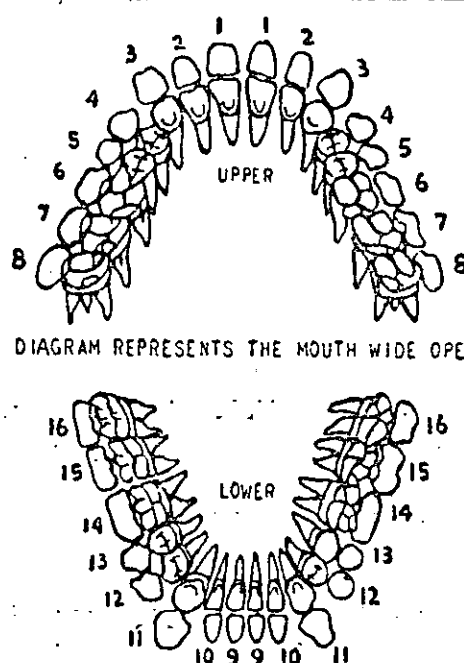




INSTRUCTIONS:

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

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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
Weapon and serial no.		Laundry marks		Where body was buried or found

Other identification clues

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

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

Three bodies recovered at the scene of crash of plane C-46 3575 were identified by the presence of dog tags as WELLS, DeGRESSE, and VANDENBERG and buried at Barrackpore Cemetery. Those three buried at Kalaikunda Cemetery as Wells, DeGresse and Vandenberg were therefore X-numbered as Unknown X-90, X-91 and X-92 respectively.

REMARKS:

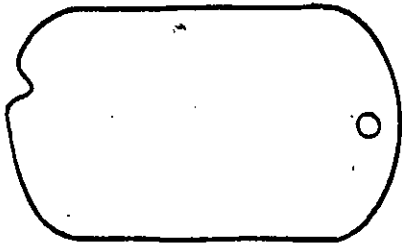
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WD QMC Form 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

Date of report
27 Dec 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial) WELLS, ELWOOD O.		Serial No. 0-432735
Grade Capt	Organization 1337 AAF Base Unit	Branch of Service AAF
Race White	Religion Unknown	If other than U.S. dead, give name of country
Place of death NR 7812	Cause of death Plane crash (C-46 # 575 out of Sookerating, India)	Date of death About 27 Aug 1944
Emergency addressee (Name, relationship, and address) Dorothy H. Wells (wife) Plummer St., Epping, New York		

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 by flight jacket on remains.
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 23 Dec 1945	Hour 1600	Buried in (Shroud, blanket, or name of other) Blanket	Type of grave marker Cross	Plot No. 4	Row No. F	Grave No. 586
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., Ledo, Assam, India			Plot No. -	Row No. N	Grave No. 21
Type of religious ceremony None	Person conducting burial rites None	If identification tags not used, describe identification data and containers buried with body WD QMC Form # 1042 buried in a 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) Cherry, Frank J. Jr.	Rank Pfc	Serial No. 42126086	Organization Co B 45 Engr Rgt	Grave No. 587
Body buried on deceased right, name (Last, first, middle initial) Jones, James M.	Rank Tec 4	Serial No. 14130564	Organization Tk Gp 5303 Hq	Grave No. 585
Signature of person preparing report Pfc Robert L. Sterner		Signature of GRS Officer verifying report Bill D. Reeve, 1st Lt, Sig. C		

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

RESTRICTED

Hand # 412

FILE

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.


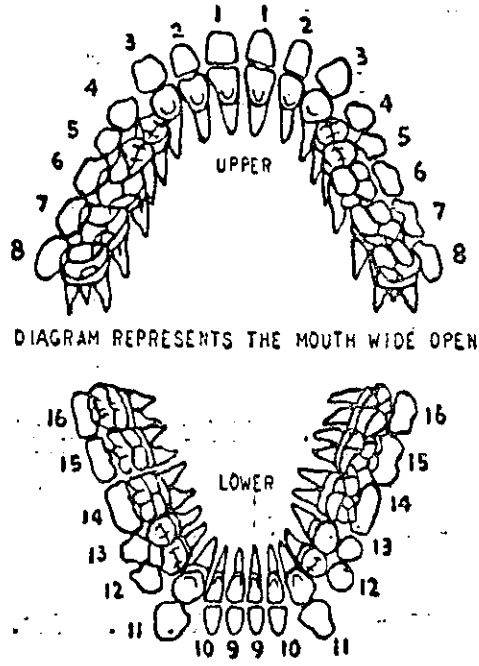




INSTRUCTIONS:

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

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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
Weapon and serial no.		Laundry marks		Where body was buried or found

Other identification clues

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



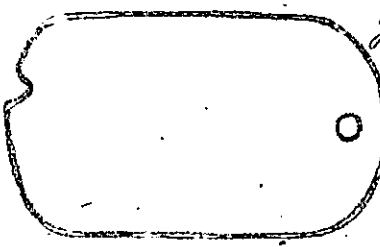
REMARKS:

RESTRICTED*Printed*

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
27 August 1945

FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) WELLS, ELWOOD O.	
RANK Captain		SERIAL NUMBER O-432785	COUNTRY India
ORGANIZATION 1337 AAF Base Unit		BRANCH Air Corps	
RACE White		RELIGION Unknown	DATE OF DEATH About 27 August 44
PLACE OF DEATH NR 7812		CAUSE OF DEATH Plane Crash C-46 # 575 out of Sookerting, India	
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.) Identified by flight jacket on remains	
DISPOSITION OF SUBSTITUTE TAGS, IF MADE			
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMPLETE TOOTH CHART ON REVERSE <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 None			
NAME OF EMERGENCY ADDRESSEE (Wife) Mrs. Dorothy H. Wells		ADDRESS OF EMERGENCY ADDRESSEE Plummer Street, Epping, New York.	
Name, Number and Location of Cemetery U.S. MILITARY CEMETERY, LEDO, ASSAM, INDIA			
Date of Burial 24 August 45	Hour 1000	Plot No. N-21	Row No. N
Grave No. 21		Grave Marker Wooden Cross	
Type of Religious Ceremony None		Person Reporting Burial John H. Crabbe, 1st Lt. QMC	
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. WD AGO Form # 1042 buried in a bottle (BODIES BURIED EITHER SIDE See Paragraph 2 on Reverse)			
Body on Left, Name (Last, First, Middle Initial) de Grasse, Victor R.	Rank 1st Lt.	Serial No. O-402775	Organization Unknown
Body on Right, Name (Last First, Middle Initial) Wilson, Morris W.	Rank PFC	Serial No. 36477098	Organization 1877th Eng
Person Conducting Burial Rites None		Verified by G. S. Officer John H. Crabbe, 1st Lt. QMC Graves 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			

RESTRICTED

INSTRUCTIONS FOR BURIAL


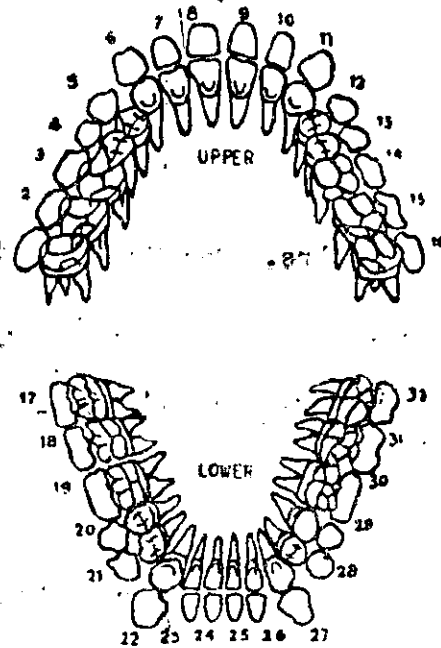

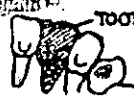


1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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

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

