

OF THE PACIFIC

Interred 15 June 1949  
Q 183

DISINTERMENT DIRECTIVE

*Richard A. Warren* - Cemetery Superintendent

ALIJAN C. BAKER

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4996 00000

DATE

15 01 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X - 000091

Q

DAY MONTH YEAR

CEMETERY

KALAIKUNDA

DISPOSITION OF REMAINS

0 0492 64

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

4 F 592 INDIA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HONOLULU NATIONAL CEMETERY  
HONOLULU, 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 91

27 Dec 43

9 Oct 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

UNKNOWN

RICHARD A. WARREN, 1st Lt, OR  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uncasketed

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Grave Marker

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Mar 49

BY

J. N. ROBINSON, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

J. N. ROBINSON

*J. N. Robinson*  
J. N. ROBINSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 22 Mar 49 BY 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*  
A. J. ROBERTSON

SIGNATURE OF GRS INSPECTOR

FILE

7 AUG 1948

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATION  
BRANCH  
MEM. DIV.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO <b>HAW'N D C</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>C. J. Surine</i> C. J. SURINE CWO USA	DATE <b>27 APR 1943</b>	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN G M C	DATE <b>APR 27 1943</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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HOMOLOGO NATIONALE CEREBRA	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 X-91 (Kalaikunda) India.

I N D E X S H E E T

S Y N O P S I S

24 Feb. 1947.

L I T T E R .

FROM: OQMG.  
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-42824272 but there is not sufficient similarity to establish identity.

DOCUMENT FILED UNDER NO.

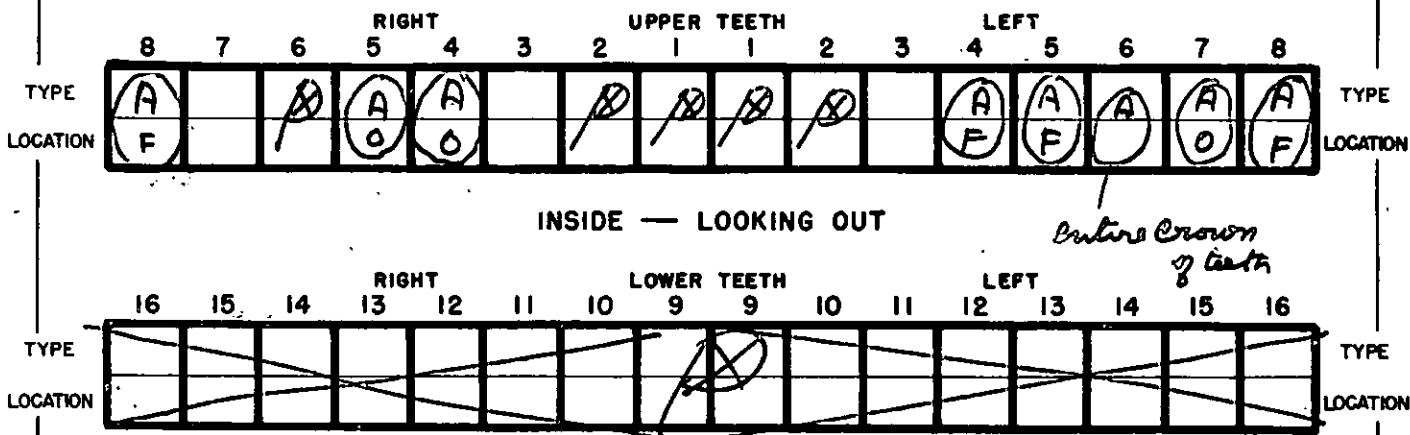
293 Graves Reg., (India -Burma).

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.

DeGrasse, Victor R.	23 March 46	
Unknown ( X-91 )	1st Lt.	0-402775
LAST NAME      FIRST      INITIAL	RANK	SERIAL NO.
1337th AAF BU	AAF	
UNIT	ORGANIZATION	
96d 19'E - 26d 46'N	Kalaikunda Cemetery 4	F 592
PLACE OF DEATH	PLACE OF BURIAL	PLOT      ROW      GRAVE NO.



## 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.

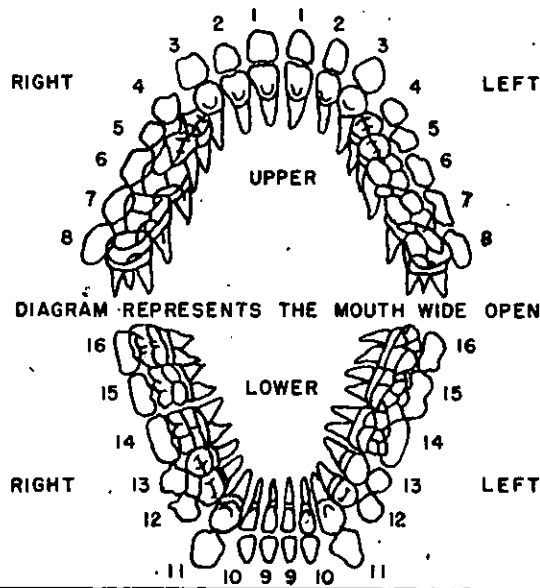


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

*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  
1st Lt, QMC.

NAME AND RANK TYPED OR PRINTED

23 March 46  
DATE

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-91                      Kalaikunda, India</b>						2. DATE OF REPORT <b>27 April 1948</b>	
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India</b>				4. PLOT <b>Box 4</b>	5. ROW <b>892 F</b>	6. GRAVE <b>N-79 592</b>	7. DATE OF DISINTERMENT      REINTERMENT <b>26 Apr 48      27 Apr 48</b>

PHYSICAL DESCRIPTION **Age 27 to 30 years.**

8. ESTIMATED WEIGHT <b>155 lbs.</b>	9. ESTIMATED HEIGHT <b>68.51</b>	10. COLOR OF HAIR <b>U.T.D.</b>	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) embossed plate reads: "Unknown X-91" - Died 27 Dec 1943 - Plot-4, Row-F, Grave-592.**

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*

24. WAS BODY BURNED?      TO WHAT EXTENT?  
 YES       NO

15. WAS BODY MANGLED?      TO WHAT EXTENT?  
 YES       NO

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.**

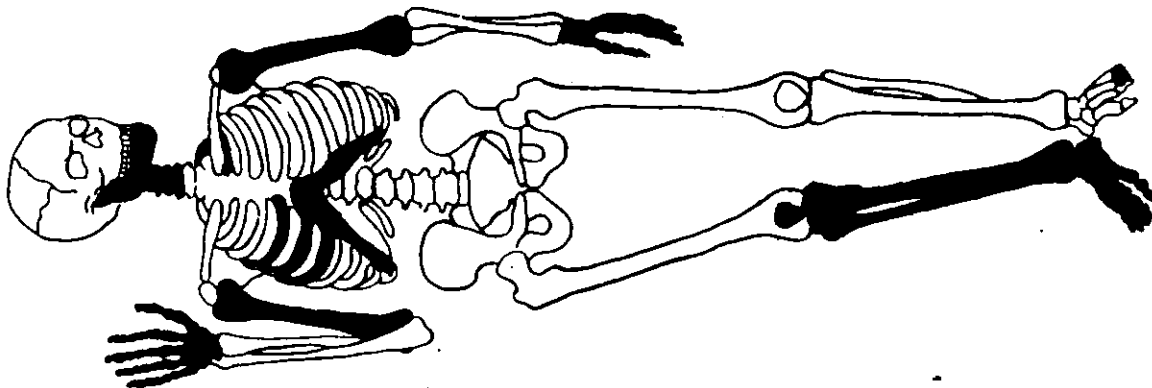
*Incl 11*

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> <p><b>X-91</b></p>	<p><i>Tooth Missing</i></p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p><b>Kalaikunda, India</b></p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> 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
	R	R	R	R	R	S					S	R	R		R	R
	F <sub>2</sub> , O	O	F, O, L, M, O, D	O, M		F					M, F	F, M, O, D	F, O, M, F		O	F, O
Side Views																
Top Views																
Side Views																
	<b>MANDIBLE AND TEETH MISSING.</b>															
	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 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 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

One (1) extra (each) left #1-2-3-4-5 metatarsals.

See narrative.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather medium tall, slender individual of average muscularity and of approximately 27 to 30 years of age.

The skull is of average size and is a round-oval in shape. The forehead is low and broad and presents large glabella region and extra large nasal bones. The backhead is broad, showing a palpable occipital protuberance. The face is straight in profile and short. The palate is deep. The absence of the mandible eliminates further description. The extra parts mentioned in Item 20 have been separated and are now classified as CIL Unknown X-737 and are catalogued as such.

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., OMC  
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	55.0	Mandible missing.
VERTEBRAE	CERVICAL	1		#1-2-3-4-5-6 missing.
	THORACIC	8		#3-4-5-6 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 28.0	
	LEFT	1		
RIBS		20		4 missing - #1 left, 3-4-5 right missing.
STERNUM		1		
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	16.1	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	0		"
RADII	RIGHT	1	24.2	
	LEFT	1	24.7	
ULNAE	RIGHT	1	26.2	
	LEFT	1	26.0	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	45.0	
	LEFT	1	44.9	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	0		Missing.
	LEFT	1	37.5	
FIBULAE	RIGHT	0		Missing.
	LEFT	1	37.0	
FEET	RIGHT	0		Missing.
	LEFT	1		Few terminal phalanges missing.

HUMERO-CLAVICULAR RATIO U.T.D.	APPROXIMATE AGE (in years) 27 to 30
ESTIMATED HEIGHT 68.51-5'8½"	LEG-HIP BR RATIO 54.2
ESTIMATED WEIGHT 155 lbs.	

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

ENCLOSURE TO: X-91, Kalaikunda, India

## NARRATIVE

X-91, Kalakunda, Indai, Plot-4, Row-F, Grave-592, U. S. Army Mausoleum No. 2, Box 892, consisted of the following extra parts: One (1) extra femur, right and One (1) extra left femur, One (1) extra right tibia and One (1) extra left tibia, One (1) extra left fibula. These bones (in excess) have been associated with and absorbed into "X-90." One (1) right femur taken from "X-90" has been associated with "X-91."

Segregation of the above mentioned remains has been completed by color similarity, articulation, length, texture, and structure of bones.

One (1) extra left foot metatarsals #1-2-3-4-5 that could not be associated with either "X-91," or "X-90" assigned CIL "X-737" and removed to the CIL file.

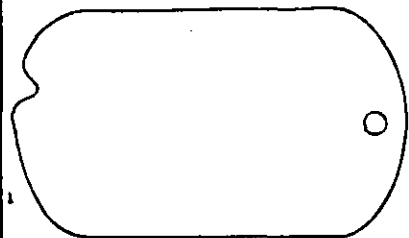
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

15 May 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-91.</b> (Formerly Degresse, Victor R of Kalaikunda).		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>26d 46'N - 96d 17'E</b>	CAUSE OF DEATH <b>Presumably from Plane Crash C-47 # 42-24272</b>	DATE OF DEATH <b>27 Dec 43</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See Remark on Reverse</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b>	

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 <b>23 Dec 45</b>	HOUR <b>1600</b>	BURIED IN (Shroud, blanket, or name of other) <b>Blanket</b>	TYPE OF GRAVE MARKER <b>V-shaped</b>	PLOT No. <b>4</b>	ROW No. <b>F</b>	GRAVE No. <b>592</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>U.S. Military Cemetery, Ledo, Assam, India.</b>	PLOT No. <b>N</b>	ROW No. <b>N</b>	GRAVE No. <b>20</b>
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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 <b>"Name Plate" X-91 attached to marker and WD QMC Form 1042 buried with body.</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Sanders, Richard</b>	RANK <b>Pvt</b>	SERIAL No. <b>35509481</b>	ORGANIZATION <b>Co B 849 Engr Bn</b>	GRAVE No. <b>593</b>
---	--------------------	-------------------------------	---	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Blalock, Lester F.</b>	RANK <b>Pvt</b>	SERIAL No. <b>34375068</b>	ORGANIZATION <b>3842 QM Trk Co</b>	GRAVE No. <b>591</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>R. M. KRISHNA</i> <b>R. M. KRISHNA</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Chas. E. Chambliss, 3d</i> <b>CHARLES E. CHAMBLISS III, 1st Lt. QMC</b>
--	--

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.

*met 4 5*

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


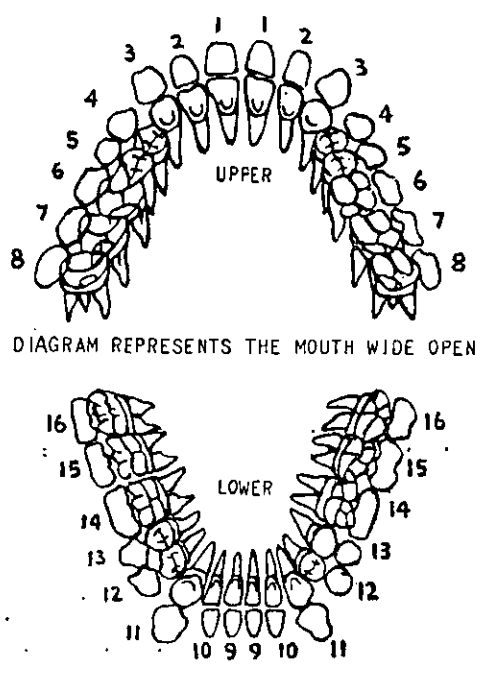




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

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

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:

RESTRICTED

INTERMENT

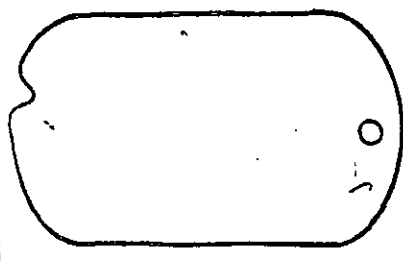
51

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) **De GRASSE, VICTOR R.** Serial No. **0-402775**

Grade **1st Lt** 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)

**Laura De Grasse (wife) Box 35, Roxboro, N. C.**

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 insignia of rank and wallet found on body.**

Were substitute tags provided? (Yes or no) **Yes (1)**

List personal effects found on body and disposition of same

**Forwarded to Quartermaster Effects, Kansas City, Mo.**

**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 1945	1600	Blanket	Cross	4	F	592

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., Ledo, Assam, India	-	N	20

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)	Rank	Serial No.	Organization	Grave No.
<b>Sanders, Richard</b>	<b>Pvt</b>	<b>35509481</b>	<b>Co B 849 Engr Bn</b>	<b>593</b>

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
<b>Blalock, Lester F.</b>	<b>Pvt</b>	<b>34375068</b>	<b>3842 QM Trk Co</b>	<b>591</b>

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 dead, one copy for the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

MAY 2 1946

Incl # 48

**Section 3 UNIDENTIFIED REMAINS.**


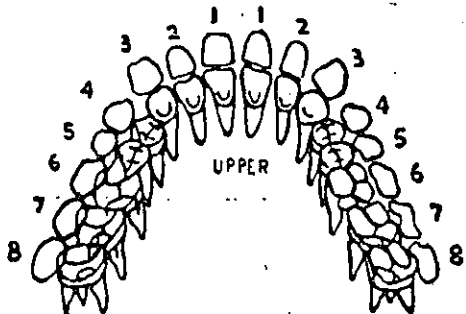




**INSTRUCTIONS:**

(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

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

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



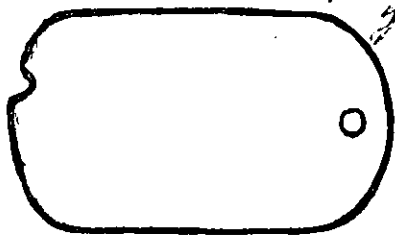
REMARKS:

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

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

Date report turns out

27 August 1945

FOR IMPRINT OF IDENTIFICATION TAG 		NAME (Last, First, Middle Initial) 13 De GRASSE, VICTOR R.			
RANK 1st Lt.		SERIAL NUMBER 0-402775		COUNTRY India	
ORGANIZATION 1337th 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 insignia of rank and wallet found on body.		
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 Wallet with personal papers WD AGO Form 65-1  Forwarded to Quartermaster Effects, Kansas City, Missouri					
NAME OF EMERGENCY ADDRESSEE (Wife) Mrs. Laura DeGrasse			ADDRESS OF EMERGENCY ADDRESSEE Box 357, Roxboro, North Carolina		
Name, Number and Location of Cemetery U.S. MILITARY CEMETERY, LEDO, ASSAM, INDIA					
Date of Burial 24 Aug 1945	Hour 1000	Plot No. N-20	Row No. N	Grave No. 20	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 QMC Form # 1042 buried in a bottle					
(BODIES BURIED EITHER SIDE See Paragraph 2 on Reserves)					
Body on Left, Name (Last, First, Middle Initial) Vanderberge, Emil A.		Rank Sgt	Serial No. 16037495	Organization Unknown	Grave No. N-19
Body on Right, Name (Last First, Middle Initial) Wells, Elwood O.		Rank Capt	Serial No. 0-432735	Organization Unknown	Grave No. N-21
Person Conducting Burial Rites None		Verified by G. E. S. Off. 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					

Incl 18

RESTRICTED

153.5

# 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:


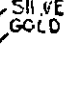



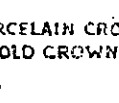

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

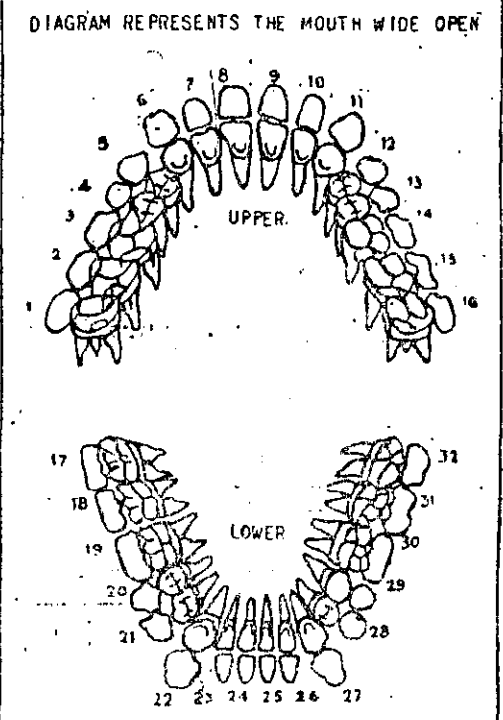
**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE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

Left Thumb	Left Index Finger	Right Thumb	Right Index Finger	Right Middle Finger	Right Ring Finger	Right Little Finger
<p><b>FILLINGS</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>SILVER FILLING</p> </div> <div style="text-align: center;">  <p>GOLD FILLING</p> </div> </div>						
<p><b>CAVITIES</b></p> <div style="text-align: center;">  <p>CAVITY DECAYED</p> </div>						
<p><b>MISSING TEETH</b></p> <div style="text-align: center;">  <p>TOOTH MISSING</p> </div>						
<p><b>CROWNED TEETH</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>PORCELAIN CROWN</p> </div> <div style="text-align: center;">  <p>GOLD CROWN</p> </div> </div>						
<p><b>BRIDGE WORK</b></p> <div style="text-align: center;">  <p>GOLD BRIDGE</p> </div>						



SKETCH AND MAP REFERENCE