

Interred 16 June 1949
Q 1046

DISINTERMENT DIRECTIVE

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-000092		8	
CEMETERY					DISPOSITION OF REMAINS
KALAIKUNDA					0 0492 64 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
4	I	886	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-92			27 Dec 43	14 Oct 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN		RICHARD A. WARREN 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	
MINOR DISCREPANCIES	
None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 25 Mar 49 BY G. D. MEEK	FILE
CASKET SEALED BY H. R. JOYNES	EMBALMER (Signature) <i>G. D. MEEK</i> G. D. MEEK 1 AUG 1949 REPATRIATION BRANCH
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY WILLIAM J. WILLIS MEM. DIV. <i>WJW</i>
DATE 25 Mar 49 BY G. D. MEEK	

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

William J. Willis
WILLIAM J. WILLIS
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Inspected for identification only per paragraph 2, 1st Ind, OQMG, 1194 (incisic), dated 5 May 1948.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3	TO CHIEF HAWN DC
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>J. E. Wilson</i> J. E. WILSON, CAPT., QMC	SIGNATURE OF RECEIVER <i>James B. Harris</i> JAMES B. HARRIS CAPTAIN, QMC
DATE 27 APR 1949	DATE 27 APR 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE ИНИЦИАТИВНОЕ ПОРЯД	NAME OF CONVOYER
SIGNATURE OF SHIPPER БА ОЕ БУАВТТ НОМОЛОН ИАТОНАГ СЕВЕЛБА	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

FROM И 390 ИДИВ	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER ИИИ	SIGNATURE OF RECEIVER О 0480
DATE	DATE

7. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER 00000 TR ST 27
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

FILE UNDER NO. 293 Unk X92 (Kalaikunda) India.

I N D E X S H E E T

S Y N O P S I S

24 Feb. 1947.

L T T E R.

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 ID dental records of the crew of Aircraft C-47A-42-24272 but there is not sufficient similarity to establish identity.

DOCUMENT FILED UNDER NO.

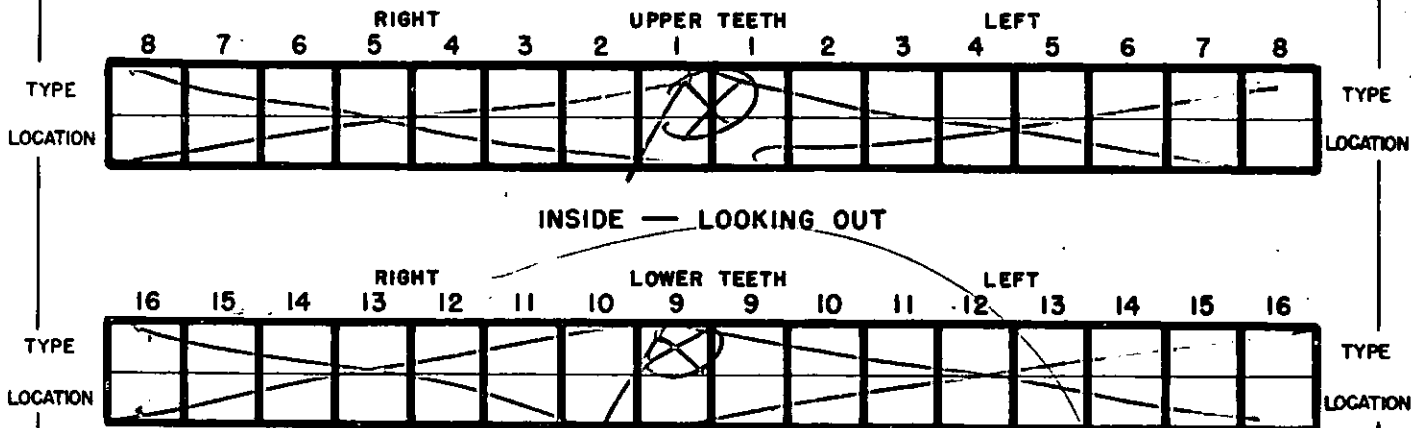
293 Graves Reg., (India -Burma).

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.

Vandenberg, Emil J. 23 March 1946
 Unknown (X-92 ') DATE
 1337th AAF BU Sgt 16037495
 UNIT ORGANIZATION
 96d 19'E - 26d 46'N Kalaikunda Cemetery 4 I 886
 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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

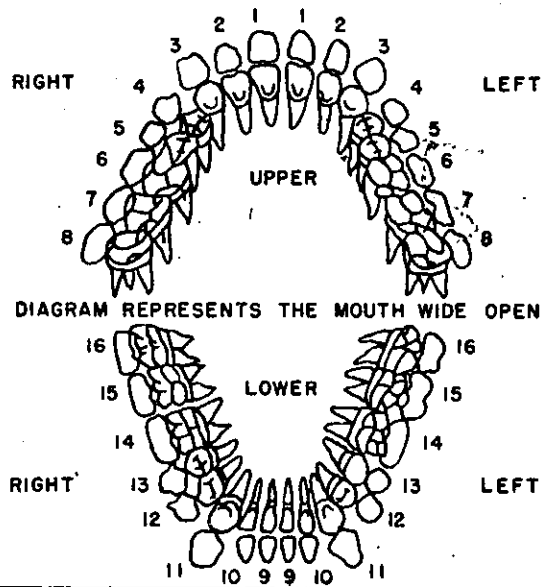
INSTRUCTIONS:

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:

Neither Maxilla or Mandible found.

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 1946.

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-92, KALAIKUNDA, INDIA				2. DATE OF REPORT 27 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	M	71	DISINTERMENT	REINTERMENT
		I	886	26 Apr 48	27 Apr 48

PHYSICAL DESCRIPTION Approx. Age: 25 - 27					
8. ESTIMATED WEIGHT 165 - 170 (?)	9. ESTIMATED HEIGHT 176 - 69.29 - 5' 9 1/2"	10. COLOR OF HAIR UTD		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: "Unknown X-92, Died 27 Dec 1943, Plot-4, Row-I, Grave-886.

One (1) mimeograph form reading: "Unknown X-468, Cemetery BP, Plot-3, Row-V, Grave-21. How buried: Parachute and box, condition of remains. Bones only disinterred by: M/Sgt. Blotner, 14 November 1947.

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	<i>F. H. Waters</i>	<i>1 Mar. 1949</i>
Capt. Sp. S. 0-240085		

14. 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

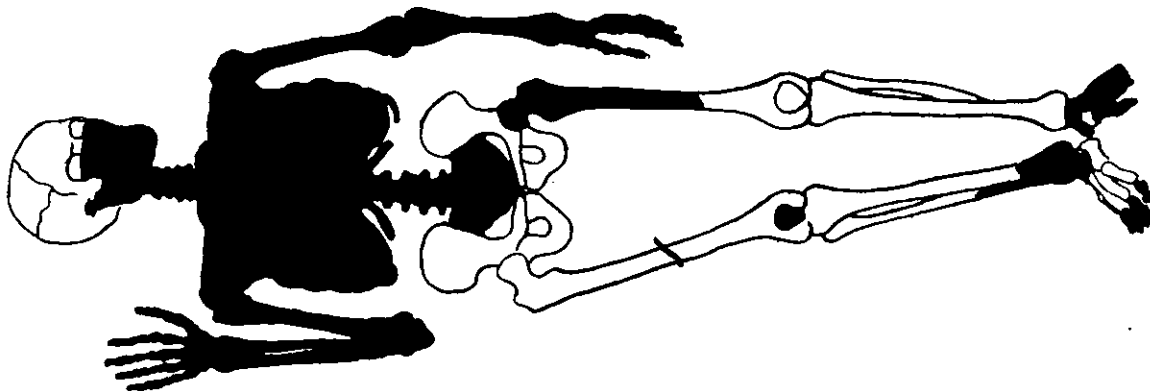
None

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)

- One (1) loaded .45 clip.**
- One (1) fragment of armorer's anvil.**
- One (1) right shoe (brown GI size 9 E)**

See 10

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 _____ 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 about 5' 9" tall, of average body build and in his middle twenties.

The skull, which is small-average in size and oval in shape, has a fairly high vault and rather prominent parietal bosses.

Absence of facial parts precludes further description.

No teeth. 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 MAUSOLEUM, APO 957**

SIGNATURE

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

**CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS <i>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)</i>
SKULL		1	52.2	All facial bones missing.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	
	LEFT	1		
RIBS		0		Missing.
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	approx. 48.5	Fractured at midshaft.
	LEFT	1		Fractured, lower 1/3 only present.
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1		Fractured, distal end missing.
	LEFT	1	38.0	
FIBULAE	RIGHT	1		Fractured, lower 1/3 missing.
	LEFT	1	37.2	
FEET	RIGHT	1		Cuboid, calcaneus, #1,2,3,4,5 metatarsals present.
	LEFT	1		Cuboid only present.
HUMERO-CLAVICULAR RATIO			UTD	APPROXIMATE AGE (in years) 25 - 27
ESTIMATED HEIGHT 5' 9 1/4" 176 - 69.29				LEG-HIP BR RATIO UTD
ESTIMATED WEIGHT 165 - 170 (?)				

/s/ Paul L. Gravenor
PAUL L. GRAVENOR
Lab. Supervisor
700000000001

ENCLOSURE TO: X-92 Kalakunda, India

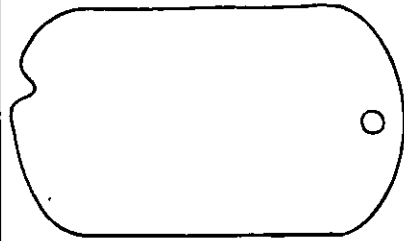
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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) UNKNOWN X-92. (Formerly Vandenberg, Emil J of Kalaikunda)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 26d 46'N - 96d 17'E	CAUSE OF DEATH Presumably from Plane Crash C-47 #42-24272	DATE OF DEATH 27 Dec 43
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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) See Remarks on Reverse.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	

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 30 Dec 45	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER V-shaped	PLOT No. 4	ROW No. I	GRAVE No. 886
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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, Ledo, India.	PLOT No. 1	ROW No. N	GRAVE No. 19
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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 "Name Plate" X-92 attached to marker and 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	


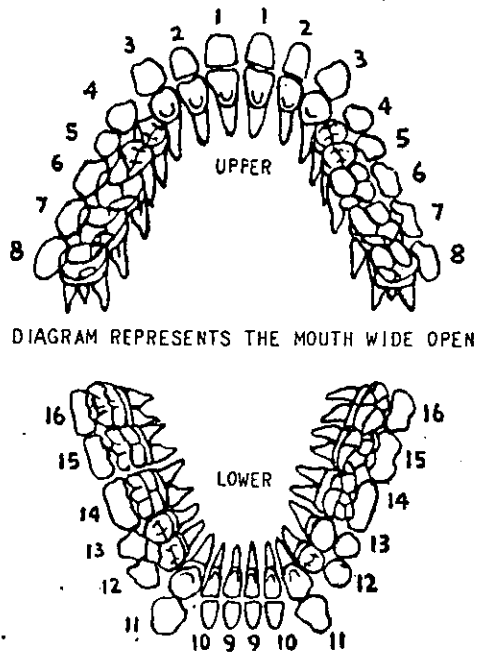




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Cook, Marion D.	RANK Pvt	SERIAL No. 33565550	ORGANIZATION 77 ELP Co	GRAVE No. 887
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Bennet, John B	RANK Col	SERIAL No. 0-203295	ORGANIZATION 5303 ArCm	GRAVE No. 885
--	--------------------	-------------------------------	----------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R.M. Krishna</i> R.M. KRISHNA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles E. Chambliss, 3d</i> CHARLES E. CHAMBLISS III, 1st Lt, QMC
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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.

incl # 6.

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES:  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	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

REINTERMENT

WD Form 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			Date of report 31 Dec 1945	
Imprint Identification Tag If Possible, DO NOT TYPE 		Section 1.—IDENTIFICATION Name (Last, first, middle initial) Van Den Berge VANDENBERG, EMIL J.			Serial No. 16037495	
Grade S/Sgt		Organization 1337th AAF Base Unit		Branch of Service AAF		
Race White		Religion		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 Sookerting, India		Date of death about 27 Aug 1944 25 mgs		
Emergency addressee (Name, relationship, and address) Mr Joseph Vandenberg (father) 2026 West 82nd St., Chicago, Ill.						
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 hat, jacket and position in plane				
Were substitute tags provided? (Yes or no) yes						
List personal effects found on body and disposition of same none						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
Name, number, coordinates, and location of cemetery U.S. Military Cemetery, Kalaikunda, India						
Date of burial 30 Dec 1945		Hour 1600		Buried in (Shroud, blanket, or name of other) Blanket		
		Type of grave marker Cross		Plot No. Row No. Grave No. 4 I 886		
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, India				
				Plot No. Row No. Grave No. --- N 19		
Type of religious ceremony None		Person conducting burial rites None		If identification tags not used, describe identification data and containers buried with body Form 1042 buried in bottle		
Identification tag buried with body (Yes or no) no		Identification tag attached to marker (Yes or no) yes				
Body buried on deceased left, name (Last, first, middle initial) Cook, Marion D.		Rank Pvt		Serial No. Organization Grave No. 33565550 77 ELPCo 887		
Body buried on deceased right, name (Last, first, middle initial) Bennet, John B.		Rank Col		Serial No. Organization Grave No. 0-203295 5303 ArCm 645		
Signature of person preparing report S/Sgt H.D. Bardack		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, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

FILE
 MAR 28 1946

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Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


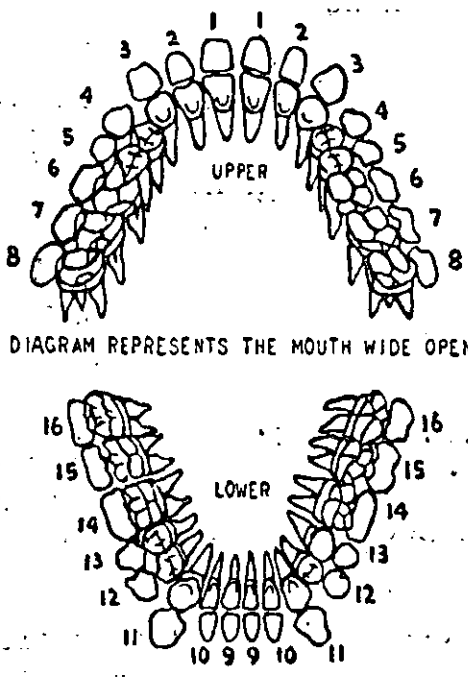





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



REMARKS:

RESTRICTED

Reimbursement

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 & Burial Made
27 August 1945

(16) Per 30 File

FOR IMPRINT OF IDENTIFICATION TAG		NAME (Last, First, Middle Initial) 293 Van Den Begghe J. VANDENBERG, EMIL X.				
	RANK S/SGT	SERIAL NUMBER 16037495		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 hat, jacket and position in plane			
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 (Father) Mr. Joseph Vandenberg			ADDRESS OF EMERGENCY ADDRESSEE 2026 West 82nd St., Chicago, Ill.			
Name, Number and Location of Cemetery U.S. MILITARY CEMETERY, LEDO, ASSAM, INDIA						
Date of Burial 24 August 45	Hour 1000	Plot No. N-19	Row No. N	Grave No. 19	Grave Marker Wooden Cross	
Types 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 Reserve)						
Body on Left, Name (Last, First, Middle Initial) Empty Grave		Rank	Serial No.	Organization	Grave No. N-18	
Body on Right, Name (Last First, Middle Initial) de Grasse, VICTOR A.		Rank 1st Lt.	Serial No. O-402775	Organization Unknown	Grave No. N-20	
Person Conducting Burial Rites None		Verified by G. R. 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						

Incl 4.7

RESTRICTED

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INSTRUCTIONS FOR BURIAL

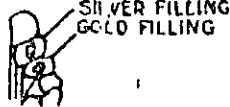
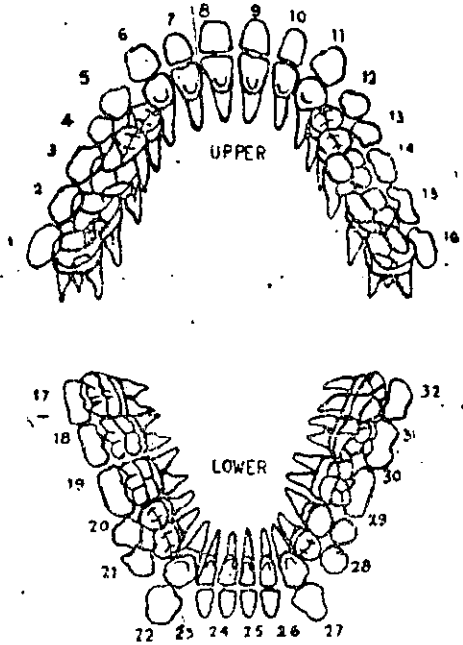




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION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

Left Thumb	FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  UPPER LOWER
Right Thumb	CAVITIES  CAVITY DECAYED	
Right Index Finger	MISSING TEETH  TOOTH MISSING	
Right Middle Finger	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
Right Ring Finger	BRIDGE WORK  GOLD BRIDGE	
Right Little Finger		

SKETCH AND MAP REFERENCE

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