

**AIRMAIL**

TO: SAC, San Francisco

293 Wark - P.I. (miss) Maus, Manila

X-513 X-527 X-931 February 1963

SUBJECT: Identification of World War II Escaped

X-931 X-71 X-4168 X-4171 X-4177

X-4181 X-4182 X-5028 X-5163

Commander, United States  
American Graves Registration Service  
Philippine Zone  
APO 909, c/o Postmaster  
San Francisco, California

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

Unknown X-513 (formerly X-11, Pirsch #1)				
" X-527	"	X-27,	"	"
" X-530	"	X-32,	"	"
" X-551	"	X-36,	"	"
" X-71	"	X-227,	"	# 5
" X-4168 AGRS Mausoleum, Manila, P.I.				
" X-4171	"	"	"	"
" X-4177	"	"	"	"
" X-4181	"	"	"	"
" X-4182	"	"	"	"
" X-5028	"	"	"	"
" X-6163 (formerly X-6164-b, AGRS Mausoleum)				

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

E. Williams  
Sergeant  
cc—Administrative Section  
cc—CinCPe



X-931 Wark - P.I. (miss) Maus, Manila

**AIRMAIL**

1  
V/drs

Interred 16 January 1950

H 116 151 Ft. McKinley

DISINTERMENT DIRECTIVE

Cemetary Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED  
CARL R. H. MARK

DIRECTIVE NUMBER

6910 00024

DATE

15 01 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X - 000032				0	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF (FINSCHAFFEN NO 10)					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		611	NEW GUINEA	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
Unknown X - 930 (Maus) Unknown X - 32				21 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
2 Identification tags show - Unk. X - 930 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept '48 BY GEORGE SIMONEAU

CASKET SEALED BY  
GEORGE SIMONEAU  
EMBALMER (Signature)  
*George Simoneau*  
GEORGE SIMONEAU

CASKET BOXED AND MARKED  
DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. Inf.  
SHIPPING ADDRESS VERIFIED BY  
CHARLES R. BATES, 1st Lt., USAFR

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

*Charles R. Bates*  
CHARLES R. BATES, 1st Lt., USAFR  
SIGNATURE OF GRS INSPECTOR  
DATE 21 Sept '48  
NAME *George Simoneau*  
R & R DBs

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

~~SECRET~~

HEADQUARTERS US FORCES  
APO 705  
OFFICE OF THE QUARTERMASTER

27 June 1944

SUBJECT: Physical description of Unknown X-1.

TO : OG, Hqs, Alamo Force, APO 712.

1. A detailed interrogation of a Javanese prisoner disclosed that the flyer had discarded all equipment except a notebook and a small knife and was wearing only a pair of trousers, belt and socks when he swam ashore. He was described by the prisoner as being in good physical condition, well-built, approximately 23 years old, approximately six feet tall, weighing approximately 185 pounds, long blonde or light brown hair, no identifications or birth marks on his body and cleanly shaven.

2. Interrogation 14 May 1944 of Javanese PW (Samak PW No. 1112), captured vicinity, Serra, New Guinea, by U.S. Troops, on 13 May 1944.

Q. When was the American captured?

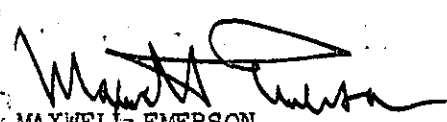
A. At 9 o'clock in the morning, approximately 30 days prior to the Tadji landing (23 March 1944).

Q. Can you describe any insignia the American was wearing?

A. When he swam ashore he only had a pair of pants, a pair of socks, a notebook and a small knife. Someone took the knife right away, also the notebook. PW could give no idea of flier's rank, but stated a Jap told him he was a Bombardier of a four engine airplane. PW described heavy build, a little hair on chest.

Q. Can you give any further description of the American? How old was he and how much did he weigh?

A. He was about 22-23 years old, and weighed about 180 pounds. He didn't have any mustache. There were no birthmarks or moles on his body. He was well built, PW mentioned several times that he had long hair, light brown or blonde.

  
MAXWELL EMERSON  
Lt Col., QMC  
Force Quartermaster

Serial # 19-

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-930 (Formerly UNK X-32 Finsch #1)</b>				2. DATE OF REPORT <b>28 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>812</b>	5. ROW <b>C</b>	6. GRAVE <b>811</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>155 lbs</b>	9. ESTIMATED HEIGHT <b>5'9"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
---------------------------------------	------------------------------------	-----------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS.

**N O N E**

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

**U T D**

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


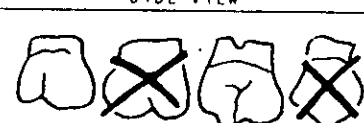






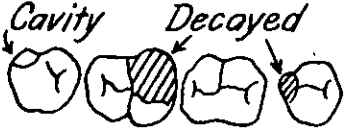

**N O N E**




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)

**N O N E**

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Final 72*

<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>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
P		a		X							a	P	a				
		o									rod		nof				
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
		Mandible								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."

REMARKS: No loose mandibular teeth present with remains.

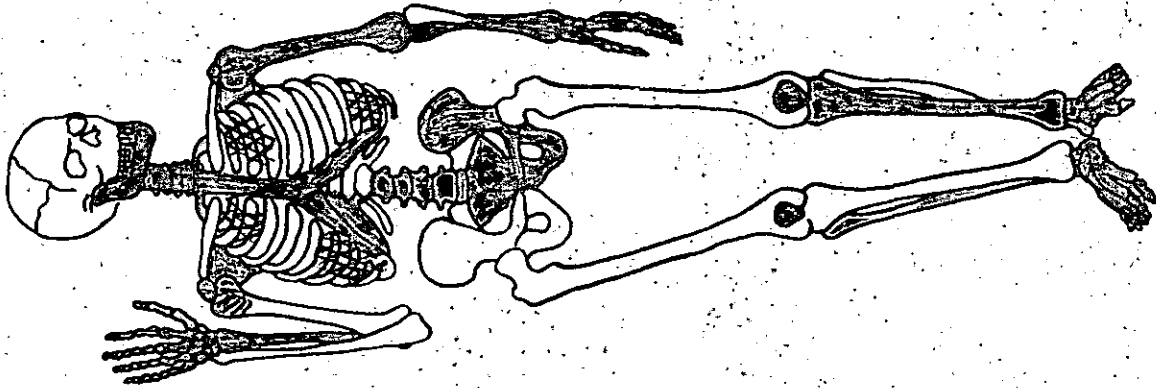
*Paul R. Nichols*

PAUL R NICHOLS  
Chief Ident. Section

"UNIDENTIFIABLE"

"B" REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 3 lbs.  
Circumference of skull - 21½ inches.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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:  
PAUL R. NICHOLS  
Chief, Identification Section

SIGNATURE  
*Paul R. Nichols*

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

19 Dec 1949


Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster  
Washington 25, D. C.  
Attn: Memorial Division

The records pertaining to Unknown X- 32, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 611, USMC USAF Cem Finsch #1 have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

  
H. B. MCNETMAR  
Captain, QMIG  
Chief, Records Branch

Atch: Form 1044

Received Jan 20 1950 **QMIG**  
Not identifiable from  
information presently  
available Robert W. Miller

Jan 7'

ST 702 OR NO THESE SHIP LOGS, ACCUMULATED

# IDENTIFICATION DENTAL CHART

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

18 Oct 47

UNKNOWN X-930 (Formerly UNK X-32 USAF) DATE

UNKNOWN Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

Near Lemiong Village, AGRS Mausoleum ORGANIZATION

Aitape Area; N.G. Manila, P.I. 812 C 811

PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.

RANGER BAY CRYP

*No xills missing*

RIGHT								UPPER TEETH								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE																TYPE															
LOCATION																LOCATION															

RIGHT								LOWER TEETH								LEFT															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE																TYPE															
LOCATION																LOCATION															

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p><b>X</b> EXTRACTED</p> <p><b>O</b> CAVITY INDICATE LOCATION</p> <p><b>C</b> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p><b>D</b> TEETH REPLACED BY DENTURE</p> <p><b>P</b> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING</p> <p><b>A</b> AMALGAM (SILVER)</p> <p><b>G</b> GOLD</p> <p><b>S</b> SILICATE OR PORCELAIN</p> <p><b>O</b> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN</p> <p><b>m</b> MESIAL (BETWEEN TOWARD FRONT)</p> <p><b>O</b> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p><b>d</b> DISTAL (BETWEEN TOWARD BACK)</p> <p><b>l</b> LINGUAL (TOWARD TONGUE)</p> <p><b>f</b> FACIAL (TOWARD CHEEK)</p>
---	--	---



## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

(Formerly UNK X-32 USAF  
 Unknown X 930 (Cem #1, Finschhafen, N.G.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row HANGER C BAY Grave CRYPT 811)

CIP AGRS Mausoleum  
 Manila, P.I.

1. Arrived at cemetery 18 Oct 47

2. Place of death Near Lemlieng Village,  
(Home) (Date)

Aitape Area, N.G.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS Det #2  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth ..... Tooth Chart attached  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      Circumference of ~~head~~ <sup>skull</sup> in inches ..... 21 1/2  
 (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Unusual characteristics of fingernails)

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

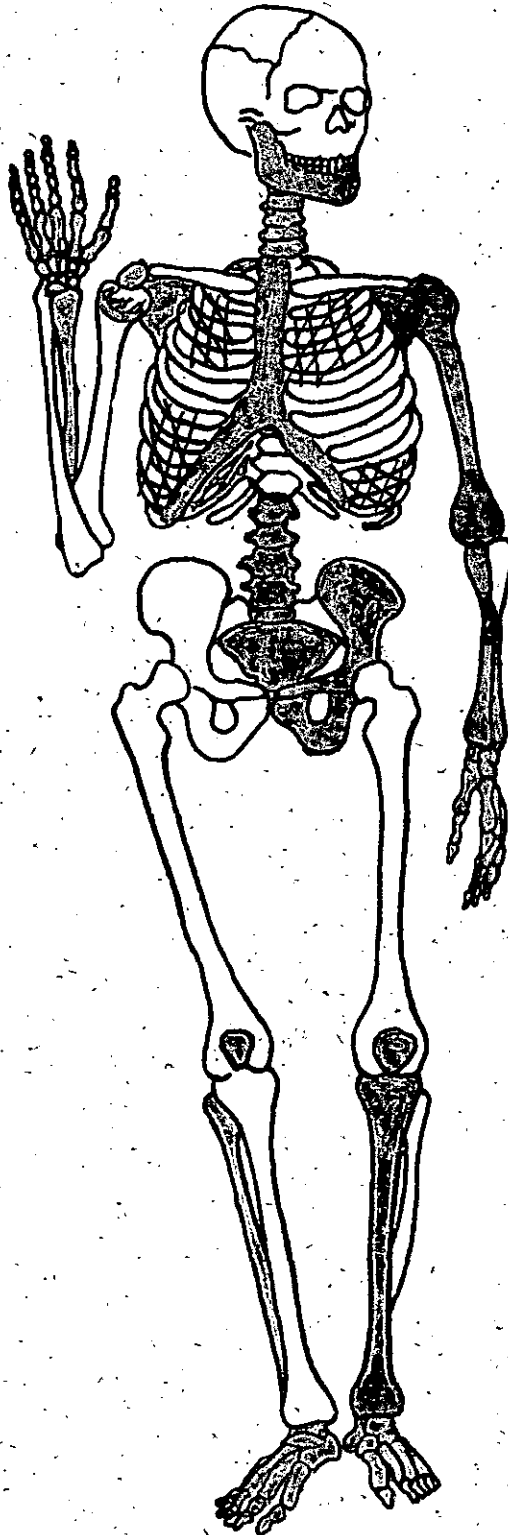
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

# SKELETAL CHART

X-930

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



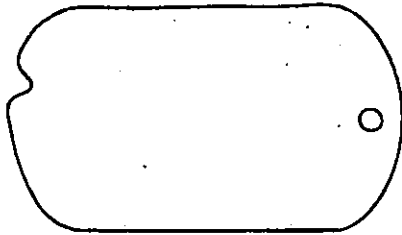
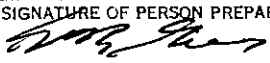
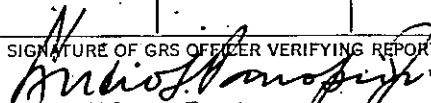
APR 5 - 1948 **RESTRICTED**

U 4292

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)**REPORT OF INTERMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

22 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			
		NAME (Last, first, middle initial) UNKNOWN X-930 (Formerly UNK X-32 USAF Cem #1, Finschhafen, N.G.)			SERIAL No. Unknown
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY	
PLACE OF DEATH Near Lemieng Village, Aitape Area, N.G.		CAUSE OF DEATH KIA- decapitated		DATE OF DEATH Unknown	
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)			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)					
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 AGRS MAUSOLEUM, MANILA, P.I.					
DATE OF BURIAL STORAGE 20 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. TANGER 812	ROW No. BAY C 811
GRAVE No. CRYPT 811	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.
WAS THIS A REBURIAL? (Yes or no) <del>RESTORED</del> Yes	USAF Cemetery #1, Finschhafen, New Guinea			GRAVE No. 611	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <del>RESTORED</del> Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <del>RESTORED</del> UNKNOWN X-920	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 813	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <del>RESTORED</del> UNKNOWN X-936	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 809	
SIGNATURE OF PERSON PREPARING REPORT  Wm R GILBERT, Adm Asst		SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO JR 2d 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**

Incl. 585

~~CONFIDENTIAL~~  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

4292

UNKNOWN X-32 (Initial) (Serial number) (Rank) (Organization)  
 Near ~~Left~~ Village, Altape Area, N.G. (Place of death) (Date of death) (Cause of death)  
 KIA-decapitated

1600 hrs 15 Jan 1945 USAF Cemetery, Finschhafen #1, N.G. (Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

611 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)  
 Cross-regulation w/plate

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

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

(If no identification tags, but identify definitely established, give particulars) Religion: Co B., 128

Body buried on RIGHT MUNITZ, Jose V. 37 351 012 Pvt. Infantry 612 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HUSBY, Edwin D. 37 259 834 Pfc Infantry 610 (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)  
 List only personal effects FOUND ON BODY and disposition of same: Phone Frank Hub  
 (9) No. 1247

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

~~CONFIDENTIAL~~ REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~

4292

DUNNOWN X-1

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

ATTAPE AREA, N.G.

(Place of death) (Date of death) (Cause of death)

1430 13 MAY 1944

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

USAF CEMETERY PRO-143550N-NO.1, N.G.

23

(Grave number) (Row number) (Plot number) (Type of marker—Regulation Vahped or other)

CROSS

Disposition of Identification tags: Buried with body Yes  No  Attached to marker Yes  No

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

Religion

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

Body buried on RIGHT KAZANEK, EDWARD D. 35320771 Pvt Inf Regt. Co. W# 127th 24

Body buried on LEFT WILKENS, CLARENCE E. 37111140 CPL Inf Regt. 22

(Name and address of EMERGENCY ADDRESSES)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None found on body.

Class # 2

~~CONFIDENTIAL~~

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

- Height :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

LEFT HAND

4	
3	
2	
1	
	THUMB

RECEIVED  
15 AUG 1964

RIGHT HAND

4	
3	
2	
1	
	THUMB

(Signature of officer or other person reporting burial)

Identified by Agent *[Signature]* (SAs Officer)

CORRECTED RE  
REPORT OF INTERMENT

X-32-*Drum* #1  
4292  
X-930 number

UNKNOWN X-1  
(Last name)

(First)

~~CONFIDENTIAL~~  
(Initial)

(Serial Number)

NEAR LEMING VILLAGES, AITAPE AREA, N.G., UNKNOWN

KIA, DECAPITATED

(Place of death)

(Date of death)

(Cause of death)

1430 13 MAY 1944

USAF CEMETERY AITAPE #1, N.G.

(Time and date of burial)

(Name or coordinates of location)

23

(Grave number)

3

(Row number)

CROSS

(Plot number)

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

Disposition of Identification tags: Buried with body Yes  No  Attached to marker Yes  No   
EMBOSSED IDENTIFICATION TAG SHOWING UNKNOWN X-1 BURIED IN BOTTLE AS HEAD OF GRAVE. ALSO ON MARKER. TOOTH CHART BURIED WITH BODY.

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

Body buried on RIGHT KAZAMEK, EDWARD D.

(Name)

35320701

(Serial number)

PVT

(Rank)

INF REGT.

(Organization)

24

(Grave number)

Body buried on LEFT WILKENS, CLARENCE E.

(Name)

37111140

(Serial number)

OPL

(Rank)

INF REGT.

(Organization)

22

(Grave number)

UNKNOWN

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

*Serial #17*

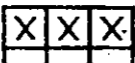
NONE FOUND ON BODY



Chart # 181



Teeth replaced by fixed bridge (oval to include abutments)



Teeth replaced by denture (horizontal line)

Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

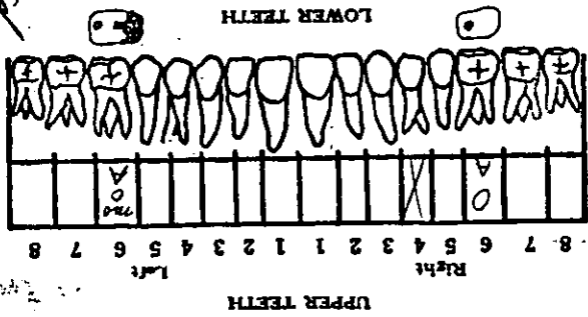
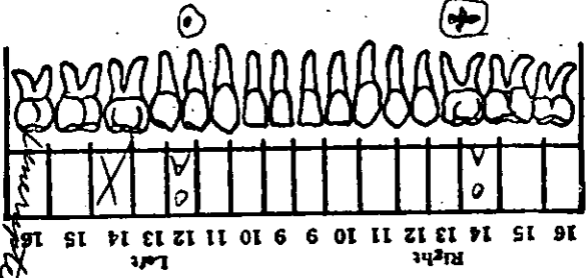
Charles E. Roush, Major, Dental Corps, U.S.A.

Charles E. Roush

Date 14 May, 1944

Occlusion: Calculus: Slight, Medium, Heavy  
Periodontoclasia  
Dental foci suspected: Yes No  
Other conditions

CLASS



REPORT OF DENTAL SURVEY

X-1 Village # 1, N.Y.