

1/rv

JRHS

MMM

1 nfm

Interred 11 October 1949
2 Ft. Stanley
Caremark
CART. R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6910 00026

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000033

RANK
[Signature]

ARM
Q
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF-- FINSCHAFFEN - NO 1

DISPOSITION OF REMAINS
0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
791 NEW GUINEA

CAUSE OF DEATH
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
Unknown X-33
(Maus) Unknown X-5

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
22 Sept. '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
PERRY E. WHITE
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 read Maus. Unk. X-5

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept. '48 BY PERRY E. WHITE

CASKET SEALED BY
PERRY E. WHITE

EMBALMER (Signature)
PERRY E. WHITE

CASKET BOXED AND MARKED
DATE 22 Sept '48 BY HORACE L. ALLISON, Sgt. INF.

SHIPPING ADDRESS VERIFIED BY
TEOFILO M. AMUTAN, 1st Lt., INF.

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

[Signature]
TEOFILO M. AMUTAN, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

FILE UNDER NO. 293 - Unk New Guinea X-33 (Finschhafen #1)

I N D E X S H E E T

LETTER

SYNOPSIS

//////

1 Apr 47

FROM: OQMG
TO: CG, Philippine-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk (Misc) (Finschhafen #1) New Guinea

jv

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-5 (Formerly Unk X-33 Finschhafen # 1)				2. DATE OF REPORT 18 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	G	1751	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
-------------------------------	-------------------------------	-----------------------------	---------------------

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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)


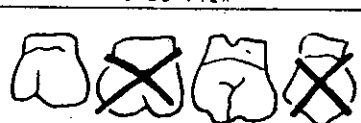
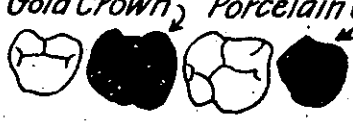





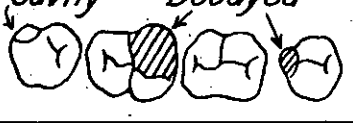

N O N E

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

Incl # 1 a

18.

TOOTH CHART

<p>MISSING TEETH: 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>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): 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
X						P	P	P	P	P					X
Side View															Side View
Top View															
Side View															
M A N D I B L E								M I S S I N G							
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."

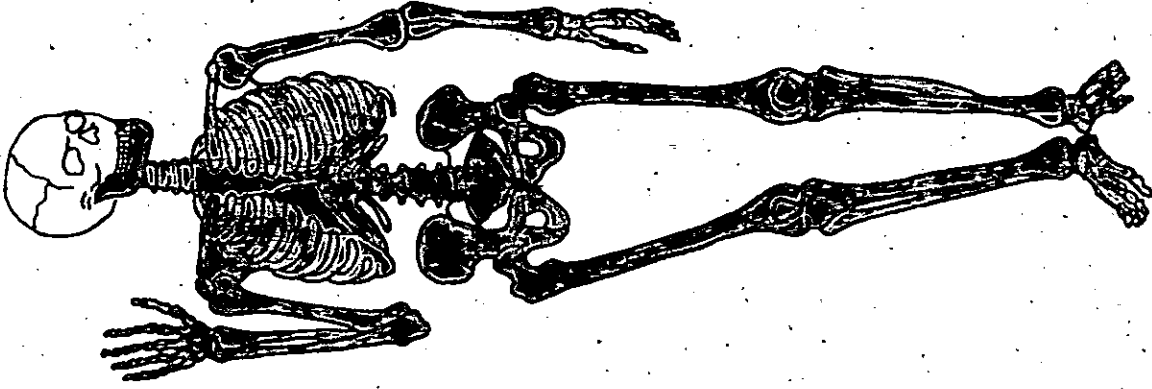
Mandible and mandibular teeth are missing.

"UNIDENTIFIABLE"

J. J. McDermott
J. J. McDERMOTT

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA, Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 1/2 lb.

"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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 33, Plot _____,
Row _____, Grave 791, USMC Finschhafen #1, _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEMAR
Captain, QMG
Chief, Records Branch

Attach: Form 1044

Received 13 June 1949 OQMG
Not identifiable from
information presently
available

20 June 1949
J. Miller Id Sec

Incls #1

X-5

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.

8 Sept 47
DATE

UNKNOWN X-5















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
Near Animo, Aitape Area, New Guinea		AGRS MUSOLEUM MANILA, P.I.		
PLACE OF DEATH	PLACE OF BURIAL	HANGER 801 PLOT	BAY G ROW	CRYPT 1751 GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	X						⊗	⊗	⊗	⊗	⊗						X	TYPE
LOCATION																		LOCATION

INSIDE — LOOKING OUT
Mandible missing

	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

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)

X-5
 Formerly X-03

IDENTIFICATION CHECK LIST

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

Unknown X- 5
 Cemetery AGRS MAUSOLEUM Manila
 Plot 801 HANGER Row G BAY CRYPT Grave 1751

1. Arrived at cemetery 5 June 47
(Hour) (Date) USAF Cem #1 FINSCHHAFEN
 NEW GUINEA Grave 791
2. Place of death Near Animo, Aitape Area, N.G.
(Name of closest town) (Coordinates and letter Prefix, maps)
3. Remains recovered or disinterred by AGRS Det #2
(Name and organization)
4. Evacuated to Cemetery by AGRS Det #2
(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		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	//		
Trousers, HBT	///		
* Trousers, Wool OD	////		

X-5
Formerly X-33

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 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (Unusual characteristics of fingernails)

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.)

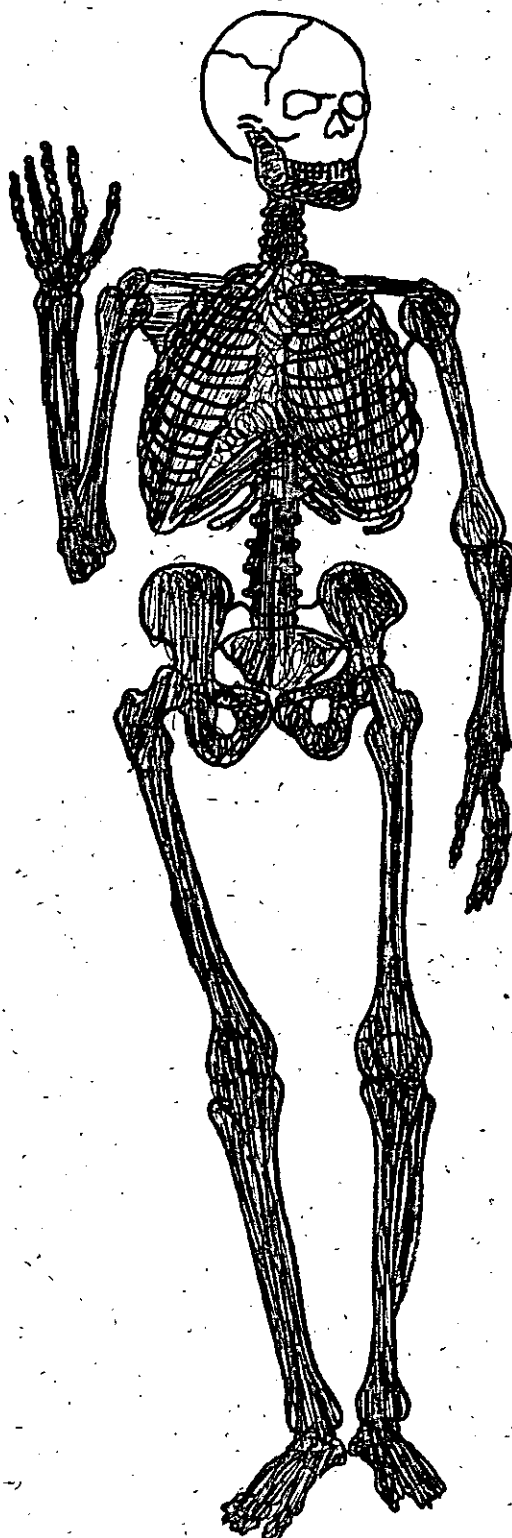
N
O
N
E

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

X-5

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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.

5 December 1946

DATE

Unknown X-33

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT USAF Cem. 1 ORGANIZATION

Anamo Village, Aitape area Finschhafen, New Guinea 791
















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		X	ok	ok	ok	ok	ok	PX	PX	PX	PX	ok	ok	ok	ok	ok	X		TYPE				
LOCATION																			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		X	ok	ok	ok	ok	ok	PX	PX	PX	ok	ok	ok	ok	ok	ok	A		TYPE
LOCATION																	O		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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

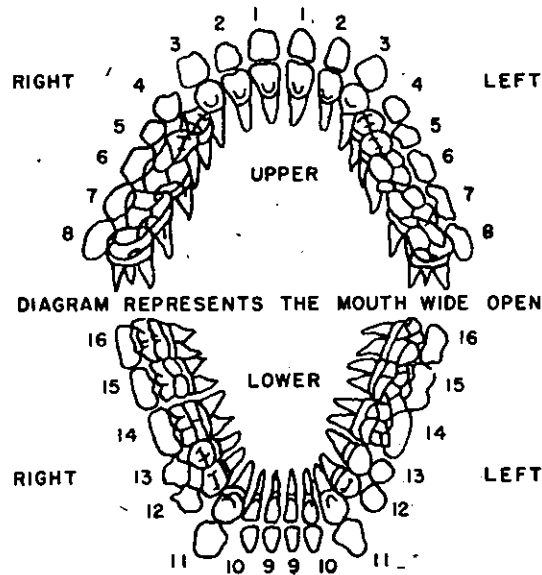


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Robert T. Smith
SIGNATURE OF PERSON WHO PREPARED CHART

T Sgt Robert T. Smith QMC GRS
NAME AND RANK TYPED OR PRINTED

George N. Skene
VERIFIED BY GRS OFFICER

1st Lt George N. Skene Inf., GRO
NAME AND RANK TYPED OR PRINTED

USAF Cemetery 1, Finschhafen, New Guinea
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

4 December 1946
DATE



ANDREW S ROBSON
Capt
QMC

[Signature]
A CERTIFIED TRUE COPY:

.....
/s/ ALTON E. Jones
.....
Rank SP-6
Service 062812
.....
CIP
Manila
.....
(Organization)

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

.....
No personal articles
.....
skull is only remains. No ID tags with remains
.....
X-5 (Formerly X-33) ROI shows this person to have
.....
Remarks
.....
been KIA - GSW in left chest. Unable to verify this as
.....
skull is only remains. No ID tags with remains
.....
No personal articles

8. Has tooth chart been prepared? Yes No
If not, explain

.....
Due to condition of body
.....
If not, explain

7. Have finger prints been placed on Report of Interment? Yes No
(Yes-no)

Sideburns (Color, setting, shape) Mustache (Color, size/shape) Beard or (Length, heavy)

Hair (Baldness, widow's peak, distinctive cutting or other characteristics)

Hair (Color, length, quantity, curly/wavy/straight, whorls, or definite parting)

Build (Large, fat, thin, muscular)

Complexion (Light/medium, dark, clear, pimples, pocks, freckles)

Sunburn or tan, other than hand and face

Outstanding moles, warts or birthmarks (Year-no; description, location)

Tattoos (Number, location — illustrate on separate page)

Scars (Length, width, location)

Bandages or dressings

Age Height Weight Description of wounds

6. Description of Remains : Skeleton only - Skeletal Chart attached.

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

Shoulder Patch

Insignia (Type & location: shirt, jacket, coat, helmet)

Chevrons or (Other item)

(Other item)

Web-Equipment (type)

Overshoes

* Shoes (type)

Socks, cotton

Leggings, wool

Drawers, cotton

Drawers, wool

Belt, web

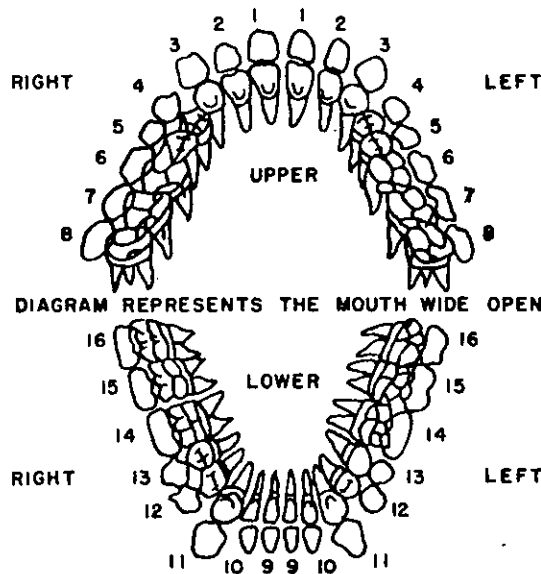
INSTRUCTIONS:

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:

Mandible missing.
Teeth present are in good condition. ✓
No extra or loose teeth.

/s/ FRANK MORRIS
SIGNATURE OF PERSON WHO PREPARED CHART

T/5

NAME AND RANK-TYPED OR PRINTED

CIP Cem #2 Manila

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ ALTON E. JONES
VERIFIED BY GRS OFFICER

ALTON E. JONES SP 6

NAME AND RANK-TYPED OR PRINTED

8 Sept 47

DATE

CERTIFIED TRUE COPY:

Andrew S Robson
ANDREW S ROBSON
Capt QMC

RESTRICTED

U 748

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

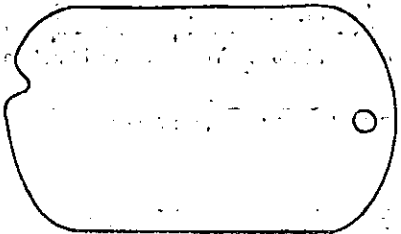
APR 1947

REPORT OF INTERMENTS STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

8 Sept 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNK X-5 (Formerly UNK X-33 USAF Cem #1, FINSCHHAFEN, N.G.)		SERIAL NO. Unk
GRADE Unk	ORGANIZATION Unk	BRANCH OF SERVICE Unk
RACE	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Near Animo, Aitape Area, New Guinea	CAUSE OF DEATH KIA: GSW; Left chest	DATE OF DEATH Unk
--	---	-----------------------------

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

REPAIRS BRANCH
 10 4 38
 MEMORIAL DIVISION

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 25 Aug 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	ROW No. 801	GRAVE No. CRYPT. G 1751
------------------------------------	---------------------	---	-------------------------------------	-----------------------	-----------------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #1, FINSCHHAFEN, N. G.	PLOT No.	ROW No.	GRAVE No. 791
---	---	----------	---------	-------------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNK X-1 (Formerly UNK X-108 USAF Cem #1, FINSCHHAFEN, N.G.)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT. 1753
---	------	------------	--------------	---------------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED RICHARDS, Roland	RANK Sgt	SERIAL NO. 20646322	ORGANIZATION Co C 127th Inf Regt	GRAVE No. CRYPT. 1749
---	--------------------	-------------------------------	--	---------------------------------

SIGNATURE OF PERSON PREPARING REPORT WILLIAM R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT DONALD D HINDS, 2nd Lt., QMC
--	--

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

Gilbert

UNKNOWN X-33

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

Near Animo, Aitape Area, N.G. KIA: GSW: left chest
(Place of death) (Date of death) (Cause of death)

1000 hrs 20 Jan. 1945 USAF CEMETERY, FINSCHHAFFEN #1, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Disinterred from Grave 49; USAF Cemetery, Aitape #2, N.G. ✓

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

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)

Body buried on RIGHT PRINCE, Jesse G. 34 161 909 Pfc. Inf. CO B 124 792
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SAYLOR, Grady E. 37 101 442 S/Sgt. Inf. CO (P-124) 790
(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 none
(e) No. 1247

Frank 319

~~UNKNOWN X-1~~

REPORT OF INTERMENT

OCT 15 1944

5310
17129W

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

NEAR AIAWMO, AITAPE AREA, N.G. 20 July 1944 KIA, GSW, LEFT CHEST

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

1100 12 AUGUST 1944 USAF CEMETERY AITAPE #2, N.G.

(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

49 2 CROSS

(Grave number) (Row number) (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 DUPLICATE IDENTIFICATION TAG SHOWING UNKNOWN X-1 AND PLACE OF DEATH BURIED
IN BOTTLE AT HEAD OF GRAVE. ALSO ON MARKER.

NOT IDENTIFIED (If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT VATTASSEK, EDWARD J. 36111200 T/5 INF REGT. 50

(Organization) (Rank) (Grave number)

Body buried on LEFT HAYDASH, HENRY J. 31022485 S/SGT INF REGT. 48

(Organization) (Rank) (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:

R No. 1247 NONE FOUND ON BODY

(OVER)