

AIRMAIL

AMC Pacific (Unsub)

14 September 1951

RE: Identification of World War II Personnel

TO: Commanding Officer
American Graves Registration Service
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to Certificates of Unidentifiability for the following remains now stored in the U.S. Army Depository, APO 928:

Incident No. 134, Iceland, New Britain

Incident No. 134, USAF Cemetery, St. Elizabeths, D. C.

2. This Office approves the classification of the above remains as Unidentifiable. Deceased must records be included accordingly.

FOR THE COMMANDING OFFICER

THOMAS W. GRIFFIN
Major, USA
Central Division

Fields:lak
Salser

cc: Administrative Unit

cc: CINCPAC, APO 500
PHILCOM, APO 928

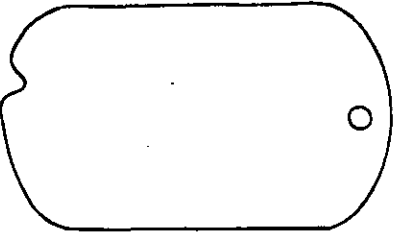
243 LINK FINSCHMIDT APO 928 X 93

AIRMAIL

RESTRICTED

66

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 6 Sept 1951
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) (USAF CEMETERY #1, FINSCH, N. G.)	SERIAL NO.	
	UNKNOWN X-93 (UNIDENTIFIABLE)	Unk.	
	GRADE Unk.	ORGANIZATION Unk.	BRANCH OF SERVICE Unk.
RACE Unk.	RELIGION Unk.	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Unk.	CAUSE OF DEATH Unk.	DATE OF DEATH Unk.
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unk.

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) UNIDENTIFIABLE
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
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, HONOLULU, T. H.

DATE OF BURIAL 6 Sept 1951	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PLOT No. Q	ROW No. -	GRAVE No. 1328 (Top)
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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. Army Mausoleum, AGRS-PAZ	Casket
		PLOT No. Manila Section ROW No. 407

TYPE OF RELIGIOUS CEREMONY Catholic	PERSON CONDUCTING BURIAL RITES Chaplain Moran	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Protestant	Chaplain Nichols	
Jewish	Chaplain Feldheym	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

*NAT file
Moran
4 Oct 51*

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Jagers, Russell D.	RANK Pfc	SERIAL No. 6561539	ORGANIZATION USA	GRAVE No. Q-1296
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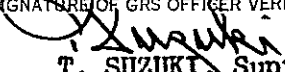
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Simmons, Frank Bennett	RANK ENC	SERIAL No. 3208635	ORGANIZATION USN	GRAVE No. Q-1359
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SIGNATURE OF PERSON PREPARING REPORT <i>Franc S. Foster</i> FRANC S. FOSTER	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>T. Suzuki</i> T. SUZUKI Supt., NMCP
--	---

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 2'

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 6 Sept 1951	
* Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.						
	NAME (Last, first, middle initial) (USAF CEMETERY #1, FINSCH, N. G.) UNKNOWN X-93 (UNIDENTIFIABLE)				SERIAL NO. Unk.		
	GRADE Unk.		ORGANIZATION Unk.		BRANCH OF SERVICE Unk.		
	RACE Unk.		RELIGION Unk.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Unk.		CAUSE OF DEATH Unk.			DATE OF DEATH Unk.		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.							
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) UNIDENTIFIABLE					
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 NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, HONOLULU, T. H.							
DATE OF BURIAL 6 Sept 1951	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Final Type Casket		TYPE OF GRAVE MARKER Q	ROW No. -	GRAVE No. 1328 (Top)	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Mausoleum, AGRS-PAZ				GRAVE No. Casket		
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Jewish		PERSON CONDUCTING BURIAL RITES Chaplain Moran Chaplain Nichols Chaplain Feldheym		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Jaggers, Russell D.				RANK Pfc	SERIAL No. 6561539	ORGANIZATION USA	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Simmons, Frank Bennett				RANK ENC	SERIAL No. 3208635	ORGANIZATION USN	
SIGNATURE OF PERSON PREPARING REPORT  FRANC S. FOSTER				SIGNATURE OF GRS OFFICER VERIFYING REPORT  T. SUZUKI, Supt., NMCP			
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 2

6

DISINTERMENT DIRECTIVE

293 unk Finschaffen #1 X-93

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6910 01009	DATE 20 09 51 <i>MR</i>
		DAY MONTH YEAR

NAME UNKNOWN X-93	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
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CEMETERY FINSCHAFFEN #1 NEW GUINEA	PLOT STORAGE	ROW	GRAVE	DISPOSITION OF REMAINS 0492 64
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE. RECOVERED IN STORAGE SCHOFIELD MAUSOLEUM, HAWAII

File 21 Sept 51 Records Hawaii

AIRMAIL

14 September 1951

AFM 200
AFM Pacific

SUBJECT: Identification of World War II Accused

To: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to certificates of Identifiability for the following remains deposited in the U.S. Army Cemetery, APO 928:

Excluded Serial 34, Name, See Serial

Unknown, U.S. Army Cemetery, San Francisco, C.A.

2. This office agrees the classification of the above remains as Unidentifiable. No use of any records be made accordingly.

END OF MESSAGE

Walter D. Lee
Major USA
General Division

JMM

Fields:lak
Salser

cc: Administrative Unit

cc: CINCPAC, APO 500
PHILCOM, APO 928

AIRMAIL

*file
7A
200
51*

15-Aug-51

AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC SWA/222251
OFFICE OF THE QUARTERMASTER
APO 958

RRREC 293

24 August 1951

SUBJECT: Resolution of Unidentified Deceased

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTENTION: Memorial Division

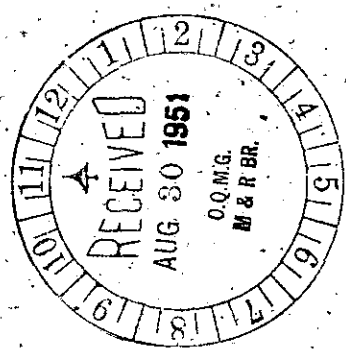
1. The remains of Unknown X-93, USAF Cemetery #1, Finschaffen, N. G. (See Master Roster, Unit D, Page 27), were reprocessed and the dental chart was checked against the "No Remains" cases from the Finschaffen Cemeteries in an effort to identify subject Unknown with negative results.

2. In view of the above, forwarded herewith is the Certificate of Unidentifiability, stamped and signed in accordance with your letter, QMOMU 293 (RS (Pacific Zone), dated 22 September 1948, subject: "Resolution of Cases of Unidentified Deceased," for Unknown X-93.

FOR THE QUARTERMASTER:

1 Incl
Cert of Unidentifiability,
dtd 21 Aug 51 (Unk X-93)
(in dup)

STEWART W. ABEL
Lt Colonel, QMC
Assistant



AIR MAIL

Aug-51
AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC
OFFICE OF THE QUARTERMASTER
APO 958

SWA/222251

RRREC 293

24 August 1951

SUBJECT: Resolution of Unidentified Deceased

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTENTION: Memorial Division

20/5
1. The remains of Unknown X-93, USAF-Cemetery #1, Finschaffen,
N. G. (See Master Roster, Unit D, Page 27), were reprocessed and the
dental chart was checked against the "No Remains" cases from the
Finschaffen Cemeteries in an effort to identify subject Unknown with
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Unidentifiability, stamped and signed in accordance with your letter,
QMGMU 293 CRS (Pacific Zone), dated 22 September 1948, subject: "Reso-
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FOR THE QUARTERMASTER:

1 Incl
Cert of Unidentifiability,
dtd 21 Aug 51 (Unk X-93)
(in dup)

Stewart W. Abel
STEWART W. ABEL
Lt Colonel, QMC
Assistant

AIR MAIL

MAY 20 1951

P. H. Fields
13. Sept. '51

Identification Branch

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-93, USAF Cemetery #1, Finschaffen, N. G.				2. DATE OF REPORT 21 August 1951	
3. NAME OF CEMETERY U.S. Army Mausoleum Final Type Casket Formerly USAF Cemetery #1 Finschaffen, N.C.		4. PLOT -	5. ROW -	6. GRAVE 407	7. DATE OF DISINTERMENT 21 Aug 51
				REINTERMENT 21 Aug 51	

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT 126 - 147 lbs	9. ESTIMATED HEIGHT 5' 1.7/8 - 5' 5 3/8"	10. COLOR OF HAIR UTD	Age: 35 plus 11. RACE White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on remains reads: Unk X-93, Finsch #1
 One (1) embossed plate with casket reads: Unk X-93, Finsch #1

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

None

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)

None

Received 30 Aug '51 OCMG
 Not identifiable from information presently available
 F.O.I. Wilds
 13 Sept '51

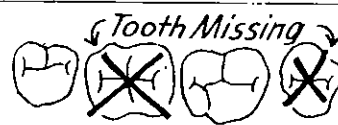
U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
STEWART W. ABEL Lt Colonel, OMC	<i>Stewart W. Abel</i>	24 August 1951

Abel

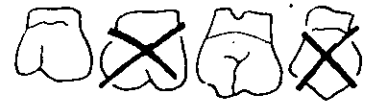
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

Unknown X-93

TOP VIEW



SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD; PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

USAF Cemetery #1 Finsch, N.G.

Gold Crown, Porcelain Crown



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

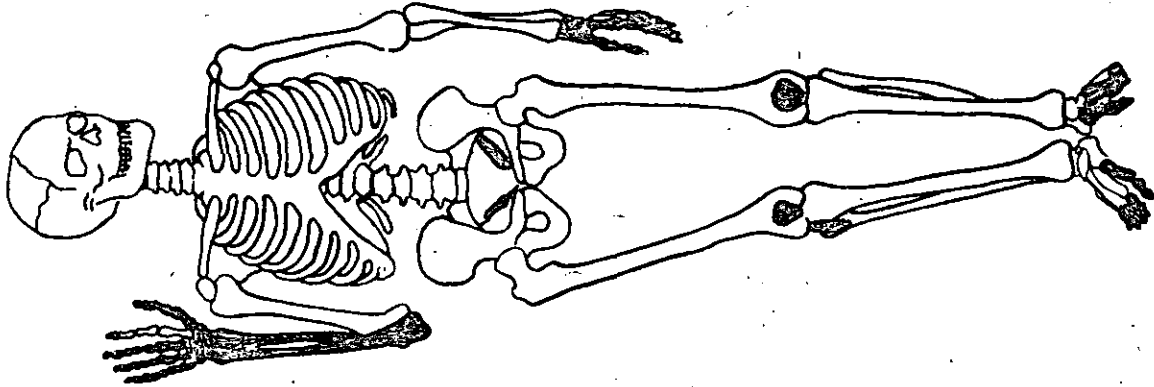
Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		X	⊗	⊗		⊗	⊗	⊗	⊗			⊗	X	X	⊗
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
X	X	X	A	⊗	⊗		⊗	X	⊗	⊗	Caries	X	A	O,F	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE ~~GROUP~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT~~X~~ BASED ON ~~THE PRESENCE OF BONE OR BONE~~
~~OR OTHER ANATOMICAL MARKERS:~~ NUMBER

- 1. Lack of duplication of skeletal parts.
- 2. Gross appearance and morphology of remains.

John K. Frost
 JOHN K. FROST, O-1786653
 MAJOR M.C.
 PATHOLOGIST

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R-157-61.81-5'1 7/8"

K-166-65.35-5'5 3/8"

P-161-63.39-5'3 3/8"

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
 STEWART W. ABEL Lt. Colonel, QMC,
 Central Identification Laboratory
 APO 958

SIGNATURE
Stewart W. Abel

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-93, USAF Cemetery #1, Finschaffen, N. G.				2. DATE OF REPORT 21 August 1951	
3. NAME OF CEMETERY U.S. Army Mausoleum Final Type Casket Formerly USAF Cemetery #1 Finschaffen, N.G.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	-	-	407	DISINTERMENT 21 Aug 51	REINTERMENT 21 Aug 51

PHYSICAL DESCRIPTION **Age: 35 plus**

8. ESTIMATED WEIGHT 126 - 147 lbs	9. ESTIMATED HEIGHT 5' 1 7/8 - 5'5 3/8"	10. COLOR OF HAIR UBD	11. RACE White
---	---	---------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on remains reads: Unk X-93, Finsch #1
One (1) embossed plate with casket reads: Unk X-93, Finsch #1

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

None

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

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

U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
STEWART W. ABEL Lt. Colonel, QMC	<i>Stewart W. Abel</i>	24 August 1951

Incl 1²

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND, LABELED THUS:

Unknown X-93

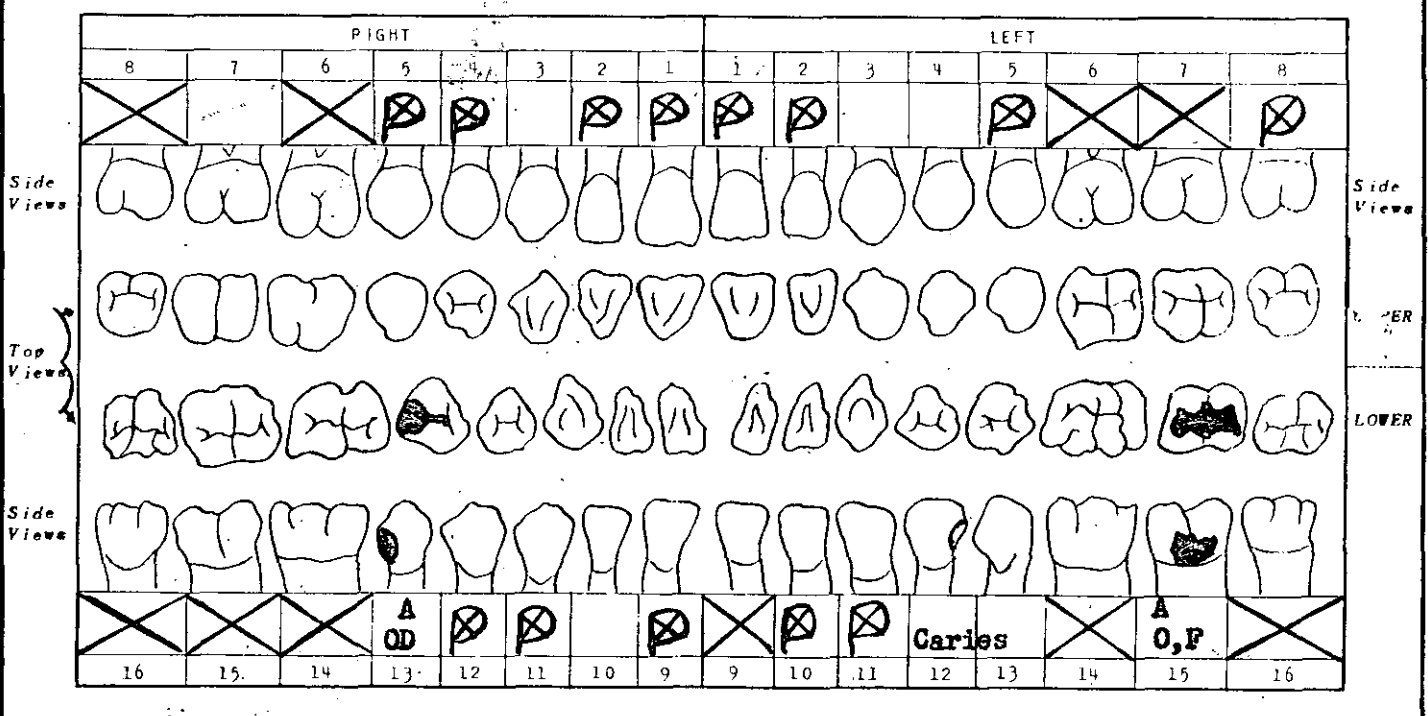
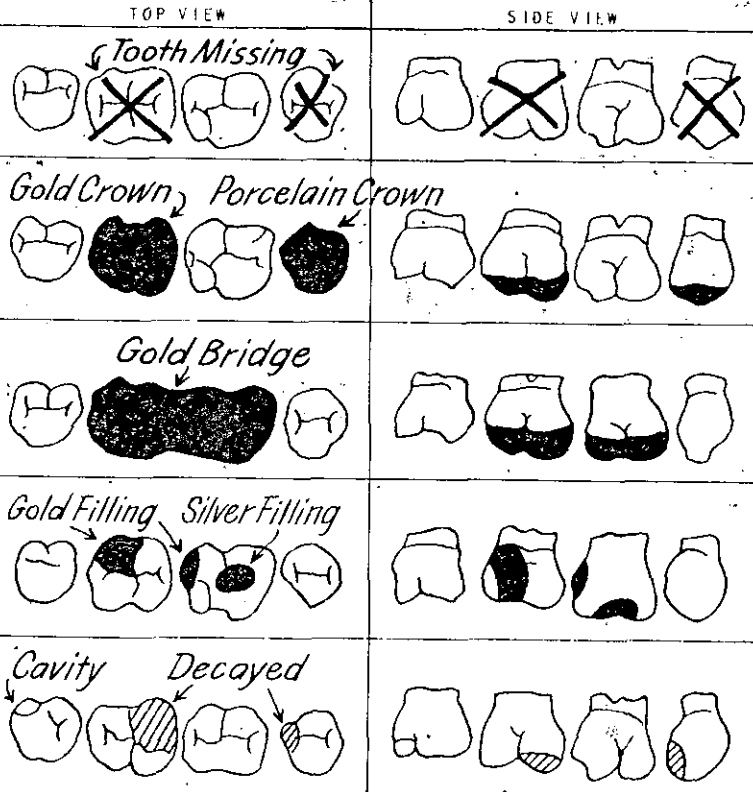
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:

USAF Cemetery #1 Pinesch, N.G.

BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

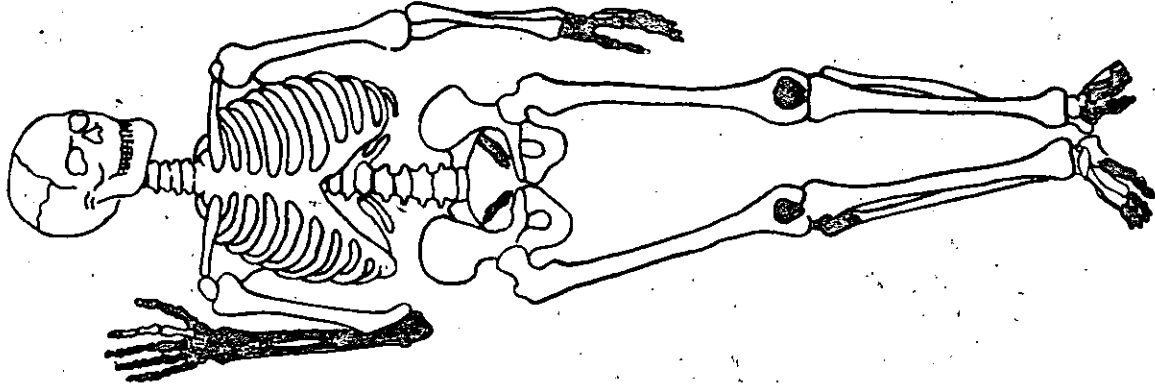
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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

19. BLACK OUT PARTS OF BODY NOT RECORDED



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE ~~STOVE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT ~~BASED ON~~ ~~THE FOLLOWING ANATOMICAL~~ ~~CHARACTERISTICS:~~ ~~NUMBER~~

1. Lack of duplication of skeletal parts.
2. Gross appearance and morphology of remains.

John K. Frost
 JOHN K. FROST, O-1786653
 MAJOR M.C.
 PATHOLOGIST

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R-157-61.81-5'1 7/8"

K-166-65.35-5'5 3/8"

F-161-63.39-5'3 3/8"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECÉASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
STEWART W. ABEL Lt. Colonel, OMC,
Central Identification Laboratory
APO 958

SIGNATURE
Stewart W. Abel

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Mem Div Ident Br Invest Sec	Regist Br Rec Sec Mem Div	22 June 1951	<p>SUBJECT: New Case</p> <p>Attached Report of Storage for the following Unknown forwarded for any action deemed necessary and return to Investigation Section:</p> <p><u>USAF FINSCHAFFEN #1, N. G.</u></p> <p><i>MS</i> X-93 (Storage) USA Maus. Hawaii - Casket 407</p> <p>1 Incl a/s</p> <p>NEWFF 52462</p> <p><i>Bethune</i> BETHUNE 73769</p>
2	Rec Sec Reg Br Mem Div	Ident Br Invest Sec Mem Div	28 Jun 1951	<p>SUBJECT: New Case</p> <p>Report of Storage for the above Unknown returned herewith as requested. Records in this Section have been corrected.</p> <p>1 Incl n/c</p> <p><i>Say</i> LAY 73836</p> <p><i>Franko</i> Franke 53975</p>
3	Nonrecov- erable Screening Unit	Invest Sec Mr. Salser	9 Jul 51	<p>Forwarded as a matter pertaining to your Section.</p> <p>1 Incl: 1 293 file</p> <p><i>Newbaker</i> NEUBAKER 75926</p> <p>REMOVING DIVISION ADMINISTRATIVE BRANCH JUN 58 10 21 AM '51 INCOMING</p>

IDENTIFICATION DATA

SFPE

REMAINS OF UNKNOWN OMG X-15 (Formerly Boynton)			2. DATE OF REPORT 12 Feb 51	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'1" - 5'3"	10. COLOR OF HAIR None	11. RACE UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

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

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

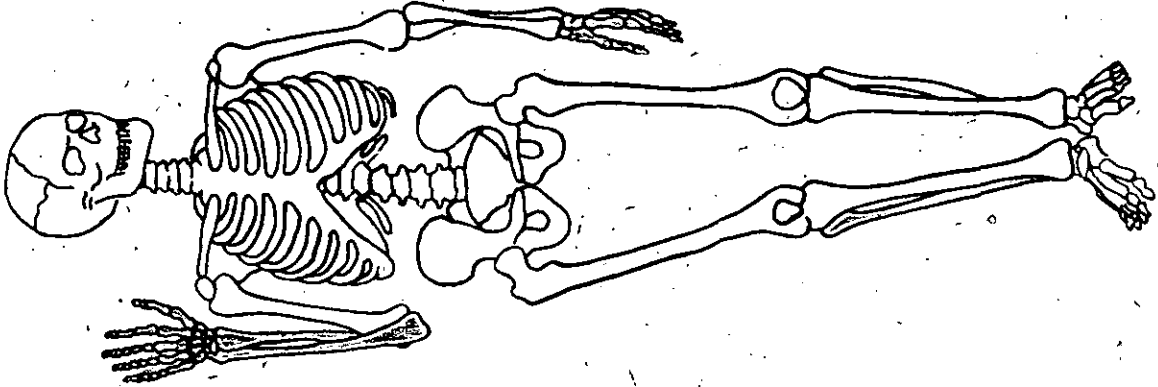
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

Note attached report by anthropologist.

Incl 6

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

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

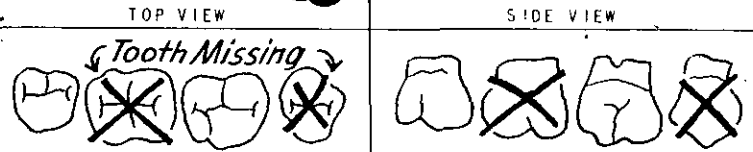
SIGNATURE

Dece Br. Mem. Div. O.C.M.G.

Carl T. Holl

TOOTH CHART

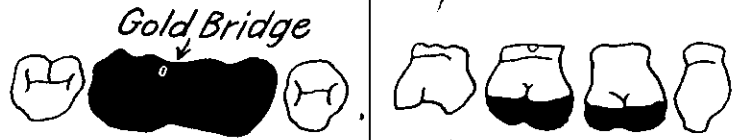
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



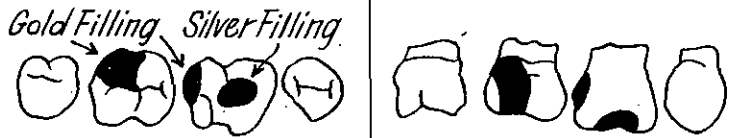
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



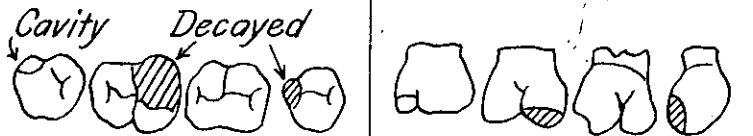
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			X	X	⊗	⊗	-	⊗	⊗	⊗	⊗			⊗	X	X	⊗
Side Views		[Side view illustrations of teeth 1-8 on both sides]															
Top Views	UPPER	[Upper top view illustrations of teeth 1-8 on both sides]															
	LOWER	[Lower top view illustrations of teeth 1-8 on both sides]															
Side Views		[Side view illustrations of teeth 9-16 on both sides]															
		X	X	X	ODA	⊗		⊗	⊗	⊗	⊗		⊗	X	X	OA	FA
		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."

12. February 51

MEMO ON OQMG X-15 (Formerly Boynton)

1. There is no evidence of comingling.
2. Age: Closure of the vault sutures is at least three-fourths or more and argues for an age of 27 to 32 years. The pubic symphysis shows a phase 6 condition, corresponding to an age of 30 - 35 years.
3. Stature: Estimated on the right and left femur, right and left tibia, right and left humerus, stature falls within the range of 5'1 to 5'3".
4. For dentition see accompanying Form 1044 prepared by Mr. Noll.
5. Skull articulates with vertebral column, the latter being intact except for one missing thoracic vertebra. This discrepancy, however, does not preclude excellent cranial and post cranial identification. Cranial and physical characteristics lead me to the opinion the individual was of the white race.

Theodore D. McCown

Theodore D. McCown
Assoc. Professor of Anthropology

RESTRICTED

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

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

DATE OF REPORT

15 June 51

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) (See Remarks)		SERIAL NO.
	UNKNOWN X-93		Unknown
	USAF CEMETERY #1, FINSCHAFFEN, N. G.		
GRADE	ORGANIZATION	BRANCH OF SERVICE	
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	Redesignated in accordance with QMG letter, QMGMT 293, 1 May 1951, "Identification of World War II Deceased."
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. Army Mausoleum, AGRS-PAZ

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE No.
14 June 51		Final Type Casket		Janila Section		407

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	USAF Cemetery #1, Finschaffen, N. G.		
	PLOT NO.	ROW NO.	GRAVE No.

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
manner of storing caskets	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
 LEROY F. TURNER, Adm. Asst.	 STEWART W. ABEL, Major, QMC

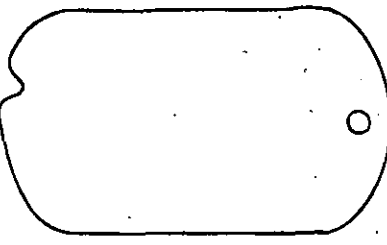
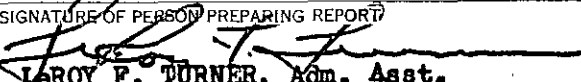

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

NAN File 27 June 1951
M. K. ...

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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)		DATE OF REPORT <p align="center">15 June 51</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (See Remarks) <p align="center">UNKNOWN X-95 USAF CEMETERY #1, PINSCHAFFEN, N. G.</p>			
		SERIAL NO. <p align="center">Unknown</p>			
GRADE <p align="center">Unknown</p>		ORGANIZATION <p align="center">Unknown</p>		BRANCH OF SERVICE <p align="center">Unknown</p>	
RACE <p align="center">Unknown</p>		RELIGION <p align="center">Unknown</p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <p align="center">Unknown</p>		CAUSE OF DEATH <p align="center">Unknown</p>		DATE OF DEATH <p align="center">Unknown</p>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Redesignated in accordance with QMG letter, QMG 293, 1 May 1951, "Identification of World War II Deceased."</p>			
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes</p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>					
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">U. S. Army Mausoleum, AGRS-PAZ</p>					
DATE OF BURIAL <p align="center">14 June 51</p>		HOUR 		BURIED IN (Shroud, blanket, or name of other) <p align="center">Final Type Casket</p>	
TYPE OF GRAVE MARKER 		PLOT No. <p align="center">Manila Section</p>		ROW No. <p align="center">407</p>	
GRAVE No. <p align="center">Casket</p>					
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">USAF Cemetery #1, Finschaffan, N. G.</p>			
		PLOT No. 		ROW No. 	
		GRAVE No. 			
TYPE OF RELIGIOUS CEREMONY <p align="center">---</p>		PERSON CONDUCTING BURIAL RITES <p align="center">---</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">---</p>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">---</p>			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Not applicable due to</p>		RANK <p align="center">---</p>		SERIAL No. <p align="center">---</p>	
		ORGANIZATION <p align="center">---</p>		GRAVE No. <p align="center">---</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">manner of storing caskets</p>		RANK <p align="center">---</p>		SERIAL No. <p align="center">---</p>	
		ORGANIZATION <p align="center">---</p>		GRAVE No. <p align="center">---</p>	
SIGNATURE OF PERSON PREPARING REPORT  <p align="center">LEROY F. TURNER, Adm. Asst.</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <p align="center">STEWART W. ABEL, Major, QMC</p>		
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.					

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