

REPORT OF INTERMENT

U387

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

RESTRICTED (Par. 21d AFM 10-630)

Unknown, X-9	Unknown	Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)
Unknown	Unknown	Unknown	Unknown	Unknown
(Place of Death)	(Date of Death)	(Cause of Death)		
12 November 1944, USAF Cemetery No. 1, Lorengau, Manus Island, Admiralty Islands.				
(Time and Date of Burial)		(Place of Burial - Name and No. of Cemetery, if in a cemetery)		
3	6	2	Regulation Cross.	Buried with body <input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	Attached to marker <input type="checkbox"/>
(Identification Tags)				

Religion - Unknown

Other pertinent data to enable grave to be located
(Where necessary sketch to locate grave should be furnished)

Unknown.

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

RESTRICTED

Fingerprints (right hand) if right hand missing furnish prints of left hand

(Required when positive identity cannot otherwise be established)

(Page 2)
TM 40-630

Place X mark
below when
prints are of
left hand

<input type="checkbox"/>	Thumb	1	2	3	4
--------------------------	-------	---	---	---	---

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side.)

On Right- Unknown, X-10, Grave No. 4.

On Left- Unknown, X-8, Grave No. 2.

W. M. Nichols

W.M. NICHOLS, Cox, USN, 279-77-57

Signature of Officer or other person reporting Burial.

Floyd S. Charters

LLOYD S. CHARTERS, Lt., ChC, USNR.

Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army G.R.S. Officer - 1 copy to Chief, G.R.S. - Original to the Q.M.G.

RESTRICTED RE

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

V 336

UNKNOWN X-105

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 Hrs 18 Apr 45 USAF CEMETERY, FINSCHHAFEN #2, N. G.

(Time and date of burial) reburial

(Name of Cemetery)

(Name of coordinates) *Disinterred X-9*

Disinterred from grave 3 row 6 plot 2 USAF Cemetery Lorengau #1, Manus, A.I.

2313

Cross-regulation w/plate

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation Y-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 identity definitely established, give particulars)

Religion

Body buried on RIGHT **BARLOW, Cromwell C.** 18 075 743 Opl 23 Bomb Sq 5 Grp 2314

Body buried on LEFT

(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:

RESTRICTED

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:

Colour of eyes:

Colour of hair:

Race:

Is Tooth chart attached?

Wear glasses?

Number of rifle:

Laundry marks:

Apparent Nationality:

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

General H. Smith, Capt., G-3

(Signature of officer or other person reporting burial)

Verified by Army GRS Officer

4

3

2

1

THUMB

LEFT HAND

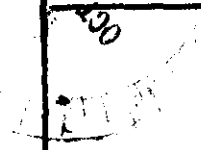
THUMB

2

RIGHT HAND

3

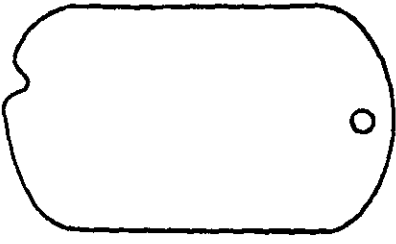
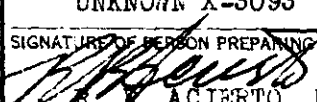
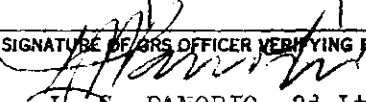
1



APR 5 - 1948

U-387
RESTRICTED

387

WD OMC FORM 1042 (Reg. 1 Apr. 1945) (Supersedes GRS Form 1)				REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 2 Jan 48
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No. Unknown		
NAME (Last, first, middle initial) UNKNOWN X-3096 (Formerly UNK X-105 USAF Cem Finach #2, New Guinea)		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 Unknown		CAUSE OF DEATH Unknown			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)		RECORDS BRANCH JAN 20 10 31 AM '48					
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.							
DATE OF BURIAL STORAGE 29 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. B	GRAVE No. 389	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #2 Finschhafen, New Guinea				PLOT No.	ROW No.	GRAVE No. 2313
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3104			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 391	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3093			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 387	
SIGNATURE OF PERSON PREPARING REPORT  R. K. ACIERIO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 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

JAN 1980

Section 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 identification 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 LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER


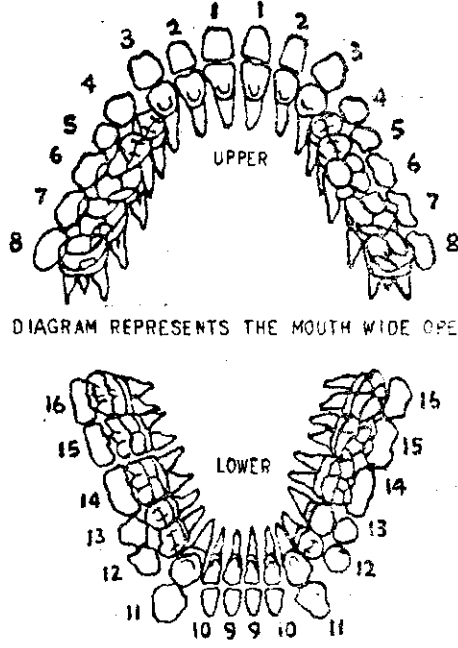




RIGHT RING FINGER

RIGHT LITTLE FINGER

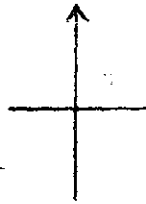
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

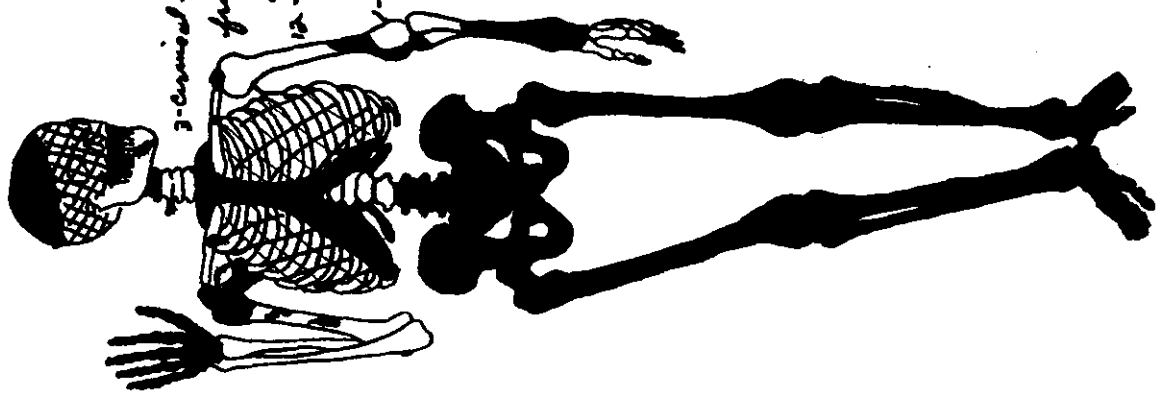
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

QMC Form No. 1044-x 1044-A and 1044-B accomplished.

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No personal effects, no I. D. tags found with remains. ROI bottle present. UTD circumference of the skull. Skull fractured. Estimated weight of remains 1 1/4 lbs.











CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2d Lt., MSC

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
/p/ ROY G. RUFF SP-6
063085 CIP Lab. Manila, P.I.

SIGNATURE
/s/ Roy G. Ruff

<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	
← M a x i l l a - M i s s i n g →																
Side Views																
UPPER																
LOWER																
Side Views																
	odf	mo	X		⊕	⊕			MANDIBLE MISSING					⊕	o	
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."

m-mesial
o-occlusal
d-distal
f-facial

CERTIFIED TRUE COPY:
G. T. Gamboa
G. T. GAMBOA
2d Lt., MSC

s/p/ Magno A. Noble
CIP, Lab. Manila, P.I.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3096 (Formerly UNK X-105 USAF Cemetery #2, Finschhafen, New Guinea.)			2. DATE OF REPORT 20 December 1947		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	B	389	DISINTERMENT 23 Dec 47	REINTERMENT 29 Dec 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
---------------------	----------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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 ? Severely
--	------------------------------

15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3096 (Formerly Unk X-105 Finsch #2)				2. DATE OF REPORT 6 May 49	
3. NAME OF CEMETERY AGRS MAUSOLEUM MANILA P. I.		4. PLOT 813	5. ROW B	6. GRAVE 389	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
-----------------------------------	-----------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

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

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 122

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
	A	A	X	B	B	B	B	B	←	mandible	→	X	A		
	odf	mo								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."

Maxilla and portion of the mandible from L11-L14 are missing. No loose maxillary and mandibular teeth are present with remains.

J. J. McDermott
J. J. McDERMOTT
 Laboratory Officer, CIP

"BY REASON OF LACK OF IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT REQUIRED

Received:
3 Cervical vertebrae
12 Thoracic "
1 Lumbar vertebra



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 identification tags or personal effects found with remains.
Estimated weight of remains - 1 1/4 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF 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
James J. McDermott

Donovan

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 105, Plot _____,
Row _____, Grave 2313, USMC Finschhafen #2, _____ 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. McEMAR
H. B. McEMAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 27 May 49 OQMG
Not identifiable from
information presently
available *M. Donovan 6 June 49*

Incl. # 12'

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.

23 Oct. '47







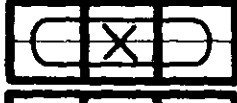








UNKNOWN A - 105	unk	23 Oct. '47
LAST NAME	RANK	DATE
FIRST	unk	unk
INITIAL	SERIAL NO.	
UNIT	unknown	
ORGANIZATION		
unk	USAF Com # 2 Finch. W.G.	2333
PLACE OF DEATH	PLACE OF BURIAL	GRAVE NO.
	PLOT	ROW

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	10	11	12	13	14	15	16	
	LOWER TEETH																
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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

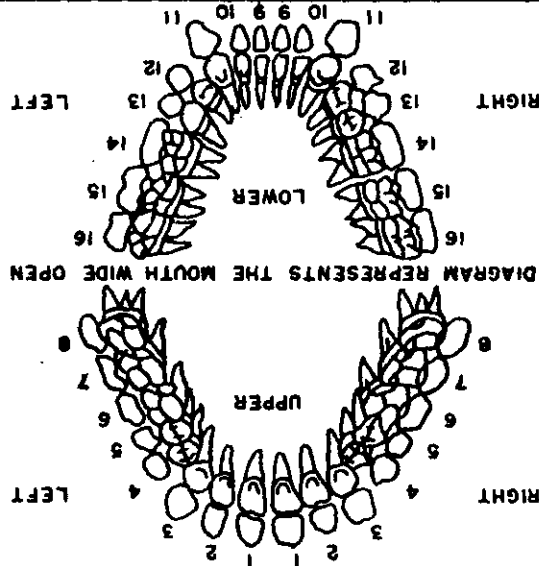
INSTRUCTIONS:

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:

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GRS OFFICER

[Handwritten Signature]

ANDREW L. MORGAN, Capt. MC, Assistant Embalmer

CELESTINO R. ABRELLA, 2nd Lt. PA

NAME AND RANK TYPED OR PRINTED

October 25, 1947

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

USAF Cemetery # 2, Finschhafen, New Guinea

1

Interred 18 Oct 1949
J 788/18 Ft. McKinley

DISINTERMENT DIRECTIVE

R. H. Mark
CARL H. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00248

DATE
15 01 48
DAY MONTH YEAR

NAME
792 UNKNOWNX-000105

SERIAL NUMBER
UNKNOWNX-000105

RANK
ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAFFEN NO 20

POSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
ROW
GRAVE
2313

COUNTRY
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
UNK X-000105
UNK X-3096 - Maus. No.

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
22 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
CLIFFORD INGROVILLE
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

Two (2) Identification tags show - UNK X-3096 - Maus.

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 48
CASKET SEALED BY
CLIFFORD INGROVILLE

BY CLIFFORD INGROVILLE
EMBALMER (Signature)
Cliff Ingroville
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED
DATE 22 Sept 48 BY HORACE L. ALBISON, Sgt, Inf

SHIPPING ADDRESS VERIFIED BY
CORINE C. KAYANAN, 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.

Corine C. Kayanan
CORINE C. KAYANAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Burdette</i>	
DATE				DATE		10 OCT 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				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		BIRMINGHAM		SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
8. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

COPY

GSCF 293.9

16 May 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMEMU 293, GCS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGIS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-63.	UNKNOWN Y-2220
" X-403	" Y-2242
" Y-1124	" Y-2246
" Y-1125	" Y-2705
" X-1593	" Y-3096
" X-1599	
" Y-1617	

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

12 Incls:
QMC Form 1044 certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., AGD
Asst Adj Gen

QMGMT 295
GHS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM *Line*

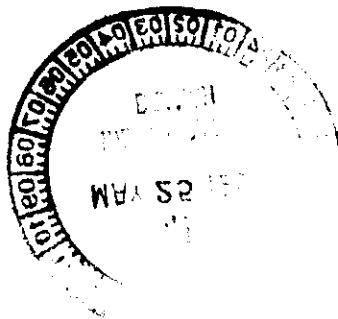
1. Reference is made to the following Unknown remains now stored in AGRS, Mausoleum, Manila, P.I. :

X-63 (formerly X-167 Finsch. #5)
X-408
X-1598
X-2220 (formerly X-545 Leyte #1)
X-2242 (formerly X-577 Leyte #1)
X-2705 (formerly X-130 Finsch. #5)
X-3098 (formerly X-105 Finsch. #2)

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

FOR THE QUARTERMASTER GENERAL:

T. R. METZ
Lt. Colonel, QMC
Memorial Division



FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Genk. Finschhafen #2 X-105

SUBJECT

Also Manila Mus. X-3096

QMC FORM 1121
1 Aug 45

