

RE

REPORT OF INTERMENT RESTRICTED

(TM 10-630 AND AR 30-1815)

U 485

Graves Registration
Form No. 1
(Revised May 11, 1962)

UNKNOWN X-110

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 Hrs 19 Apr 45 USAF CEMETERY, FINSCHHAFEN #2, N. G.

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 10 row 5 plot 2 USAF Cem. Lorengau #1, Manus, A.I.

2551

Cross-regulation w/plate

(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

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

Religion

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

Body buried on RIGHT INFANGER, Gerald J. 32 063 322 Sgt 503 PIR 2552

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT ST JOHN, Wesley H. 35 034 383 Pfc 158 Inf 2550

(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:

(*) No. 1247

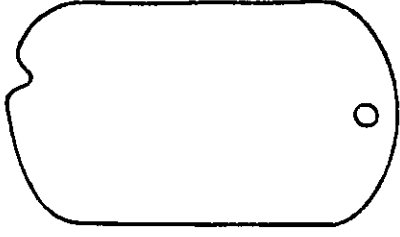
bed 551

RESTRICTED






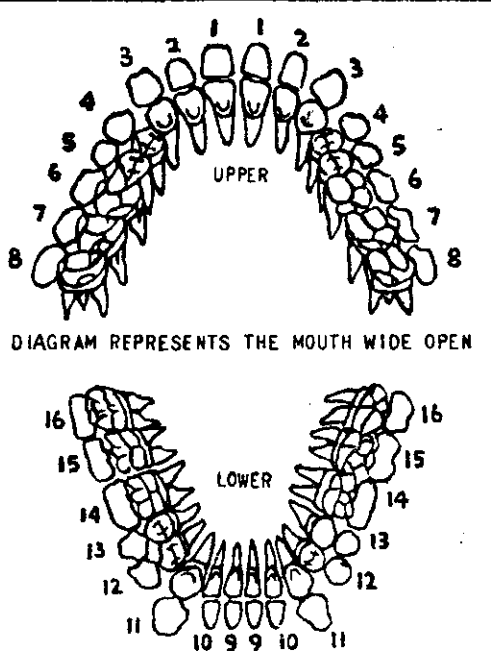





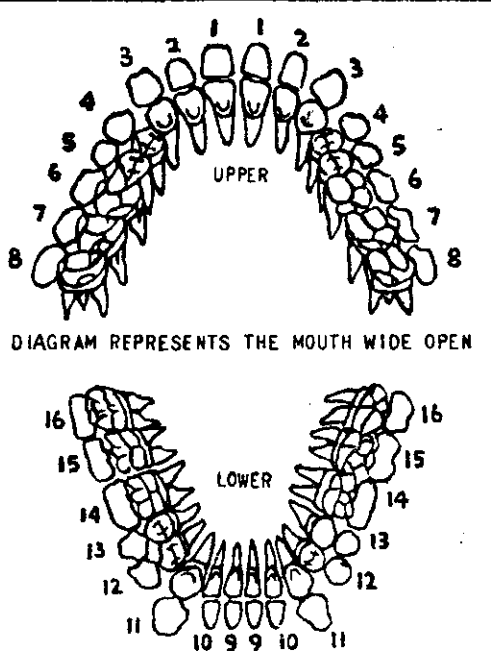





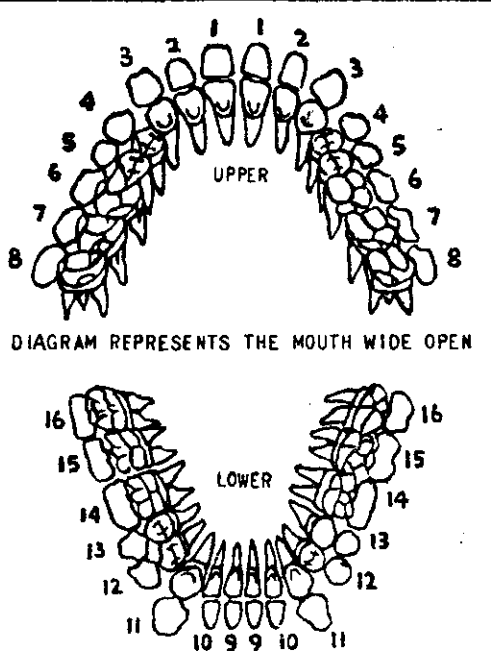
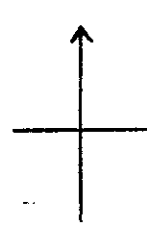
APR 5 - 1948

U-485
RESTRICTED

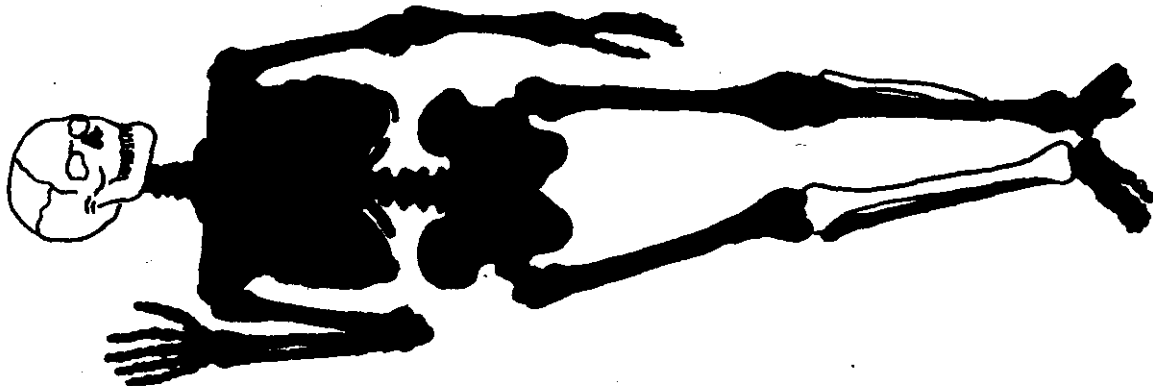
U 485

WD GMC FORM 10-42 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		STORAGE		DATE OF REPORT	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial)		UNKNOWN X-3098 (Formerly Unk X-110 USAF Cem Finsch #2, N.G.)				SERIAL No.	
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)							
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							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
STORAGE 29 Dec 47	0900	STORED Casket	None	ROWER 813	WAY B	CRYPT 390	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
RESTORED Yes	USAF Cemetery #2, Finschhafen, N.G.					2551	
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)						
Yes	Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-3105						CRYPT 392	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-3094						CRYPT 388	
SIGNATURE OF PERSON PREPARING REPORT				SIGNATURE OF GRS OFFICER VERIFYING REPORT			
R R SCIERTO, Pvt				L S PANONIO, 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

	Section	UNIDENTIFIED REMAINS.										
LEFT LITTLE FINGER		INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.										
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:15%;">COLOR OF EYES</td> <td style="width:15%;">COLOR OF HAIR</td> <td style="width:40%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS						
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS								
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">WEAPON AND SERIAL No.</td> <td style="width:33%;">LAUNDRY MARKS</td> <td style="width:34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND								
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES											
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> FILLINGS  <p>SILVER FILLING GOLD FILLING</p> </td> <td style="width:50%; vertical-align: top;">  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td style="vertical-align: top;"> MISSING TEETH  <p>TOOTH MISSING</p> </td> <td style="vertical-align: top;"> CROWNED TEETH  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td style="vertical-align: top;"> BRIDGE WORK  <p>GOLD BRIDGE</p> </td> <td style="vertical-align: top;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> </table>		FILLINGS  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITY DECAYED</p>	MISSING TEETH  <p>TOOTH MISSING</p>	CROWNED TEETH  <p>PORCELAIN CROWN GOLD CROWN</p>	BRIDGE WORK  <p>GOLD BRIDGE</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>				
FILLINGS  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITY DECAYED</p>											
MISSING TEETH  <p>TOOTH MISSING</p>	CROWNED TEETH  <p>PORCELAIN CROWN GOLD CROWN</p>											
BRIDGE WORK  <p>GOLD BRIDGE</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>											
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY											
RIGHT INDEX FINGER												
RIGHT MIDDLE FINGER	REMARKS:											
RIGHT RING FINGER	<p align="center">QMC Form No. 1044, 1044-A and 1044-B accomplished.</p>											
RIGHT LITTLE FINGER												

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 bottle, ID tags, personal effects, or other means of identification received with remains. Estimated weight 1 1/2 lbs. Skull is 20 inches circumference. Unable to determine the physical height and weight due to the condition of remains.











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/ CLEMENT G SWAN
Emb Sr. Ung C-064862
CIP Laboratory, Manila, P.I.

SIGNATURE
/s/ Clement G Swan

18.	TOOTH CHART	
	TOP VIEW	SIDE VIEW
<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>← Tooth Missing →</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		
				A		A								A					
Side View																		Side View	
Top View																		UPPER	
Side View																		LOWER	
				X	X										A	X	A		
		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."

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC
CIP, Laboratory, Manila, P.I.

/s/ Clement G. Swan

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3098 (Formerly Unk X-110 USAF Cem Finsch #2, N.G.)				2. DATE OF REPORT 20 Dec 47	
3. NAME OF CEMETERY AGRS, Mausoleum, Nichols Field, Manila, P.I.		4. PLOT LANGLER 813	5. ROW BAY B	6. GRAVE CEYRI 390	7. DATE OF DISINTERMENT 23 Oct 47
REINTERMENT 29 Dec 47					

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 - Skeletal chart and tooth chart attached.

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 ?
---	------------------

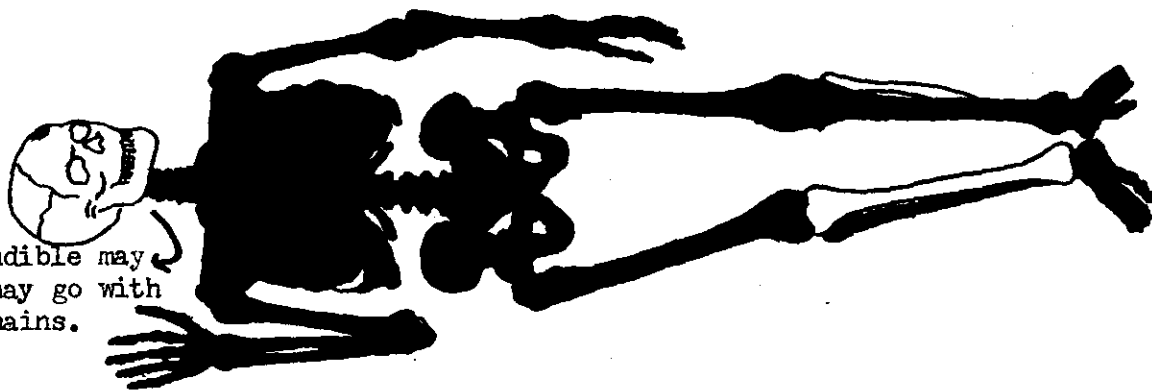
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



This mandible may not or may go with this remains.

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

R-185-72.83-6'10 7/8"
K-176-69.29-5'9 1/4"
P-175-68.90-5'8 7/8"

Fluoroscopic Examination Unnecessary Teeth charted

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
C. W. KELLEY, CAPT., CAC
CENTRAL IDENTIFICATION LABORATORY
APO 958

SIGNATURE

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

Unknown X-110 (2-3098 Manila Maus)

Finsch #2

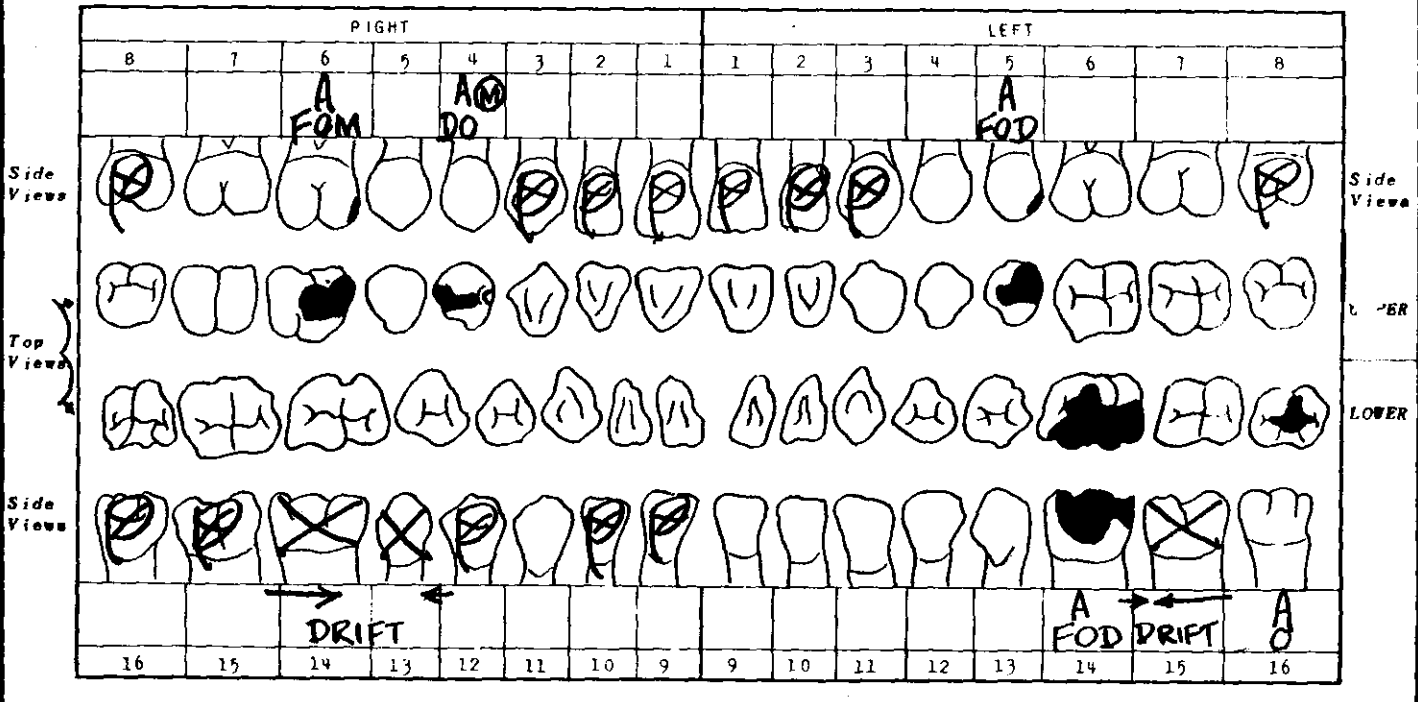
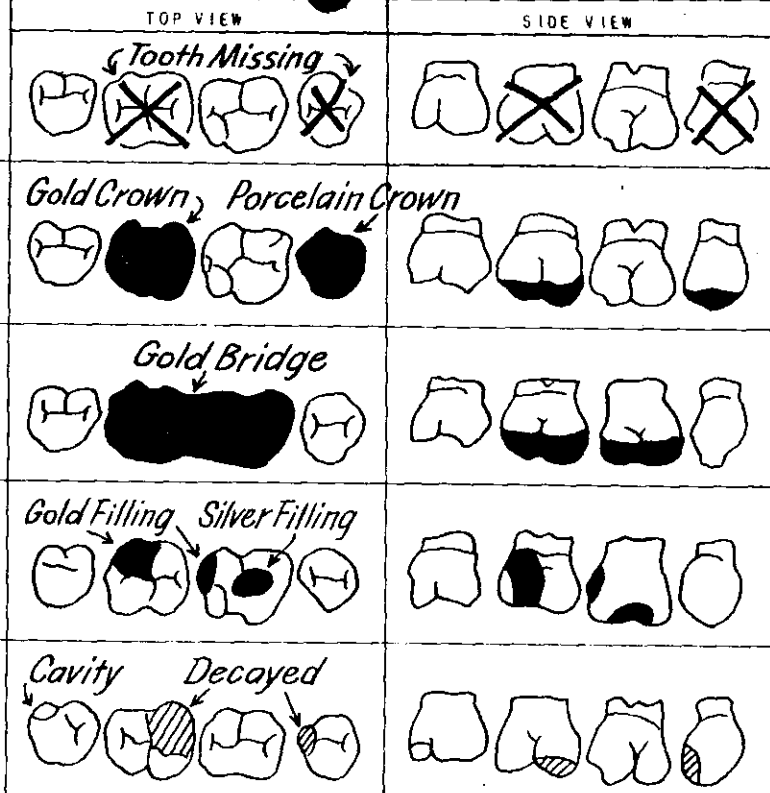
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH
(LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-
LAIN), THUS:

Final Type

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."

Remarks:

- Mandible may or may not belong to this skull.
There's more wear on the upper than on the lower.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-110 (Manila Mausoleum Unknown X-3098)				2. DATE OF REPORT 18 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly Finsch #2		4. PLOT FINAL	5. ROW TYPE #52	6. GRAVE	7. DATE OF DISINTERMENT 18 Jul 49
				REINTERMENT 18 Jul 49	

PHYSICAL DESCRIPTION Age: Late twenties

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 7/8" - 6'0 7/8"	10. COLOR OF HAIR None found	11. RACE Prob White
----------------------------	--	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unknown X-000110, Finsch. #2, X-3098 Maus.
 Two (2) duplicate identification tags reading: Unknown X-3098, AGRS Mausoleum, Manila, P.I., For. - X-110, Finsch. #2.

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

None

REASON OF LACK OF IDENTIFICATION DATA

CYRIL C. DISNEY
 1st. Lt., FA O-1167395 *Cyril C. Disney* 21 July 49

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 *29 July 49* OQMG
 Not identifiable from
 information presently
 available *4/ Aug 49*

Incl 3

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

DATE

UNKNOWN	X-110			
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH			USAF CEM. #2 Finschhafen, N.G.	2551
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			A		A									A			TYPE
LOCATION			OM		O									Od			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														A	A		TYPE
LOCATION														of	O		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
--	---	--

REVERSE SIDE FOR INSTRUCTIONS

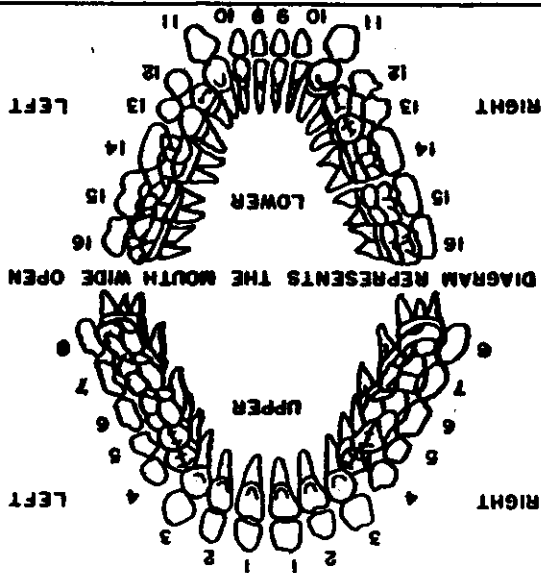
INSTRUCTIONS:

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]

NAME AND RANK TYPED OR PRINTED ANDROID. -BMD. ANDREW L. MORGAN Capt. MC-Asst.

VERIFIED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED CELESTINO E. ABELIAR 2nd Lt RA

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED USAF CHM. #2 Einschafen, N.G.

DATE 23 Oct. 47

52

CEKLC

1

NATIONAL MEMORIAL CEMETERY
 OF THE PACIFIC
 Interred 17 November 1949
 F 57 P 772
 DISINTERMENT DIRECTIVE
Alvan C. Baker
 Cemetery Superintendent

SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED
 ALVANCE NUMBER 6911 00262
 DATE 15 01 48
 DAY MONTH YEAR

NAME
 UNKNOWN
 SERIAL NUMBER X-000110
 RANK
 ARM Q
 DATE OF DEATH
 DAY MONTH YEAR

CEMETERY
 BRITISH GUINEA USAF FINSCHAFFEN NO 2
 DISPOSITION OF REMAINS
 0
 CODE 0492
 DIST. PT. 64

PLOT ROW GRAVE COUNTRY
 2551 NEW GUINEA
 CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~HAWAIIAN ISLANDS~~
 NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
 (BY ADMINISTRATIVE ORDER) HONOLULU
 T H

NAME AND ADDRESS OF NEXT OF KIN
 AUTH: WCL 49410- Oct.

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNK X-110
 UNK X-3098- Maus. No.
 SERIAL NUMBER
 RANK
 DATE OF DEATH
 DATE DISINTERRED 22 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER
 ORGANIZATION UNKNOWN
 RELIGION
 IDENTIFICATION VERIFIED BY
 ROBERT F. STEVENSON
 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
 Two (2) Identification tags - UNK X-3098 - Maus.

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 48 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON
 EMBALMER (Signature) *Robert F. Stevenson*
 ROBERT F. STEVENSON

CASKET BOXED AND MARKED
 SHIPPING ADDRESS VERIFIED BY
 DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt Inf. EROFILO 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.

Erofilo M. Amutan
 EROFILO M. AMUTAN, 1st Lt.
 BRANCH
 MET. DIV.

SIGNATURE OF GRS INSPECTOR

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

Incl 31

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO Fort McKinley Military Cemetery

FROM AGRS Mausoleum

KIND OF CONVEYANCE Truck

NAME OF CONVOYER

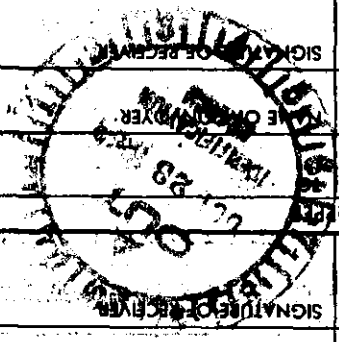
SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

2. SHIPPED



KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM (S) ISLAND (S) TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

MANILA, PHILIPPINE ISLANDS

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

NEW GUINEA

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

TO

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

COPY

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
PRRFG 293

SUBJECT: Resolution of Unidentified Remains

JUL 25 1949

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

1. Inclosed herewith four (4) QMC Forms 1044 for USAF Cemetery Finschhafen #2, New Guinea, stamped and signed in accordance with letter, DA OCMG (MCMG) 293 CMS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

FRANK M. GREEN, JR.
Major, QMC
Chief, PR Div

4 Incls

1. QMC Form 1044-1044a-
1044b-Y-4203
2. QMC Form 1044-1044a-
1044b-Y-7115
3. QMC Form 1044-1044a-
1044b-Y-3098
4. QMC Form 1044-1044a-
1044b-X-3101

COPY

AIR MAIL

A I R M A I L

QUART 295
GHS Far East
SUBJECT: Identification of World War II Deceased

1st Ind.

Dept. of the Army, OQMG, Washington 25, D. C., 4 August 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone,
APO 958, c/o Postmaster, San Francisco, California

Recommendations of unidentifiability for the following Unknown remains,
now stored at US Army Mausoleum, T. H., have been approved by this Office:

AGRS Mausoleum, Manila, NO. USAF Cemetery #2, Finschhafen, N.G., NO.

X-4203

X-3115

X-3098

X-3101

X- 12

X-106

X-110

X-117

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

A I R M A I L

293-~~Thick~~-New Guinea (mine)
Finsehaton #2
X-12 X-106 X-117 X-110

X 293 Thick - New Guinea X-110 (Finsehaton #2)

COMB DEPT OF ARMY WASH DC

UNCLASSIFIED

COMBINSRPAAC FT SHAFTER TN

PRIORITY

wel 49410

37042

37969

FR COMBINSRPAAC # 37042 AND # 37969

AUTH IS GRANTED TO ARMED DISARMMENT DIRECTIVES FOR UNIS XRAY 12 CIA
XRAY 106 CIA XRAY 117 AND XRAY 110 FINSEHATON NO 2 SHOWING COMBINSRPAAC AS HELP TO
SUCH UNIS ARE UNIDENTIFIABLE

37042 IS IN IN NO 66254 (27 JUL 49)

37969 IS IN IN NO 50433 (1 SEP 49)

UNCLASSIFIED

CLASSIFIED

COMBINSRPAAC X-5057
293 COMBINSRPAAC

H. P. BOYER
1ST LT, COMBINSRPAAC DIV

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Cont. Fineschaffen # 2 X12, X106, X110
X119

SYNOPSIS AND DATES

None now filed

NEW CLASSIFICATION 293 Cont. Fineschaffen # 2 X12

10/11/50

CC

RECLASSIFICATION SHEET

marks

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>293 Capt. Fineschlager #2 X-110</i>
SUBJECT	<i>Also Manila Mews. X-3098 ✓</i>

GNC FORM 1121
1 Aug 45