



REPORT OF INTERMENT

**RESTRICTED**  
UNKNOWN X-17

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

(Par. 21d - TM 10-630)

UNKNOWN X-17			Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
U. S. S. HOUSTON			1-8-45		Drowning
(Place of Death)			(Date of Death)	(Cause of Death)	
1-13-45			USAF Cemetery #1, Lorengau, Manus Island, Admiralty Is.		
(Time and Date of Burial)			(Place of Burial - Name and No. of Cemetery, if in a cemetery)		
8	2	4	Regulation Cross	Buried with Body <input type="checkbox"/>	Attached to marker <input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	(Identification Tags)	

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)

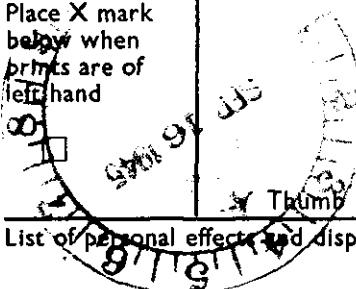
(Name and address of legal next of kin)

**RESTRICTED**

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

(Required when positive identity cannot otherwise be established) (Par. 25e (2)  
TM 10-630)

Place X mark  
below when  
prints are of  
left hand

 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— X-18 UNKNOWN

Grave 9

On Left— WALSH, William Thomas 815-43-80

Pfc (EM V-6) USNR Grave 7

*W. M. Nichols*  
W. M. Nichols, Cox, USN, 279-77-57

*Lloyd S. Charters*  
Lloyd S. Charters, Lt, ChC USNR

Signature of Officer or other person reporting Burial.

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

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

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

U 301

UNION X-90  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
USS HOLLAND 12 December 1944 Drowning  
(Place of death) (Date of death) (Cause of death)

1300 hrs 10 April 1945 US F CAMPBELL PENSION PFC S.A. G.  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

reburial  
Disinterred from Grave #6, Row 2, Plot 4, USAF Cemetery, Laysan Is., Hawaii X-17  
Hawaii Island, H.I.

3139  
(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 identity definitely established, give particulars)

Religion  
Body buried on RIGHT ROBERT, Pearl 18 002 041 Pfc 7th Cav 3140  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
Body buried on LEFT PASTERNAK, Chester 32 253 424 Pvt 24 Div 3138  
(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:

(9) No. 1247

RESTRICTED



RESTRICTED

RE  
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

U 394

UNKNOWN X-90  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
USS HOUSTON 12 December 1944 Drowning  
(Place of death) (Date of death) (Cause of death)

1300 Hrs 10 April 1945 USAF CEMETERY FINSCH AFB #2, N. G.  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

reburial  
Disinterred from Grave #8, Row 2, Plot 4, USAF Cemetery, Lorengau #1, Manus Island, A.I. *X-17*

3139  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)  
Cross-regulation w/plate

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

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

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

Body buried on RIGHT ROBERT, Pearl 18002 041 Pfc Co G 7th Cav 3140  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT PASTERNAK, Chester 32 253 424 Pvt 24 Div 3138  
(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:

(9) No. 1247

*Incl 1013*

RESTRICTED

(Verified by Army GRS Officer)

CHARLES R. MEERS, 1st Lt.

(Signature of officer or other person reporting burial)

ARTHUR H. SMITH, S/SGT

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

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

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

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

Is Tooth chart attached?

Wear glasses?

Number of rifle:

Laundry marks:

Apparent Nationality:

CAN, and fill in as many of the following as you are able:

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

THUMB

RIGHT HAND



THUMB

LEFT HAND

2

3

4

UNIDENTIFIED.

X-17

CO-1/14/45, USS HOUSTON.

(name)

BORN (Date and place)

APPOINTED (Date)

ENLISTED (Date)

DIED (Date and place)

Four unidentified bodies were removed from the engineering spaces after the ship was ~~put~~ placed in dry dock, xx.

BURIED (Place)

One body recovered from after fireroom at 1915, 8 Jan. 45. The bodies were buried outside the continental limits of the U.S. in Allied Armed Forces Cemetery, Manus Is., Admiralty Is. Plot 4, Row 2, Gr. 8.

NEXT OF KIN

respectively.


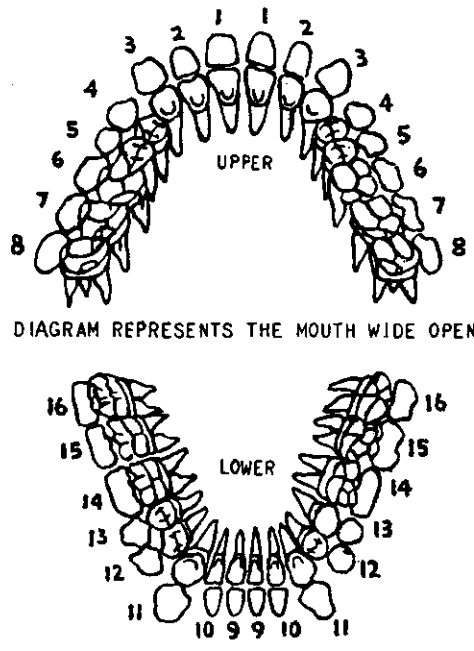




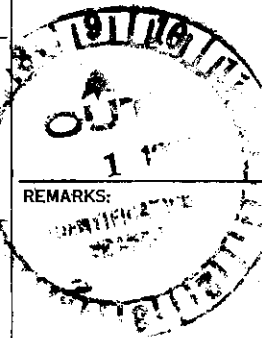
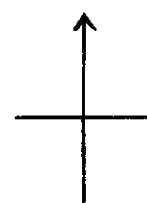
*Brunague (LOREN GAU)  
Cem Admir Is.*

**RESTRICTED**

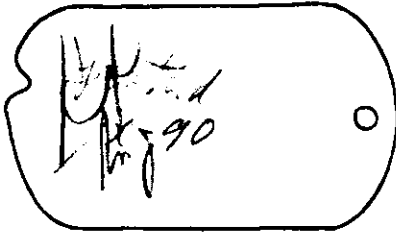


WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> <b>STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center"><b>17 August 1960</b></p>
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>(Formerly Unknown X-90)</b> <p align="center"><b>UNKNOWN X-6018</b></p> USAF Cemetery #2 Finschhafen, N. G.	
GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	SERIAL No. <p align="center"><b>Unknown</b></p>
RACE <p align="center"><b>White</b></p>	RELIGION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>
PLACE OF DEATH <p align="center"><b>USS Houston</b></p>	CAUSE OF DEATH <p align="center"><b>Drowning</b></p>	DATE OF DEATH <p align="center"><b>12 Dec 44</b></p>
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>	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) <p align="center"><b>Yes</b></p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>		
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Army Mausoleum, AGRS-PA2</b></p>		
DATE OF BURIAL <p align="center"><b>June 1949</b></p>	HOUR 	BURIED IN (Shroud, blanket, or name of other) <p align="center"><b>Final type casket</b></p>
TYPE OF RELIGIOUS CEREMONY <p align="center"><b>--</b></p>	PERSON CONDUCTING BURIAL RITES <p align="center"><b>--</b></p>	TYPE OF GRAVE MARKER 
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center"><b>--</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center"><b>--</b></p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center"><b>Not applicable due to</b></p>	RANK <p align="center"><b>--</b></p>	SERIAL No. <p align="center"><b>--</b></p>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center"><b>manner of storing caskets.</b></p>	RANK <p align="center"><b>--</b></p>	SERIAL No. <p align="center"><b>--</b></p>
SIGNATURE OF PERSON PREPARING REPORT <p align="center"><b>J. E. USHER - Clerk</b></p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><b>STANLEY E. MAY, Captain, MC</b></p>	PLOT No.     ROW No.     GRAVE No. <p align="center"><b>610     H     2593</b></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.		

**RESTRICTED**

*July 4*

	<b>Section UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
			REMARKS: AUG 28 1950 <b>Identification Section</b>	

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 17 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) (Formerly Unknown X-90) UNKNOWN X-4018 USAF Cemetery #2, Finschhafen, N. G. 3139 SERIAL No. Unknown GRADE Unknown ORGANIZATION Unknown BRANCH OF SERVICE Unknown RACE White RELIGION Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH USS Houston	CAUSE OF DEATH Drowning	DATE OF DEATH 12 Dec 44
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		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None		
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ <span style="float: right;">Casket</span>		
DATE OF BURIAL June 1949	HOUR 	BURIED IN (Shroud, blanket, or name of other) Final type casket
TYPE OF GRAVE MARKER 	PLOT No. 	ROW No. 
GRAVE No. 75		
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.	
TYPE OF RELIGIOUS CEREMONY --	PERSON CONDUCTING BURIAL RITES --	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Hanger Bay Crypt 810 H 2593
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) Not applicable due to	RANK --	SERIAL NO. --
ORGANIZATION --	GRAVE No. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK --	SERIAL NO. --
ORGANIZATION --	GRAVE No. --	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Captain, 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.

*Incl 4'*

**RESTRICTED**

**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 shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

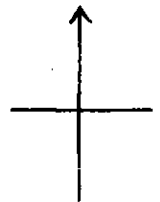
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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**

<b>FILLINGS</b>	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	<p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>	

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



REMARKS:


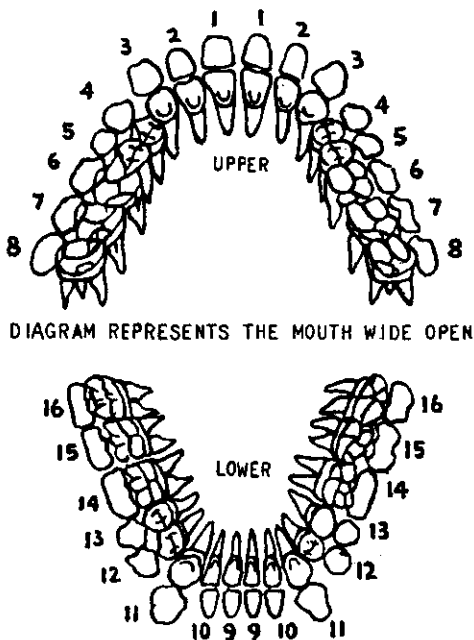





**AUG 28 1950**

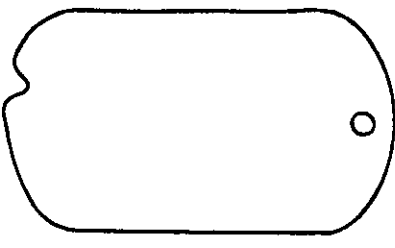
**Identification Section**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF BURIAL AND STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center"><b>25 August 1950</b></p>
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; border-radius: 50%;"></div>	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) (Formerly Unknown X-90) <b>UNIDENTIFIABLE USAF Cemetery #2</b> <b>UNKNOWN X-4018 Finschhafen, N. G.)</b>	
	GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>
	RACE <p align="center"><b>White</b></p>	RELIGION <p align="center"><b>Unknown</b></p>
PLACE OF DEATH <p align="center"><b>USS Houston</b></p>	CAUSE OF DEATH <p align="center"><b>Drowning</b></p>	BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>
DATE OF DEATH <p align="center"><b>12 Dec 44</b></p>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center"><b>Letter, OQMG, QMGMN 293 GRS Pacific dtd 21 Aug 50</b>  <b>subject: Identification of World War II Deceased.</b></p>	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center"><b>Yes</b></p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>		
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Army Mausoleum, AGRS-PAZ</b></p>		
DATE OF BURIAL <p align="center"><b>June 1949</b></p>	HOUR <p align="center">---</p>	BURIED IN (Shroud, blanket, or name of other) <p align="center"><b>Final type casket</b></p>
TYPE OF GRAVE MARKER <p align="center">---</p>	PLOT No. <p align="center">---</p>	ROW No. <p align="center">---</p>
<del>GRAVE</del> No. <p align="center"><b>75</b></p>	Casket <p align="right"><b>Casket</b></p>	
WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>AGRS Mausoleum, Manila, P.I.</b></p>	
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 <p align="center">---</p>
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"><b>Not applicable due to</b></p>	RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center"><b>manner of storing caskets.</b></p>	RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>
ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	ORGANIZATION <p align="center">---</p>
SIGNATURE OF PERSON PREPARING REPORT <p align="center"><b>I. K. USHER - Clerk</b></p>		SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><b>STANLEY E. MAY, Captain, QMC</b></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.		

*Quilb 2*



LEFT LITTLE FINGER	<b>Section UNIDENTIFIED REMAINS.</b> <b>INSTRUCTIONS:</b> (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	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS:					

<b>WD QMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF DEPARTMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>25 August 1950</b>	
Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. <i>23 Unit, Finschhafen</i>						
	NAME (Last, first, middle initial) <b>UNIDENTIFIABLE</b> (Formerly Unknown X-90 <b>UNKNOWN X-4018</b> USAF Cemetery #2 Finschhafen, N. G.)				SERIAL NO. <b>Unknown</b>		
	GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
	RACE <b>White</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>USS Houston</b>		CAUSE OF DEATH <b>Drowning</b>			DATE OF DEATH <b>12 Dec 44</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>Letter, OQMG, QMGMN 293 GRS Pacific dtd 21 Aug 50                  subject: Identification of World War II Deceased.</b>					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <p align="center"><b>None</b></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"><b>US Army Mausoleum, AGRS-PAZ</b></p>							
DATE OF BURIAL <b>June 1949</b>		HOUR 		BURIED IN (Shroud, blanket, or name of other) <b>Final type casket</b>		TYPE OF GRAVE MARKER 	
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AGRS Mausoleum, Manila, P.I.</b>			HANGER BAY Crypt 810 H 2593		
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) <b>Not applicable due to</b>				RANK --	SERIAL No. --	ORGANIZATION NAVY	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>				RANK --	SERIAL No. --	ORGANIZATION C. J. MOYER	
SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> <b>I. K. USHER - Clerk</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. Moyer</i> <b>STANLEY E. MOYER, Captain, QMC</b>			
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 6'*


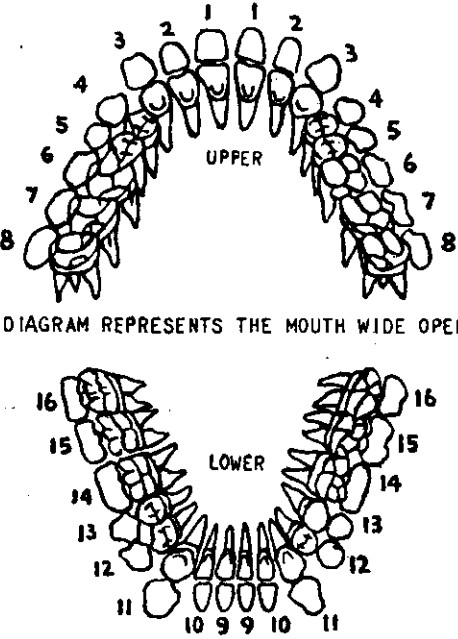




**Section UNIDENTIFIED REMAINS.**

**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 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.

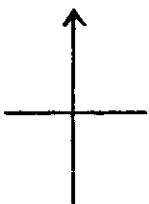
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

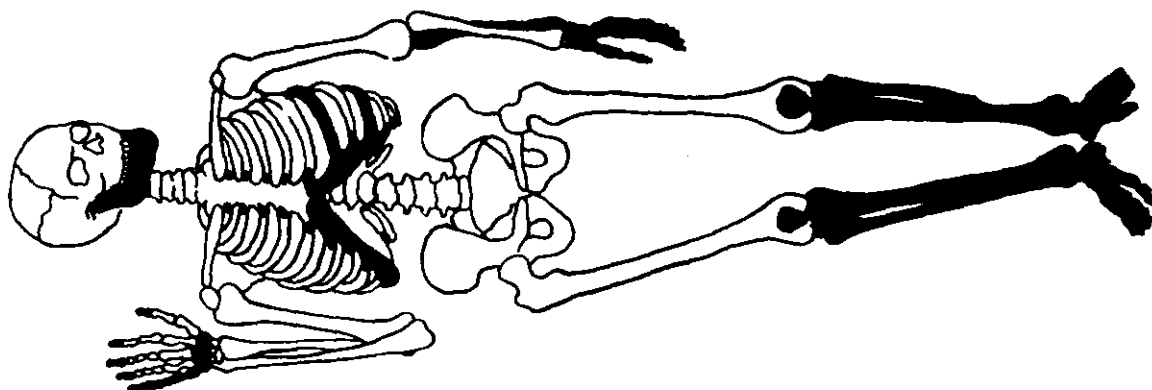
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RIGHT LITTLE FINGER

19. BLACK OUT PARTS OF BODY NOT RECOVERED



PLA

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

I CERTIFY THAT ~~THE GROUP~~ **this** REMAINS CONSISTS OF PARTS OF 1 DECEDENT'S ~~BONES OR PARTS THEREOF~~  
~~RE AND RECOVERED BY AN ANATOMICAL PARTS~~ NUMBER

*M. Trotter*  
 M. TROTTER SIGNATURE OF ~~XXXXXXXXXX~~ Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Height estimate:

Kollet:	166	65.35	5' 5 3/8"
Krogman:	172	67.72	5' 7 5/8"
Pearson:	165	64.96	5' 5"

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**

SIGNATURE

APO 958

*C. W. Kelley*

**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-90, (X-4018 Manila Maus)

Finsch #2

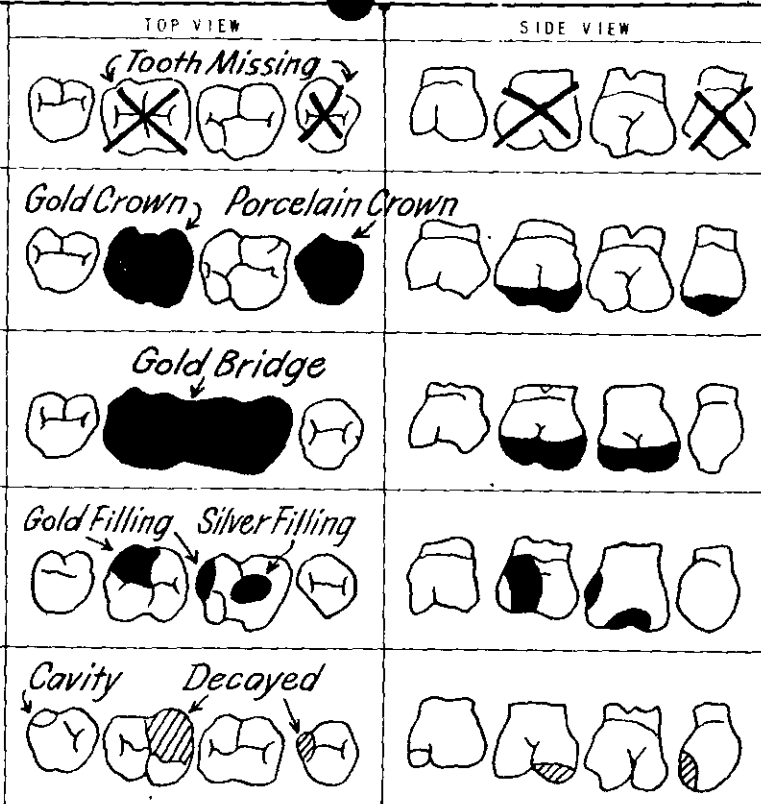
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

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:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
IMP.		A FOM	A DO										A MO		IMP
Side View															Side View
Top View															
Side View															
MANDIBLE AND TEETH 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."

*Handwritten signature*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-90 Finsch #2, (X-4018, Manila P.I.)						2. DATE OF REPORT 12 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Final Type Box Formerly of Finsch No. 2				4. PLOT # 75	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 12 Jul '49 12 Jul '49
PHYSICAL DESCRIPTION Age: 21 to 22 years.							
8. ESTIMATED WEIGHT 129 to 153 lbs.		9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"		10. COLOR OF HAIR Possibly Brown.		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) duplicate I.D. tags with remains read: Unknown X-4018, AGHS Mausoleum, Manila, P. I., Formerly X-90, Finsch. No. 2. One (1) embossed plate on outside case reads: Unknown X-90, Finsch. No. 2, X-4018, Mslm.							
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? All bones are oil or grease stained.					
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							

QMGMU 293

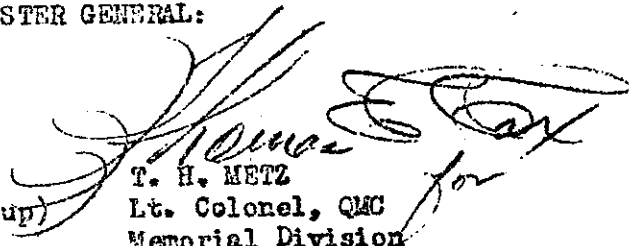
GRS Pacific

SUBJECT: Identification of World War II Deceased

28 March 1950

7. Unknown X-6, ANM Cemetery #2, Guam, Unit 9, Page 5, is currently stored in the AGHS Mausoleum, Manila, Philcom Zone. Request your action be coordinated with that Command.

FOR THE QUARTERMASTER GENERAL:



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

16 Incls

1. OQMG Form 371 (in dup) (Carroll)
2. OQMG Form 371 (in dup) (Cody)
3. OQMG Form 371 (in dup) (Cooper)
4. " " " " " (Cozad)
5. " " " " " (Gunter)
6. " " " " " (Holthouse)
7. " " " " " (McKoon)
8. " " " " " (Melancon)
9. " " " " " (Miller)
10. " " " " " (Moore)
11. " " " " " (Pluckerbaum)
12. " " " " " (Shaw)
13. " " " " " (Steenberg)
14. " " " " " (Tucker)
15. " " " " " (Whitacre)
16. Copy ltr w/1st Incl. dated 30 Nov 48 and 17 Dec 48

WEM  
JMN  
TEC

C.C.Salser:lrc

JW

cc--Administrative Section

6

DISINTERMENT DIRECTIVE

293 Hak New Guinea 4-90 (Grechaffer #2)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6911 00290

DATE 15 02 48

NAME UNKNOWN X-000090

SERIAL NUMBER

RANK

ARM Q

DATE OF DEATH DAY MONTH YEAR

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS 7701 50

PLOT ROW GRAVE COUNTRY 3139 NEW GUINEA

CAUSE OF DEATH CODE DIST. PT.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED 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 GRS INSPECTOR

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



28 March 1950

GHS Pacific

SUBJECT: Identification of World War II Deceased

SHAW, Omer Leo	WT2c V6 USNR	6688042
STEENBERG, Francis LeRoy	BMLc USN	3165438
TUCKER, Harman Broughton	PHM3c V6 USNR	8292747
WHITACRE, Melvin Foster	MM(S)3c V6 USNR	9409833

QMGR Forms 371 for these decedents are attached herewith.

4. A review of the Reports of Interment for Unknown X-165, Finschhafen #2, formerly X-19, USAF Cemetery, Lorengau, Manus Island, reveals the cause of death on the original report as drowning. Records of the results of processing by your headquarters discloses Unknown X-165 to consist of six (6) mandibles plus portions of remains, indeterminable by this Office, described on QMC Form 1044b by the statement "the paucity and condition of the recovered remains of this group make segregation insecure and unsound". In the absence of recorded acceptable explanation of the methods employed in the determination of death by drowning at the time of original interment of these remains and the fact that the remains now consist of parts of more than one body, this Office is compelled to conclude that the remains presently stored at your headquarters as Unknown X-165, and the remains originally interred as X-19 in USAF Cemetery #1, Lorengau, Manus Island, are not one and the same.

5. In view of the aforementioned conclusion, a continuation of the association of the remains of Unknown X-165 with casualties of the USS Houston is indefensible and it is recommended that these remains be disassociated from the casualties of the USS Houston.

6. Due to the inability to establish conclusive individual identification of any of the remaining Unknowns involved with the unaccounted for casualties of this incident, it is further recommended that your headquarters initiate action to establish a group burial of Unknowns X-86, X-90 and X-148 USAF Cemetery, Finschhafen #2, and Unknown X-6, Plot 4, Row 52, Grave 25, ANM Cemetery #2, Guam, formerly Plot 1, Row 9, Grave 1, Ulithi Cemetery Asor Island, Unit 9, Page 5, (this unknown was previously approved unidentifiable, see copy of letter and 1st indorsement attached), as the recoverable remains of the fifteen decedents listed in paragraph 3, above.

QMGNJ 293

28 March 1950

GIS Pacific

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to letter your Headquarters, file RR-EC 293.9 (USS Houston), dated 22 August 1949, subject: Letter of Transmittal, with which were forwarded QMC Forms 1044 for Unknowns X-86, X-148 and X-165, Finschhafen #2, Unit A, Page 14 and Unknown X-90, Finschhafen #2, Unit A, Page 15.

2. Action requested in paragraph 4, of reference letter, has been accomplished by this Office. A comparison of these Unknowns was made with casualties suffered in the 14 October 1944 action of the Light Cruiser USS Houston (CL-81). Individual identification could not be made inasmuch as the dental condition of all the decedents is not a matter of record. It is also noted that the dental characteristics of the remains compare equally as well with one or more of the decedents involved.

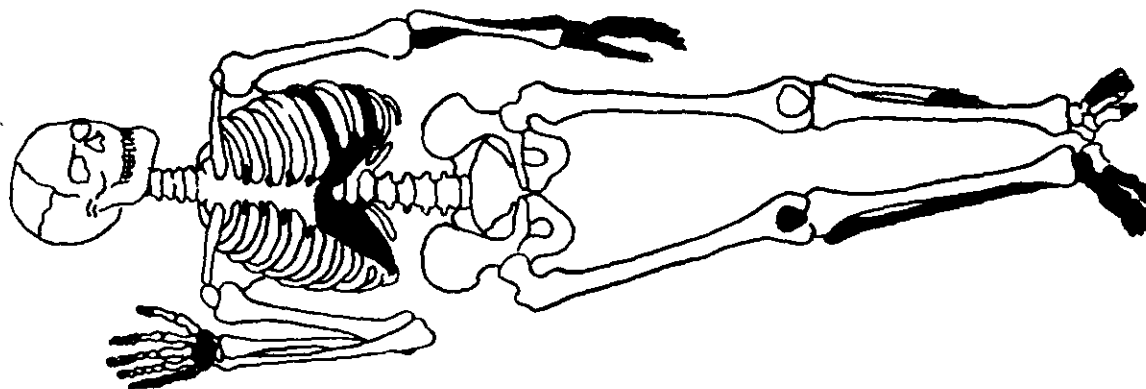
3. Records of the Department of the Navy and of this Office indicate the following fifteen decedents are still unaccounted for casualties from this incident:

CARROLL, Elbon Leonard	S2c V6 USNR	6441110
CODY, Claude Leroy	EM2c V6 USNR	6480590
COOPER, JR. Lige Howell	F1c V6 USNR	8927517
COZAD, Ralph Isaac	Rdm3c V6 USNR	8642787
GONTER, William Leodis	SSM13c V6 USNR	6042958
HOLTHOUSE, Hugh James	CMOMM(A) 1 USNR	4131889
MC KOON, Charlie Wade	S2c V6 USNR	8931766
MELANCON, Gauthier (n)	MM2c V6 USNR	6440633
MILLER, Clarence Irving	CWT (AA) USN	2232275
MOORE, Beachel (n)	S1c V6 USNR	8675754
PLUCKERBAUM, Alvin John	F2c V6 USNR	6352095

*293 Unknown New American X 90 Finschhafen #2*

*NAVY*

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 ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 <sup>NUMBERS</sup> DECEASED BASED ON ~~THE PRESENCE OF ONE OR MORE~~  
~~OF THE FOLLOWING EXAMINATION CRITERIA~~ articulation and with nothing by which this may be denied  
as one (1) individual.

See Narrative.

*John K. Frost*  
JOHN K. FROST, Capt., M. C.  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

K - 172 - 67.72 - 5' 7 5/8"

P - 165 - 64.96 - 5' 5"

Teeth Charted

SEP 7 1950  
FILE  
NAVY SECTION  
C. J. MOYER

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

STEWART W. ABEL, MAJOR, QMC  
CENTRAL IDENTIFICATION LABORATORY  
AGRS, APO 958

SIGNATURE

*Stewart W. Abel*

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> <p><b>Unknown X-90</b></p>		<p><i>Tooth Missing</i></p>	
<p>(X-4018, Manila Maus.)</p> <p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p><b>Final Type Casket</b></p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p><b>Finsch #2</b></p>		<p><i>Gold Bridge</i></p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling, Silver Filling</i></p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
IMP.		A OM	A DO										A MO		IMP.		
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
IMP.		O M											A OM		IMP.		
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."

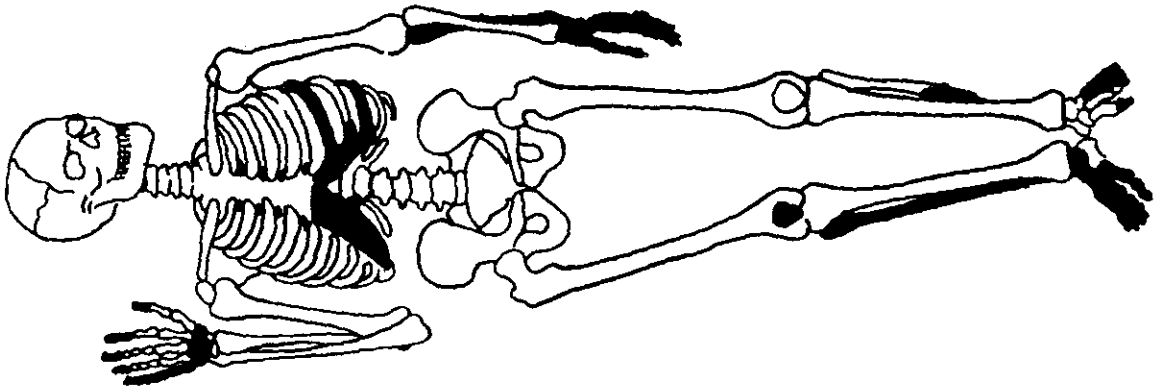
SEP 7 1950  
 FILE  
 NAVY SECTION  
 C. J. MOYER

Corrected Copy		IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN X-90 (X-4018, Manila, P. I.)		2. DATE OF REPORT 22 June 1950			
3. NAME OF CEMETERY: US Army Mausoleum - Final Type Caseket # Formerly Finsch #2		4. PLOT	5. ROW	6. GRAVE 75 3139	DATE OF DISINTERMENT 22 Jun '50
					REINTERMENT 22 Jun '50
PHYSICAL DESCRIPTION Age: 21-22 years					
8. ESTIMATED WEIGHT 129 - 153 lbs	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR None Found		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) duplicate ID Tag with remains reads: Unk. X-4018, AGRS Maus., Manila, P. I., formerly X-90, Finsch #2. One (1) Embossed Plate on outside case reads: Unk. X-90, Finsch No. 2, X-4018, Msln.					
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? All bones are oil or grease stained			
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					

SEP 7 1950  
FILE  
NAVY SECTION  
C. J. MOYER

Incl 3

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

I CERTIFY THAT ~~UNKNOWN~~ REMAINS CONSIST OF PARTS OF 1 ~~DECEASED~~ <sup>NUMBER</sup> BASED ON ~~THE FOLLOWING ARTICULATION~~ <sup>ARTICULATION</sup> AND WITH NOTHING BY WHICH THIS MAY BE DENIED AS ONE (1) INDIVIDUAL.

See Narrative.

*John K. Frost*  
JOHN K. FROST, Capt., M. C.  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

K - 172 - 67.72 - 5' 7 5/8"

P - 165 - 64.96 - 5' 5"

Teeth Charted

FILE  
NAVY SECTION  
G. J. MOYER

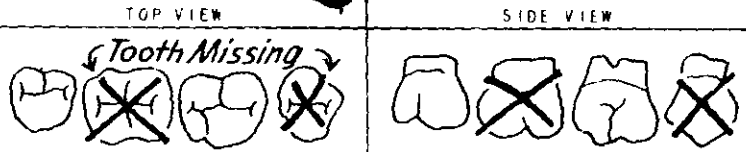
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
STEWART W. ABEL, MAJOR, QMC  
CENTRAL IDENTIFICATION LABORATORY  
AGRS, APO 958

SIGNATURE  
*Stewart W. Abel*

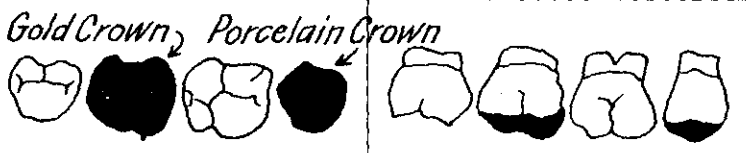
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

**Unknown X-90**



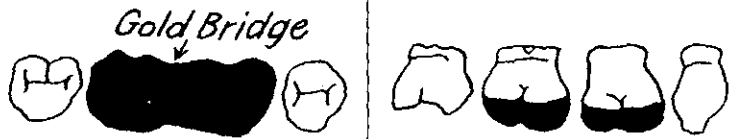
(A-4)18, Manila Maus.)  
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

**Final Type Casket**

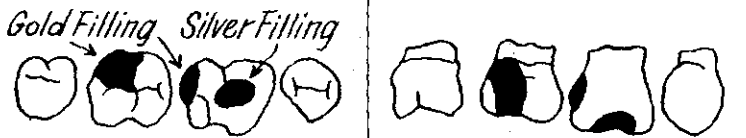


**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

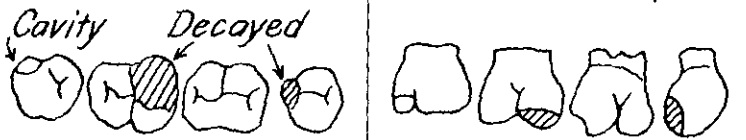
**Finsch #2**



**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	
		IMP.		▲ OM	▲ DO										▲ MO		IMP.	
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		
		IMP.		▲ OM											▲ MO		IMP.	
		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."

SEP 7 1947  
FILE  
NAVY SECTION  
G. L. MOYER

Corrected Copy		IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN X-90 (X-4018, Manila, P. I.)			2. DATE OF REPORT 22 June 1950		
3. NAME OF CEMETERY US Army Mausoleum - Final Type Casket # Formerly Finsch #2		4. PLOT	5. ROW	6. GRAVE 75 3139	7. DATE OF DISINTERMENT 22 Jun '50
					REINTERMENT 22 Jun '50
PHYSICAL DESCRIPTION <b>Age: 21-22 years</b>					
8. ESTIMATED WEIGHT 129 - 153 lbs	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR None Found		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) duplicate ID Tag with remains reads: Unk. X-4018, AGRS Maus., Manila, P.I., formerly X-90, Finsch #2. One (1) Embossed Plate on outside case reads: Unk. X-90, Finsch No. 2, X-4018, Man.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  None  Stewart W. Abel Major, USMC <i>Stewart W. Abel</i> 25 Aug 1950					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? All bones are oil or grease stained			
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					

FILE  
NAVY SEC  
B. J. MOYER

Incl 2



14

Interred 1 September 1950

DISINTERMENT DIRECTIVE

*Alvan C. Baker*  
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ATLANTIC NUMBER  
6911 00290

DATE  
15 02 48  
DAY MONTH YEAR

NAME  
*93 Junkfinschaffent # 2 x 90*

SERIAL NUMBER  
UNKNOWN X-000090

RANK

ARM  
Q  
DATE OF DEATH

CEMETERY  
BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS  
XXXXX SIX  
092 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
3139 NEW GUINEA

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
~~PHILIPPINE ISLANDS~~  
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNK X-000090  
UNK X-4018 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
1 Oct 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
JOSEPH M. OWEN  
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 I  
Two (2) Identification Tags - UNK X-4018 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
1 Oct 1948

DATE BY  
JOSEPH M. OWEN

CASKET SEALED BY  
JOSEPH M. OWEN

EMBALMER (Signature)  
*Joseph M. Owen*  
JOSEPH M. OWEN

CASKET BOXED AND MARKED  
HORACE L. ALLISON

SHIPPING ADDRESS VERIFIED BY  
LUCIO S. PANOPPIO, 1st Lt., Inf.

DATE 1 Oct 48 BY Sgt., Inf.  
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
Remains rechecked and stenciled by  
AGHS-PAZ, 31 Aug 50.  
*Joseph P. Simoni*  
JOSEPH P. SIMONI, Embalmer

SIGNATURE OF GRS INSPECTOR  
*Lucio S. Panopio*  
LUCIO S. PANOPPIO, 1st Lt., Inf.

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



FORM 29)

US Pacific

SUBJECT: Identification of World War II Deceased

Wissenschaften & G. are listed on Unit A Roster, Page 4.

FOR THE QUARTERMASTER GENERAL:

THOMAS G. C. H.  
Captain QMC  
Memorial Division

QUINN 293

GHS Pacific

SUBJECT: Identification of World War II Deceased

Finschhafen N. G. are listed on Unit A Roster, Page 4.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX  
Captain QMC  
Memorial Division

QMGMN 293  
GRS Pacific

SUBJECT: Identification of World War II Deceased

AUG 21 1950

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

References: (a) Letter OQMG, QMGMU 293 GRS Pacific dated 28 March 1950  
subject: Identification of World War II Deceased  
(b) Letter Hq, AGRS (PAZ) RRREC 293 dated 6 July 1950  
subject: Identification of World War II Deceased

1. Subsequent to the receipt of reference (b) and the listed inclosures, a complete review was made of Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2, Finschhafen, N. G. and of Unknown remains X-6, ANM Cemetery #2, Guam; by this Office to further consider the feasibility of Group Burial action as proposed in reference (a).

2. In view of the fragmentary condition of these remains, the widely dispersed area of recovery and the difficulty in defending a group burial of this type, it is requested recommendations embodied in reference letter (a) Paragraph 6 be cancelled.

3. It is further requested recommendations of Unidentifiability (with the exception of Unknown X-6, ANM Cemetery #2, Guam) for the above listed remains be forwarded this Office.

4. In addition, it is requested that the 15 unaccounted for casualties from USS HOUSTON as listed on inclosure 6 to reference (b) be processed in accordance with A.G. letter File AGAO-S 293.9 D.M., dated 9 April 1947.

5. Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2,

QMGMN 293 Unknown X-90, USAF Cemetery #2, Finschhafen, N. G.

1 Navy Chief, 1 Sept  
Liaison Id Branch 1950  
Section Id Section  
Repat Br  
Mem Div

SUBJECT: Unknowns X-86, X-90, X-148, X-165,  
Finschhafen #2, N. G.

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER  
73880

*243 unk Finschhafen #2 X-90*

2 Chief Repat Br 5 Sep  
Ident Br Navy 1950  
Mem Div Liaison  
Section

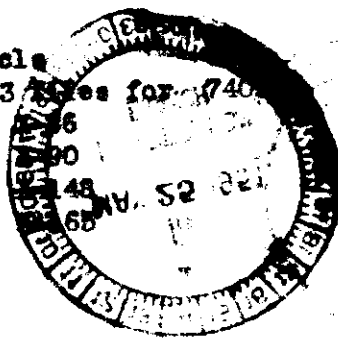
1. Reference is made to paragraph 2, Comment #1.  
2. Findings of Unidentifiability have been approved by this Office.

3. Files are returned herewith for completion of Administrative reports.

4 Incls

293 files for 740

1. 86
2. 90
3. 148
4. 165



NETT  
52462

SEP 7 1950

FILE  
NAVY SECTION  
G. J. MOYER

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 mit Einschlägen #2-X-90

QMC FORM 1121  
1 Aug 45