

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

C  
O  
P  
Y  
GSCP 293.9

AFPO 707

SUBJECT: Assignment of CIL Numbers

25 May 1949

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 GMCMP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P. I., have been assigned CIL numbers as indicated below:

a. Unknown X-2007-B (Formerly Unknown X-2612, USAF Cemetery Manila #2) assigned CIL #313.

b. Unknown X-4958, AGRS Mausoleum, Manila, P. I., assigned CIL #331.

c. Unknown X-4959, AGRS Mausoleum, Manila, P. I., assigned CIL #332.

d. Unknown X-3646 (Formerly Unknown X-108, USAF Cemetery Leyte #1) assigned CIL #333.

e. Unknown X-958 (Formerly Unknown X-4015, USAF Cemetery Manila #2) assigned CIL #334.

f. Unknown X-3798, AGRS Mausoleum, Manila, P. I., assigned CIL #335.

g. Unknown X-4910, AGRS Mausoleum, Manila, P. I., assigned CIL #336.

h. Unknown X-1776-C (Formerly Unknown X-2753, USAF Cemetery Manila #2) assigned CIL #337.

i. Unknown X-1776-D (Formerly Unknown X-2753, USAF Cemetery Manila #2) assigned CIL #338.

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*Handwritten signature and initials in the bottom right corner.*

GSCR 293

SUBJECT: Assignment of CIL Numbers

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned Unknowns have been assigned CIL numbers.

FOR THE COMMANDING GENERAL:

JOHN A. MARSZAL  
1st Lt., AGD  
Ast Adj Gen

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## DISINTERMENT DIRECTIVE

 1  
 H-811  
 R-82  
 F-83  
 22 Aug 49
   
 SECTION A—  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00130

DATE

15 05 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000108

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

Q

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

0

7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

3086 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY

NAME AND ADDRESS OF NEXT OF KIN

MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-108

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-3646 (MAUS)

27 Sept 1948

IDENTIFICATION TAG ON

 REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

ALBION H. McLELLAN, Jr.  
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 Identification tags shows - UNKNOWN X-3646 (MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 1948

BY

ALBION H. McLELLAN, Jr

CASKET SEALED BY

ALBION H. McLELLAN, Jr.

EMBALMER (Signature)

  
 ALBION H. McLELLAN, Jr.


CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sep 48 BY HORACE L. ALLISON, Sgt, INF

CHARLES R. BATES, 1st Lt., USAFR

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

  
 CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>EXHIBITIVE ORDER</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>FORT MC KINLEY CEMETERY</b>	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

8402

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1,  
Date 26 Aug 1945 P. I.

1. Remains of UNKNOWN X-108 Grave 3086 Serial Number \_\_\_\_\_  
USAF Cemetery Leyte # 1, P. I. formerly UNKNOWN X-27, Grave 222  
Rank \_\_\_\_\_ Organization USAF Cemetery Dulag # 1, Leyte, P. I.

2. Disinterred (date): 26 Aug 1945 From (give complete location):  
USAF Cemetery Leyte # 1, P. I.  
By: Group PFC Maish Unit Base K, GRS

3. Reburied (date): 26 Aug 1945 In (give complete location):  
USAF Cemetery Leyte # 1, P. I.  
By: Group PFC Maish Unit Base K, GRS Nature of reburial blanket

4. Report as to nature of original burial and condition of body upon disinterment:  
Completely decomposed--no skull or jaw bones

5. (a) Identification tags: Buried with body? no On grave marker? no  
(b) Other means of identification found upon disinterment, and general remarks: Metal tags made by GRS buried with remains and attached to Marker.

6. What does examination of body show as regards the following identifying items?

- (a) Height (actual measurement) \_\_\_\_\_
- (b) Weight (estimated) \_\_\_\_\_
- (c) Hair-Color \_\_\_\_\_  
Quantity \_\_\_\_\_  
Characteristics \_\_\_\_\_
- (d) Hair on face-Color \_\_\_\_\_  
Location \_\_\_\_\_  
Quantity \_\_\_\_\_
- (e) Permanent marks on body (old scars, peculiarities, or missing parts) \_\_\_\_\_
- (f) Wounds or missing parts (received at time of casualty) \_\_\_\_\_

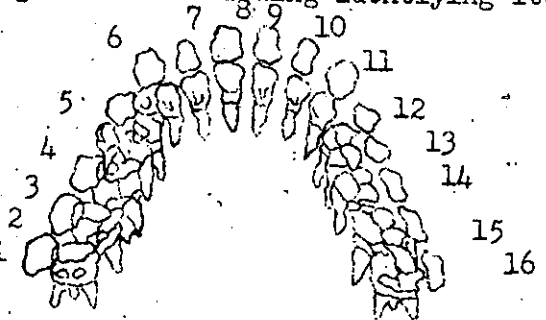
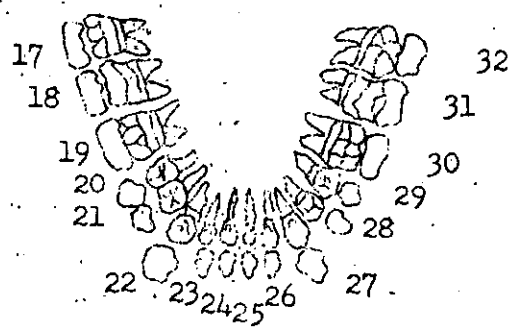


Diagram represents mouth wide open



7. Disinterment supervised by Pfc Maish

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) Graves Registration Officer

8. Reburial supervised by Pfc Maish

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) Graves Registration Officer

*Handwritten:* Incl # 16

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.











3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle-line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing		Tooth missing
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown		Porcelain crown
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge		Gold bridge
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling		Gold filling
<b>CARIES (CAVITIES)</b>	Outline location and size of cavities, shade in thus:		Cavity		Decayed
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".				

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3646</b>				(Formerly UNK X-108 USAF Cemetery #1, Leyte, P.I.)		2. DATE OF REPORT <b>11 Feb 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				<b>812</b>	<b>H</b>	<b>V</b>	DISINTERMENT <b>11 Dec 47</b>

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute tag with the only inscription found:  
**UNKNOWN X-108 (This tag placed with remains)**

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

**UTD**

14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? <b>Badly burned.</b>
--	--

15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? <b>Severe</b>
---	-----------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**UTD**

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**

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:	TOOTH MISSING 	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD CROWN PORCELAIN CROWN 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING SILVER FILLING 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY DECAYED 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← Maxilla								Missing →							
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
← Mandible								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."

**REMARKS:** Maxilla and mandible missing. No tooth found with remains.

CERTIFIED TRUE COPY:

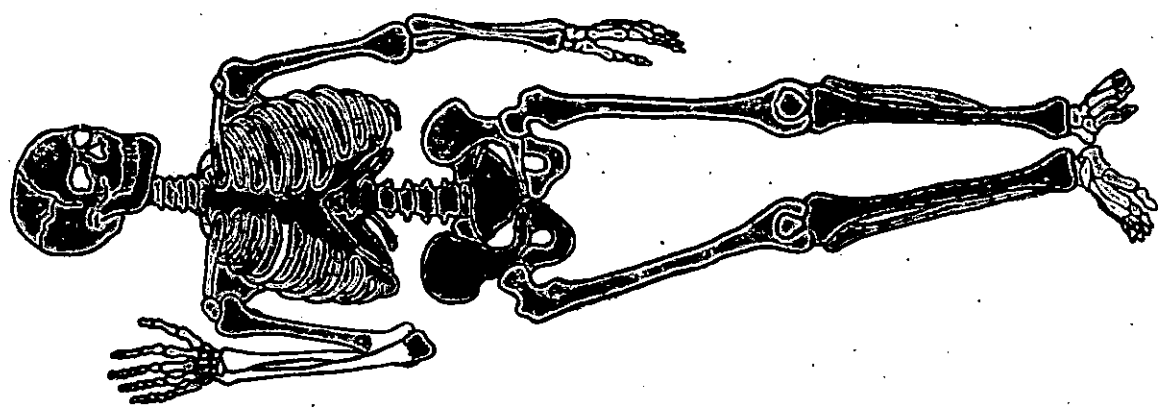
*G. T. Gamboa*

G. T. GAMBOA  
2d Lt., MSC

/s/ James J. McDermott  
Lab. Officer



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 personal effects, no ROI bottle found with remains.  
One (1) tag as described in section 12 found. No skull.  
Estimated weight of remains 1/6 lb.

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	SIGNATURE
p/ CLAUDE A. PILLERS Emb Sr C-063247 CIP Lab., Manila, P.I.	/s/ Claude A. Pillers



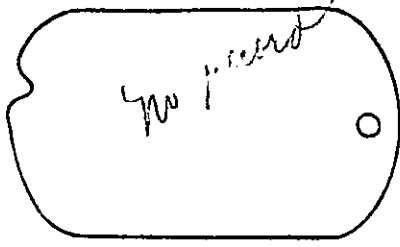
/acm

JUL 22 1948

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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 25 Feb 48
---	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3646 (Formerly UNK X-108 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
	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 Dulag, Leyte, P.I.	CAUSE OF DEATH KIA-badly burned, shrapnel wound, multiple	DATE OF DEATH 26 Oct 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) <b>CANCEL—Assigned CIL# 333 per ltr Philcom 25 May 49, Subj: Assignment of CIL Numbers.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL *Other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY CRYPT V	GRAVE No. 5565
--	--------------	--	------------------------------	---------------------------	---------------------------	-------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 3086
---	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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) STORAGE UNKNOWN X-3674	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5566
---	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) NELSON, John C.	RANK Pvt	SERIAL No. 38071748	ORGANIZATION Wpns trp 7th Cav 1st Cav. Div.	GRAVE No. 5564
--	-------------	------------------------	--	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> T/S, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L. S. PANOFIO, 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.

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**Section 3.—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

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

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

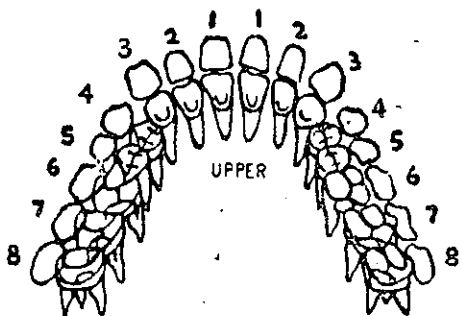
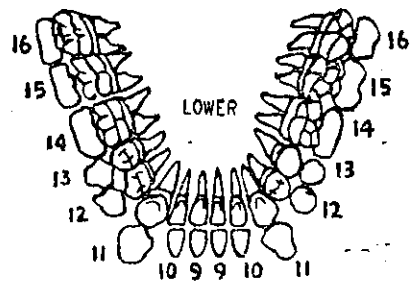
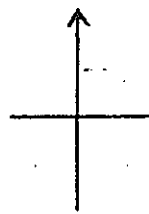


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

26 MAY 1948

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

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

UNKNOWN X-108

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P.I.			26 Oct 1944	KIA-badly burned, shrap	
(Place of death)			(Date of death)	wound, <del>cause of death</del>	
1100 hrs 23 July 1945			USAF Cemetery Leyte #1, P.I.		
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

3086

Reg. Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes ( ) No (X) Attached to marker Yes ( ) No (X)

Religion

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 222 (X-27)

Metal tag buried with remains and attached to marker.

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

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

Body buried on	RIGHT BAKER, Winston B.	34 812 779	Pfc	Engr Grp	3087
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT VOIGT, George V.	39 303 400	Pvt	184 Inf	3085
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

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UNKNOWN X-27

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Island of Lyete, P.I.			26 October 1944	KIA - Badly Burned	
(Place of death)			(Date of death)	Shrapnel Wounds, Mult.	
1200 26 October 1944			USAF Cemetery Dulag #1	Dulag, Leyte, P.I.	
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
222	6	1	Cross

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

Embossed Plate attached to Marker Religion - Unknown

One copy of GR Form #1 placed in sealed bottle and buried with body

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

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

(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Left Body buried on <del>RIGHT</del> Baker, Winston B.	34812779	Pfc	Hq Co 1140th Eng	221
Right Body buried on <del>LEFT</del> Voigt, George V.	39303400	Pvt	Co F, 184th Inf	223

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

NONE  
Jan 21 1945

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: \_\_\_\_\_ - Apparent nationality: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Laundry marks: \_\_\_\_\_  
 Color of eyes: \_\_\_\_\_ Number of rifle: \_\_\_\_\_  
 Color of hair: \_\_\_\_\_ Wear glasses? \_\_\_\_\_  
 Race: \_\_\_\_\_ Is tooth chart attached? \_\_\_\_\_

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

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

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

502nd AAA; 7th QM Co; 722nd Eng Dpt Det

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

*Robert W. Greer*  
 (Signature of officer or other person reporting burial)  
 Lovell G. [unclear] - Rec 4  
*Robert W. Greer*

Robert W. Greer, 2nd Lt Inf  
 (Verified by Army Grade Officer)

8075

85

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

Fingerprints not obtainable because of badly burned condition of body and mutilation by shrapnel