

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293.9

AFO 707
7 JUN 1949

SUBJECT: Assignment of CIL Numbers

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

a. Unknown X-2877-B (Formerly X-2286, USAF Cemetery Manila #2), be assigned CIL #340.

b. Unknown X-3686-B (Formerly X-505, USAF Cemetery Leyte #1), be assigned CIL #344.

c. Unknown X-3315-B (Formerly X-194, USAF Cemetery Leyte #1), be assigned CIL #345.

d. Unknown X-3729-B (Formerly X-363, USAF Cemetery Leyte #1), be assigned CIL #346.

e. Unknown X-2251-C (Formerly X-616-C, USAF Cemetery Leyte #1), be assigned CIL #348.

f. Unknown X-4927, AGCS Mausoleum, Manila, P.I., be assigned CIL #350.

g. Unknown X-3768 (Formerly X-358, USAF Cemetery Leyte #1), be assigned CIL #351.

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:

/s/ John A. Marszal
JOHN A. MARSZAL
1st Lt., AGC
Asst Adj Gen

File 8-24-50
Marszal

/iff

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00351

DATE
15 05 48
DAY MONTH YEAR

NAME

UNKNOWN X-000358

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY

6164 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNK X-358
(Maus No.) UNK X-3768
UNK X-357

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 Sept 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

PERRY E. WHITE
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

2 Tags read Maus UNK X-3768
1 Identification tag reads UNK X-357

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48

BY

PERRY E. WHITE

CASKET SEALED BY

PERRY E. WHITE

EMBALMER (Signature)

PERRY E. WHITE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept 48

BY HORACE L. ALLISON
Sgt., Inf

TEOFILO 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.

TEOFILO M. AMUTAN, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM Rich Hill Bible Church		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WELLS	DATE 10/20/00	SIGNATURE OF RECEIVER WELLS	DATE 10/20/00

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER 00321	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

293 - Unk. P.I. X-358 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

1st Ind

27 Jan 47

FROM: OOMG
TO: CO, AGRSAC, Pacific Theater APO 707, San Francisco, Calif.

RE: Report of Interment...

INDEXED UNDER NO. 293 - Unk. (Misc.) (Leyte #1) P.I.

jw

me
FILE UNDER NO: 293 - Unknown X-358. P.I. (Leyte #1)

I N D E X S H E E T
S Y N O P S I S I

Memo

18 April 1946

FROM: GAGO, Memorial Div.
TO: AGO, World War II Records Adm. AGO, St. Louis, Mo.

RE: For necessary action.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Leyte #1)

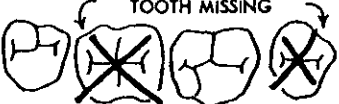
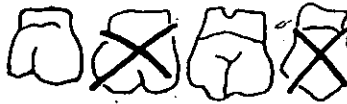
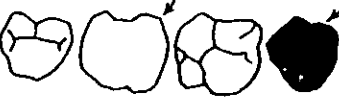







bm





IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3768 (Formerly UNK X-358, USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 13 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 810	5. ROW M	6. GRAVE 4059	7. DATE OF	
			DISINTERMENT 22 Dec 47	REINTERMENT 18 Feb 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD		11. RACE U/D	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS None					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Completely mangled.			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS UTD. Due to condition of remains					
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					

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</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	
		<i>maxilla</i>								<i>missing</i>								
SIDE VIEWS																		SIDE VIEWS
TOP VIEWS	UPPER																	
	LOWER																	
SIDE VIEWS																		
		<i>P</i>	<i>P</i>	<i>X</i>	<i>X</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>Cavity</i>	<i>P</i>	<i>Cavity</i>	<i>X</i>	<i>A</i>			
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

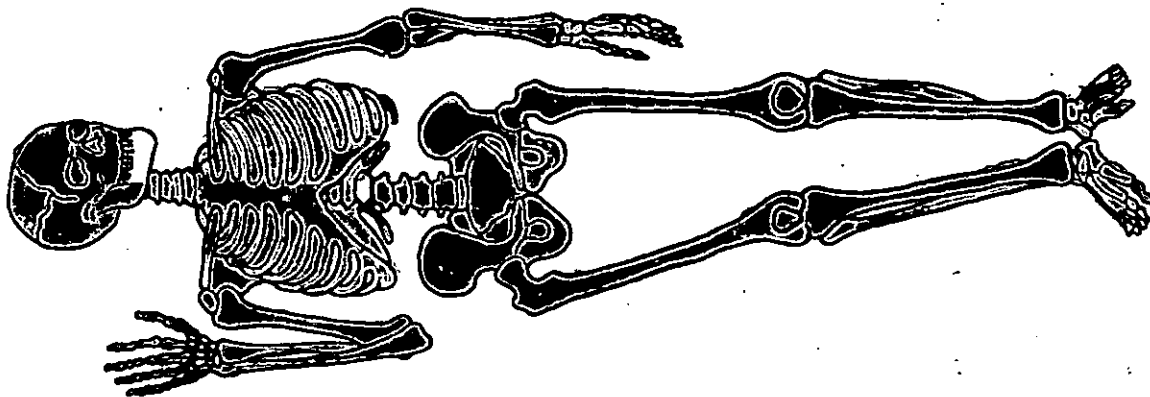
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: *Maxilla missing. No maxillary teeth found with remains.*

CERTIFIED TRUE COPY
G. T. GAMBOA
 G T GAMBOA
 2d Lt MSC

/s/ J. J. McDermott
 Laboratory 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

In processing the remains of UNK X-3768, three (3) substitute tags with different numbers were found, two (2) with number UNK X-358 and one (1) with UNK X-357, but in rechecking and comparing the tooth charts UNK X-3768 coincides with the tooth chart of UNK X-358.

No I.D. tags, personal effects, burial bottle, or other means of identification found with remains. Skull missing. Unable to determine height due to condition of remains. No long bones present.

Estimated weight of remains $\frac{1}{2}$ 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

/p/ JOHN J CONNORS SP-6
 CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ John J. Connors

OMC Form 1044 Rev. 1 Apr. 1945		RESTRICTED		Date 5 January 1948	
REPORT OF DISINTERMENT FOR IDENTIFICATION					
1. Remains of (Name) UNKNOWN X-358				Serial Number	
Grade		Organization			
.Name, Number and Location of Cemetery USAF Cemetery Leyte #1, P.I.			Plot	Row	Grave No. 6164
2. Date of Disinterment 1600 hrs 22 Dec. 1947					
3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment. <p style="text-align: center;"> Original made in shelter halve burial, Skeletal remains incomplete. Subs tags on remains and on marker coincide with ROI on file. </p>					
4. What Identification Found at Time of Disinterment: On Marker <p style="text-align: center;">Substitute tag</p>					
On Remains <p style="text-align: center;">Substitute tag</p>					
What Identification Used Upon Reinterment: On Marker <p style="text-align: center;">None</p>					
On Remains <p style="text-align: center;">Held for concentration</p>					
5. Signature of Officer Supervising Disinterment and Reinterment. /s/ James H. Jackson /t/ JAMES H. JACKSON Major, TC					
				CERTIFIED TRUE COPY <i>G. T. Gamboa</i> G T GAMBOA 2d Lt MSC	

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. 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, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



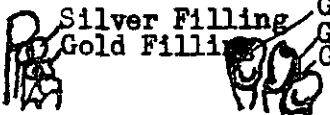
Crowned Teeth



Bridgework



Fillings

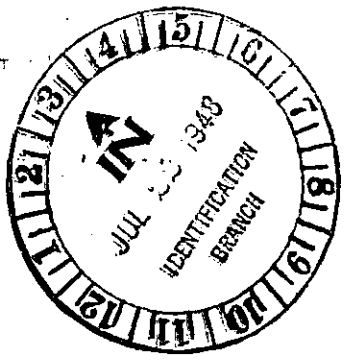
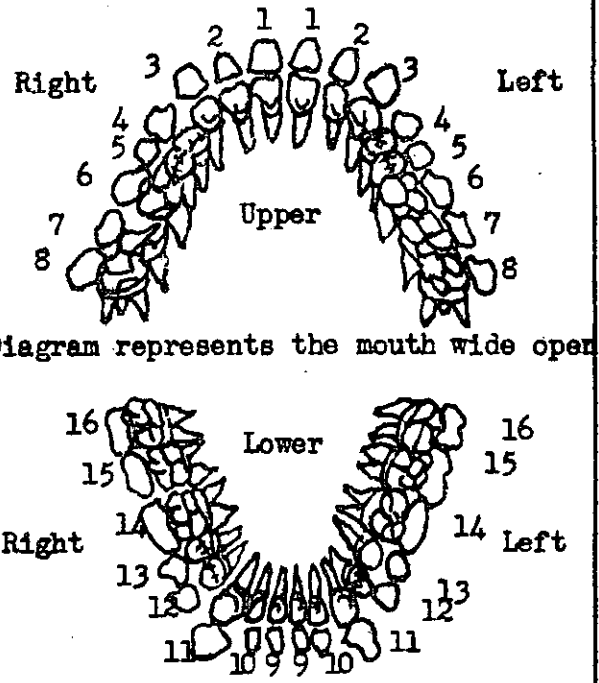


Caries (Cavities)



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



Place of death:

2 Mi. S. Culasian, Leyte, P.I.

DENTAL CHART

Unknown X-358

~~Grave 6164~~, Leyte #1

Maxilla Missing

R-8	
R-7	
R-6	
R-5	
R-4	
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	
L-7	
L-8	

R-16	<u>Missing</u>
R-15	<u>Missing</u>
R-14	<u>Missing</u>
R-13	<u>Missing</u>
R-12	<u>Missing</u>
R-11	<u>Missing</u>
R-10	<u>Missing</u>
R-9	<u>Missing</u>

L-9	<u>Missing</u>
L-10	
L-11	
L-12	
L-13	
L-14	<u>Missing</u>
L-15	<u>Porcelain Filling</u>
L-16	

Name-

R-8	
R-7	
R-6	
R-5	
R-4	
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	
L-7	
L-8	

R-16	
R-15	
R-14	
R-13	
R-12	
R-11	
R-10	
R-9	

L-9	
L-10	
L-11	
L-12	
L-13	
L-14	
L-15	
L-16	

Compare with

~~Subson~~
Carlson - unfavorable
Caramagna - unfavorable

RESTRICTED

U-774

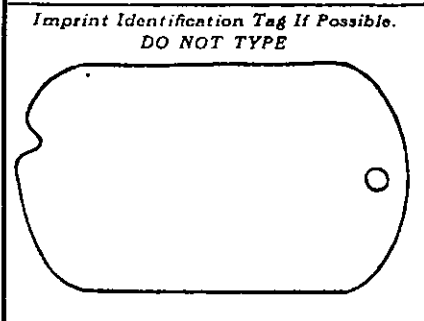
/aaa

JUL 22 1948

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

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

DATE OF REPORT 26 Feb 48



Section 1.—IDENTIFICATION.

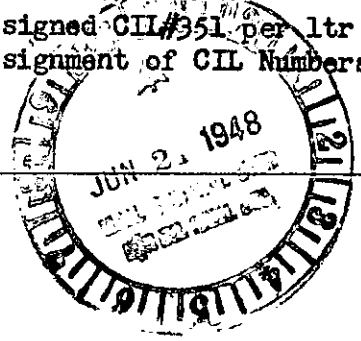
NAME (Last, first, middle initial) UNKNOWN X-3768 (Formerly UNK X-358, USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Culasian, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) CANCEL—Assigned CIL #351 per ltr Philcom 7 June 49, Subj: Assignment of CIL Numbers.
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, P. I.

DATE OF BURIAL STORAGE 18 Feb 48	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. MANAGER BAY 810	ROW No. GRAVE No. M	GRAVE No. CRYPT 4059
-------------------------------------	--------------	--	------------------------------	-----------------------------	------------------------	-------------------------

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. 6164
--	---	--

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3783	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4060
---	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) LAROCO, Crispolo	RANK Pvt	SERIAL No. 10304599	ORGANIZATION 12th Ord. Co.P.S.	GRAVE No. CRYPT 4058
---	-------------	------------------------	--------------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPYO 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.

Copy 324

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


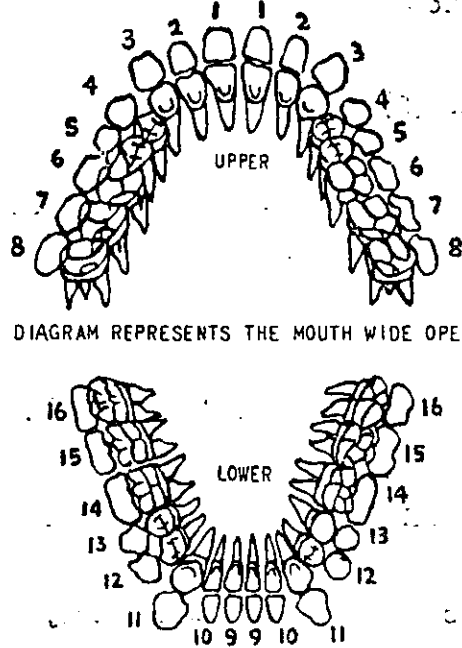




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

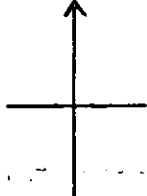
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

QMC Form 1044, 1044 A and 1044 B accomplished.

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

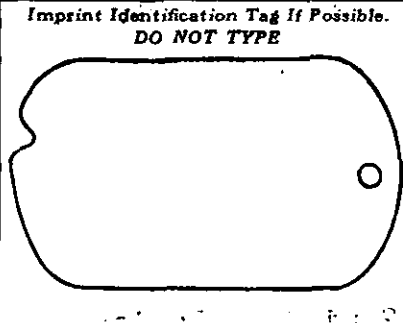
26 MAY 1948

WD GMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

4 Jan 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-358		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	-

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Culasian, Leyte, P.I.	-	-

EMERGENCY ADDRESSEE (Name, relationship, and address)

-

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	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None *incl 760*

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Jan 46	1530	shelter halve	Reg Cross			6164

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Map Cent Phil., sheet 3 of 5-scale-1:250,000 Coord: 1310-1360.3

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.
BEANE, Arthur C	S 1c	9272368	Navy 3149	6163

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unknown-X-359	-	-	-	6165

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Charles W. Hallock</i> T/5 Charles W. Hallock, GRS	<i>William D. Rogers</i> WILLIAM D ROGERS, 1st 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.

22 JAN 1946

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.


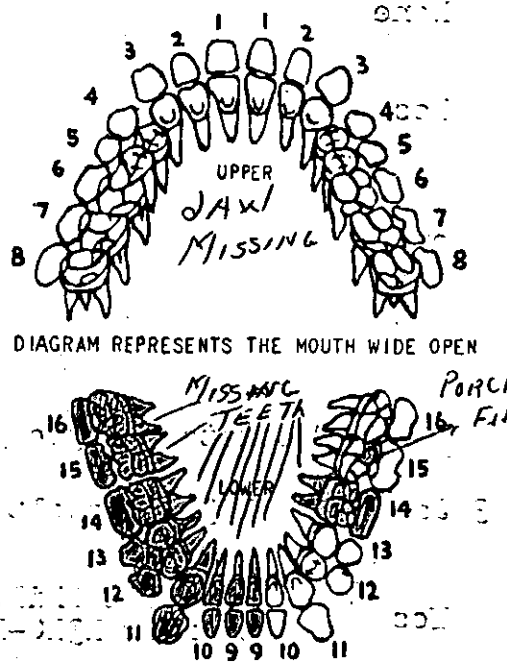




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 2 mi S. Culasian, Leyte, P.I.
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

None

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

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



REMARKS:

CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.

MAXILLA MISSING.