

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Leyte #1 X-125

SUBJECT

Also 293 unk Maus Manila X-3788

QUEST 293  
OIS PAR 1949

15 June 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGCS, PHILCOM ZONE

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

Unknown X-3760 (formerly Unk. Y-124, USAF Cem., Leyte #1, P.I.)  
Unknown X-378E (formerly Unk. Y-125, USAF Cem., Leyte #1, P.I.)  
Unknown X-285B (formerly Unk. Y-167, USAF Cem., Santa Barbara #1,  
Luzon, P.I.)  
Unknown X-189

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

FOR THE QUARTERMASTER GENERAL:

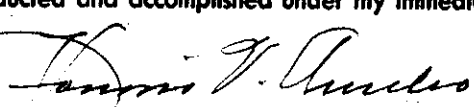
T. W. METZ  
Lt. Colonel, (MC)  
Memorial Division

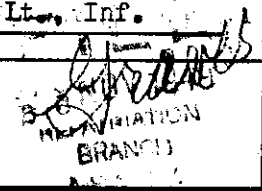
REB

T. A. Fields:jck  
Salser  
JW

NJS

cc: Administrative Section

bps Interred 20 Oct 49 Ft. McKinley DISINTERMENT DIRECTIVE <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DIRECTIVE NUMBER 7740 00147		DATE 15 05 48 DAY MONTH YEAR	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED NAME <i>994</i> UNKNOWNX-000125		SERIAL NUMBER UNKNOWNX-000125		RANK ARM 0	
CEMETERY USAF CEMETERY LEYTE NO 1		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR 7701 80	
PLOT ROW GRAVE 3204		COUNTRY PHILIPPINE ISLANDS		CAUSE OF DEATH 6	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN X-125 UNK X-3788 (MAUSOLEUM)		SERIAL NUMBER		RANK	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	
DATE DISTINTERRED 27 Sept '48		IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON Embalmer NAME AND TITLE			
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES / Two (2) Identification tags MAUS No UNK X-3788.					
REMAINS PREPARED AND PLACED IN CASKET DATE 27 Sept '48 BY ROBERT F. STEVENSON					
CASKET SEALED BY ROBERT F. STEVENSON			EMBALMER (Signature) <i>Robert F. Stevenson</i> ROBERT F. STEVENSON		
CASKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt., Inf.			SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 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.  <div style="text-align: right;">           HONORIO V. AURELIO, 1st Lt., Inf.          SIGNATURE OF GRS INSPECTOR       </div>					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  REMARKS: Unidentifiable OQMG					

  
 BRANCH

# 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	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. Smith</i>	DATE <b>20 OCT 1949</b>

## 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 VAULTS SERVICE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBI MC KINLEY CEMETERY	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

D O S...  
INCL...

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900


20 April 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 125, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3204, USMC Leyte #1, P.I. have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
W. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received ..... OQMG  
Not identifiable from  
information presently  
available

Incl. #16'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN Unknown X - 3788 (Formerly Ink. X - 125 Leyte # 1)			2. DATE OF REPORT 20 April 1949		
3. NAME OF CEMETERY  ACRS MUSEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	BANGER BAY CRYPT			DISINTERMENT	REINTERMENT
	812	W	5770		

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U.T.D.

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


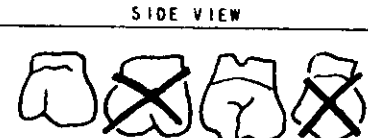






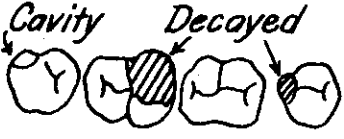

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

BY REASON OF DATE OF ...

*Incl. #16<sup>2</sup>*


TOOTH CHART

<p><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:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> 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
MAXILLA								MISSED							
Side Views															
UPPER															
LOWER															
MANDIBLE								MISSED							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

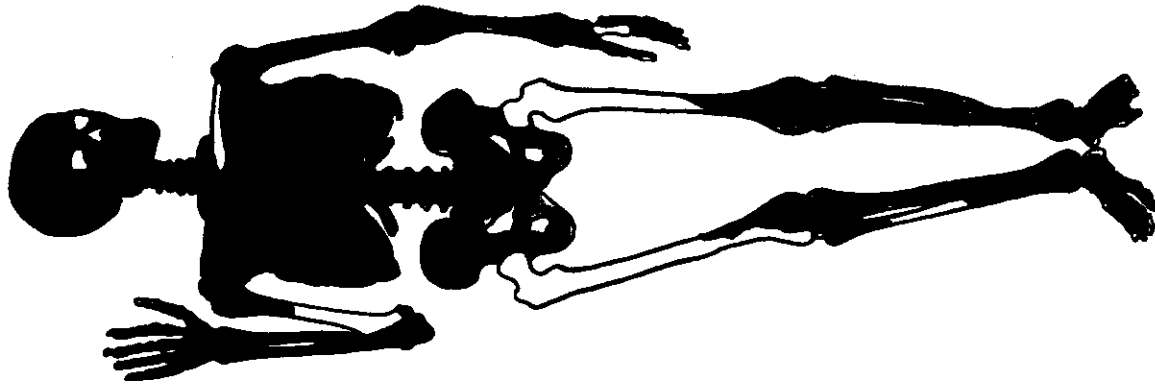
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth present with remains.

  
 J. J. McDERROTT  
 Laboratory Officer, CIP

"BY REASON OF THE..."

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 1 1/3 lbs.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION


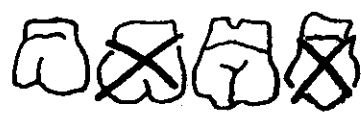
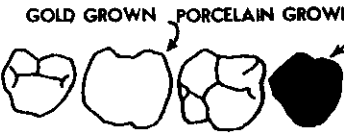



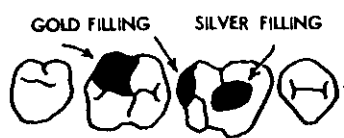

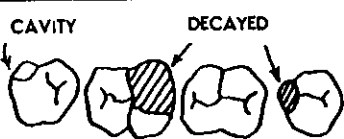

JAMES J. McDERMOTT  
Laboratory Officer, CIP





SIGNATURE



# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3788 (Formerly UNK X-125 USAF Cem Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>13 Feb 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>W</b>	6. GRAVE <b>5770</b>	7. DATE OF DISINTERMENT <b>10 Dec 47</b>
				REINTERMENT <b>14 Feb 48</b>	
<b>PHYSICAL DESCRIPTION</b>					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <b>Two (2) ID tags with the only inscription found: UNKNOWN X-125 (This tag placed with remains).</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>U T D</b>					
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>Severely</b>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>U T D</b>					
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)  <b>N O N E</b>					

18. 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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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
<i>Maxilla</i>								<i>Missing</i>							
															
															
															
															
<i>Mandible</i>								<i>Missing</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 and mandible missing. No loose teeth found with remains.

**CERTIFIED TRUE COPY:**

*G. T. Gamboa*

G T GAMBOA  
2d Lt MSC

/s/ John J Connors

19. BACK-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.  
 Two (2) tags as described in section 12 found. No skull.  
 Estimated weight of remains, 1 1/3 lbs.

CERTIFIED TRUE COPY:

*G. T. Gamboa*

G T GAMBOA  
 2d Lt MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE AND ORGANIZATION  
 /p/ CLAUDE A PILLERS, Emb Sr, O-063247  
 CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Claude A Pillers

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-125 Grave 3204 Serial Number \_\_\_\_\_  
Rank \_\_\_\_\_ ~~Organization~~ Formerly UNKNOWN X-22, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): \_\_\_\_\_  
By: Group Pfc Seho Unit Base K, GRS

3. Reburied (date): 26 Aug 45 In (give complete location): USAF Cemetery Leyte, #1, P.I. Grave 3204  
By: Group Pfc Seho Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:  
Body decomposed, no skull, tooth chart impossible.

5. (a) Identification tags: Buried with body? No On grave marker? No  
(b) Other means of identification found upon disinterment, and general remarks: Metal tag 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 \_\_\_\_\_

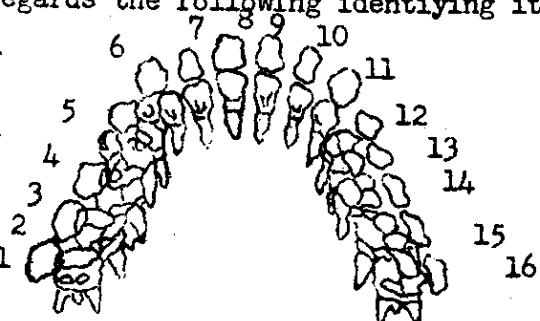
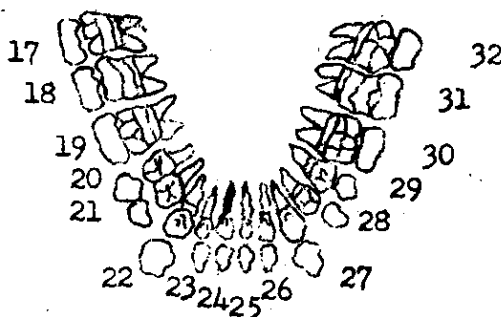


Diagram represents mouth wide open

- (e) Permanent marks on body (old scars, peculiarities, or missing parts) \_\_\_\_\_
- (f) Wounds or missing parts (received at time of casualty) \_\_\_\_\_



7. Disinterment supervised by Pfc Seho

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) GRO

3. Reburial supervised by Pfc Seho

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) GRO

*Handwritten:* Incl #13

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.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity Decayed Decayed
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".		

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.

/cbf

RESTRICTED

U 3192

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

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

JUN 9 1948  
STORAGE

DATE OF REPORT

2 Mar 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3788 (Formerly UNK X-125  
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

Dulag, Leyte, P.I.

CAUSE OF DEATH

KIA - Shrapnel wounds, multiple,  
badly burned.

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)

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

USAF MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL

14 Feb 48

HOUR

1300

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

812

ROW No.

W

GRAVE No.

5770

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.

3204

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

UNKNOWN X-3790-B

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

5771

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN X-3786

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

5769

SIGNATURE OF PERSON PREPARING REPORT

*[Signature]*  
C. AQUINO, T/5, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*[Signature]*  
CALVIN F FINN, Maj, FA

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**Section 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.

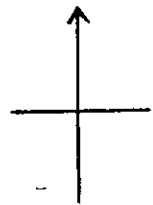
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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.**

**19 MAY 1948**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME



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

8374

UNKNOWN X-125

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944	KIA-shrapnel wounds,	
(Place of death)			(Date of death)	multiple, badly burned.	(Cause of death)
0900 hrs 24 July 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

3204

(Grave number)

(Row number)

(Plot number)

Reg Cross

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes ( ) No (X) Attached to marker Yes ( ) No (X)  
 DISINTERRED from Grave 189, USAF Cemetery Dulag # 1, Leyte, P.I.  
 Religion \_\_\_\_\_ (UNKNOWN X-22)

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 <b>RIGHT</b> UNKNOWN X-126	(Name)	(Serial number)	(Rank)	(Organization)	3205 (Grave number)
Body buried on <b>LEFT</b> UNKNOWN X-124	(Name)	(Serial number)	(Rank)	(Organization)	3203 (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 RESTRICTED

548

**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? <b>NO</b>

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

**Unable to take tooth chart on disinterment.**  
In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

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

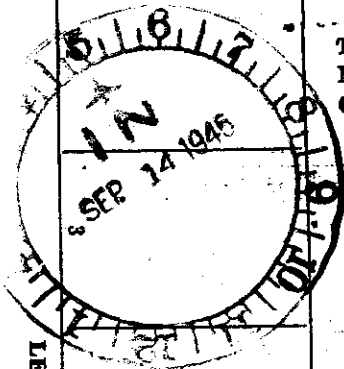
**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

*John E. Bobis*  
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
FRANCIS M. SIMON, 1st Lt., QMC

(Verified by Army GRS Officer)



LEFT HAND

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

19 Jan 45

8304

**UNKNOWN I- 22**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<b>Dulag, Is. of Leyte, P.I.</b>			<b>26 October 1944</b>	<b>KIA - Shrapnel Wounds, Milt</b>	
(Place of death)			(Date of death)	(Cause of death)	
<b>1000</b>	<b>26 October 1944</b>		<b>USAF Cemetery Dulag #1</b>	<b>Badly Buried</b>	
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

<b>189</b>	<b>5</b>	<b>1</b>	<b>Cross</b>
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

**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?)

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

Body buried on <del>MARKET</del> <b>Unknown I-21</b>	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
					<b>188</b>

**Right**

Body buried on <del>LEFT</del> <b>Unknown I-23</b>	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
					<b>190</b>

(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**

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, probable organization of deceased, etc.:

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

*James G. Stemyer*  
 (Signature of officer or other person reporting burial)  
 Lovell G. Bennett, Tsg 4  
*Robert W. Greer*

(Verified by Army Officer)

Robert W. Greer, 2nd Lt., Inf

8075

SEA

4  
8  
2  
1  
THUMB

RIGHT HAND

Fingerprints not obtainable because of Badly Burned condition of Body

RECEIVED  
JAN 1943

4  
3  
2  
1  
THUMB

LEFT HAND