

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Genk. Leyte II X 704

SUBJECT

Re Manila Maus X-2849-A

Samuel Genk. Leyte II X 4/3

nfm <b>1</b>	Interred 13 April 1950 L 1 24 Ft. 1 Inley <i>Carl R. H. Mark</i>		PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>			
	Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED <b>CARL R. H. MARK</b>		DIRECTIVE NUMBER <b>7740 81337</b>		DATE <b>10 04 50</b> DAY MONTH YEAR	
NAME <b>UNKNOWN X - 704</b>		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>		PLOT	ROW	GRAVE <b>7472</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.	
<b>SECTION B - CONSIGNEE AND NEXT OF KIN</b>						
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>			
<b>SECTION C - DISINTERMENT AND IDENTIFICATION</b>						
NAME <b>UNKNOWN X-704</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>22 April 1949</b>	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY <b>RICHARD HOYT Embalmer</b> NAME AND TITLE	
<b>SECTION D - PREPARATION OF REMAINS FOR SHIPMENT</b>						
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>			
OTHER MEANS OF IDENTIFICATION <b>X-2849 Maus</b>						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE <b>22 April 1949</b>		BY <b>RICHARD HOYT</b>				
CASKET SEALED BY <b>RICHARD HOYT</b>			EMBALMER (Signature) <b>s/ Richard Hoyt</b>			
CASKET BOXED AND MARKED DATE <b>22 Apr 49</b> BY <b>RAYMOND H TANGUAY Sgt. 1c, RA</b>			SHIPPING ADDRESS VERIFIED BY <b>PAUL E. HEINEMAN, 1st Lt., Inf</b>			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
<b>s/ Paul E. Heineman, 1st Lt., Inf.</b> SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS						

NAT  
 FILE  
 RECORDS ANNOTATED  
 DATE 22 May 1950  
 NAME Jarris  
 DR. MEM. DIV.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>U S MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey Hornak</i>	DATE <b>APR 13 1950</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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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

PREPARED BY PHU COM

# DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <b>7740 83397</b>	DATE <b>10 04 50</b> DAY MONTH YEAR
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NAME <b>UNKNOWN X - 704</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY <b>USAF CEMETERY LETTE NO. 1, P. I.</b>	PLOT	ROW	GRAVE <b>7472</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.
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### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCINLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
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CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY
DATE	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*file 5-25-52  
Kirkland  
Report*

*Incl #171*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GPZ 293

APO 900

SUBJECT: Unidentifiable Remains

1 MAR 1950

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 QGGRU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-415 Leyte #1  
X-704  
~~X-3686~~ AGRS Malm  
X-3758

UNKNOWN X-3759 AGRS Malm  
X-4881-B  
X-5225

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN SUYDULA  
1st Lt., Infantry  
Adjutant

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSCR 293.9

ATO 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 10 AUG 1949

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

1. The reprocessing of Unknown remains, presently at AGRS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with those declared Unidentifiables.

2. In view of the above, it is requested that all records, your office, pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

(See enclosed list.)

3. All pertinent records in this Headquarters have already been amended accordingly.

FOR THE COMMANDING GENERAL:

/s/ John M. Weston Jr.  
JOHN M. WESTON JR  
1st Lt ACD  
Asst. Adj Gen

1 Incl:  
List

X-NOS. OF UNKNOWN (AGERS MAUSOLEUM, MANILA, P.I.)  
LETTER SUFFIXES OF WHICH HAVE BEEN CANCELLED

X-610A  
X-449-A  
X-508-A  
X-860-A  
X-883-B  
X-889-B  
X-1563-A  
X-1866-A  
X-1868-A  
X-2110-A  
X-2119-A  
X-2142-A  
X-2147-A  
X-2312-A

X-2486-B  
X-2542-A  
X-2652-A  
X-2654-A  
X-2805-A  
X-2807-A  
X-2849-A  
X-2908-A  
X-2914-A  
X-2946-A  
X-2969-A  
X-2979-A  
X-2646-A  
X-2761-A

X-3079-A  
X-3087-A  
X-3095-A  
X-3326-B  
X-3483-A  
X-3499-A  
X-3535-A  
X-3551-A  
X-3568-A  
X-3590-A  
X-3591-A  
X-3639-A  
X-3644-A  
X-3905-A

X-3996-A  
X-4012-A  
X-4031-A  
X-4074-A  
X-4189-A  
X-4217-A  
X-4622-B  
X-4646-A  
X-4739-A  
X-4795-A  
X-4801-A  
X-4843-A  
X-4887-A



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

24 Feb 1950  
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 704, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 7472, USMC USAF Cem. Leyte #1, have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

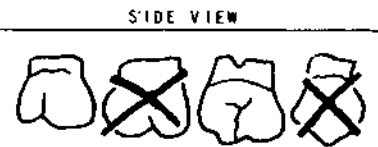
  
B. McNEELAR  
Captain, JMC  
Chief, Records Branch

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-704, USAF Com. Loyte #1</b>				2. DATE OF REPORT <b>24 Feb 1950</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>HANGAR 800</b>	5. ROW <b>10E</b>	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 7"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>N O N E</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>N O N E</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>					

TOOTH CHART

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



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



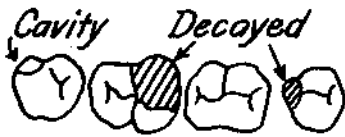
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



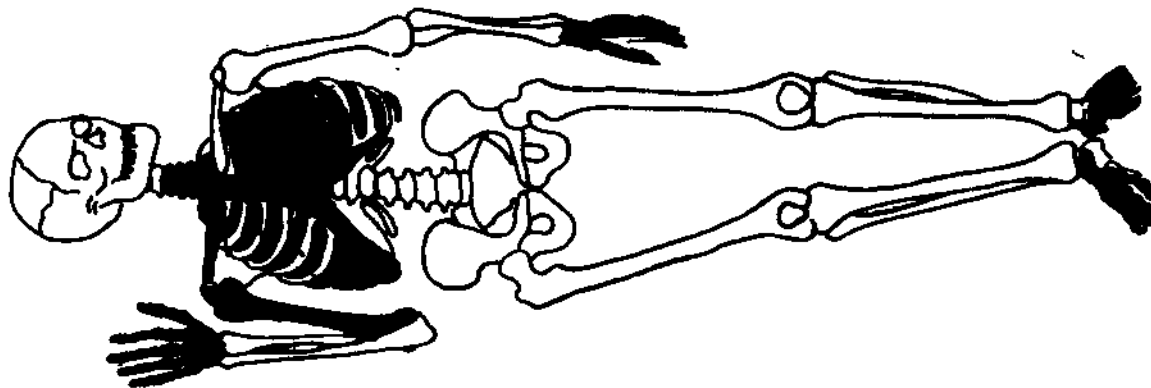
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	X		X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	X	X			
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

**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."

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Section

*Nichols 3*

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 I.D. tags, burial bottle, personal effects, or other  
means of identification found with remains.

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

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

X-2849-A

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-2849-A (Formerly Unk X-413) 9 Dec 47  
 USAF Cem Leyte #1, P.I. DATE  
 LAST NAME FIRST INITIAL RANK SERIAL NO.
















Unknown Unknown  
 UNIT ORGANIZATION  
 Leloy, Sindangan, AGRS MAUSOLEUM  
 Zamboanga, Mindanso, P.I. Manila, P.I. 802 G 2038  
 PLACE OF DEATH PLACE OF BURIAL PLOT NUMBER ROW GRAVE NO.

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE		X		X	o	P	P	P	P	P	P	o	X	X	X						
LOCATION					m																

INSIDE — LOOKING OUT

	RIGHT						LOWER TEETH						LEFT						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE	o	o												o	o				
LOCATION																			

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

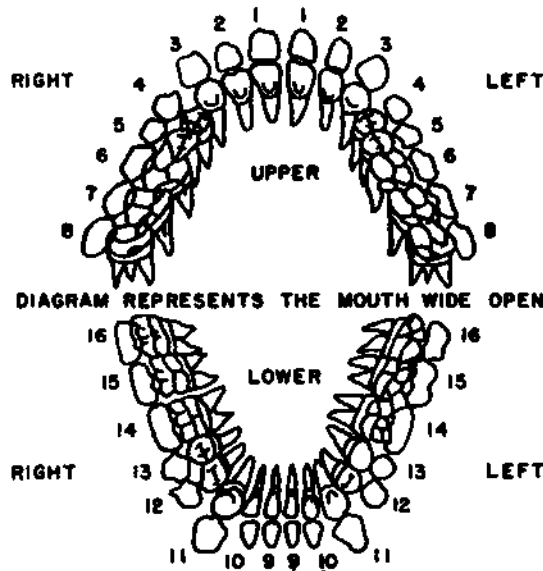


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Melvin S. Mittenthal  
VERIFIED BY GRS OFFICER

p/ HILARION V. CASTILLO Emb's Aide  
NAME AND RANK TYPED OR PRINTED

p/ MELVIN S. MITTENTHAL  
NAME AND RANK TYPED OR PRINTED

CIP, Laboratory, Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

9 Dec 47  
DATE

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2nd Lt., MAC

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2849-A (Formerly Unk X-413  
 USAF Cemetery Leyte #1, P.I.)

~~UNKNOWN X~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 Row 0 Grave 2038

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 9 Dec 47  
(Date)
2. Place of death Leloy, Sindangan,  
Zamboanga, Mindanao, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by USAF Cem. Leyte #1, P.I.  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	N		
Undershirt, Wool	O		
Undershirt, Cotton	N		
Trousers, HBT	E		
* Trousers, Wool OD	/		

Belt, web \_\_\_\_\_  
 Drawers, wool \_\_\_\_\_  
 Drawers, cotton \_\_\_\_\_  
 Leggings, wool \_\_\_\_\_  
 Socks, cotton \_\_\_\_\_  
 \* Shoes \_\_\_\_\_ (type) \_\_\_\_\_  
 Overshoes \_\_\_\_\_  
 Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_  
 (Other item) \_\_\_\_\_  
 (Other item) \_\_\_\_\_  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or \_\_\_\_\_  
 Insignia \_\_\_\_\_ (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch \_\_\_\_\_  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Skeletal attached.

Age \_\_\_\_\_ / \_\_\_\_\_ Est. Height 5' 7" Est. Weight 155 Description of wounds \_\_\_\_\_  
 Bandages or Dressings \_\_\_\_\_ Scars \_\_\_\_\_ (Length, width, location)  
 \_\_\_\_\_ Tattoos \_\_\_\_\_ (Number, location -- illustrate on separate page)  
 Outstanding moles, warts or birthmarks \_\_\_\_\_ (Yes-no; description, location)  
 Sunburn or tan, other than hand and face \_\_\_\_\_  
 Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build \_\_\_\_\_ (Large, fat, thin, muscular)  
 Hair \_\_\_\_\_ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair \_\_\_\_\_ (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or \_\_\_\_\_ (Length, heavy)



Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth **Tooth chart attached.** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      Circumference of ~~head~~ **skull** in inches **20"** ..... (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Unusual characteristics of fingernails)

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks No ROI bottle, I.D. tags, personal effects, or other means of identification received with remains. While processing the remains we found two, segregated them and classified as Unk X-2849-A and Unk X-2849-B. Estimated weight of remains 8 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ Clement G. Swan  
(Officer's Name)

Emb. SR. Ung. C-064862  
Rank Service

CIP, Laboratory, Manila, P.I.  
(Organization)

9 Dec 47

CERTIFIED TRUE COPY:

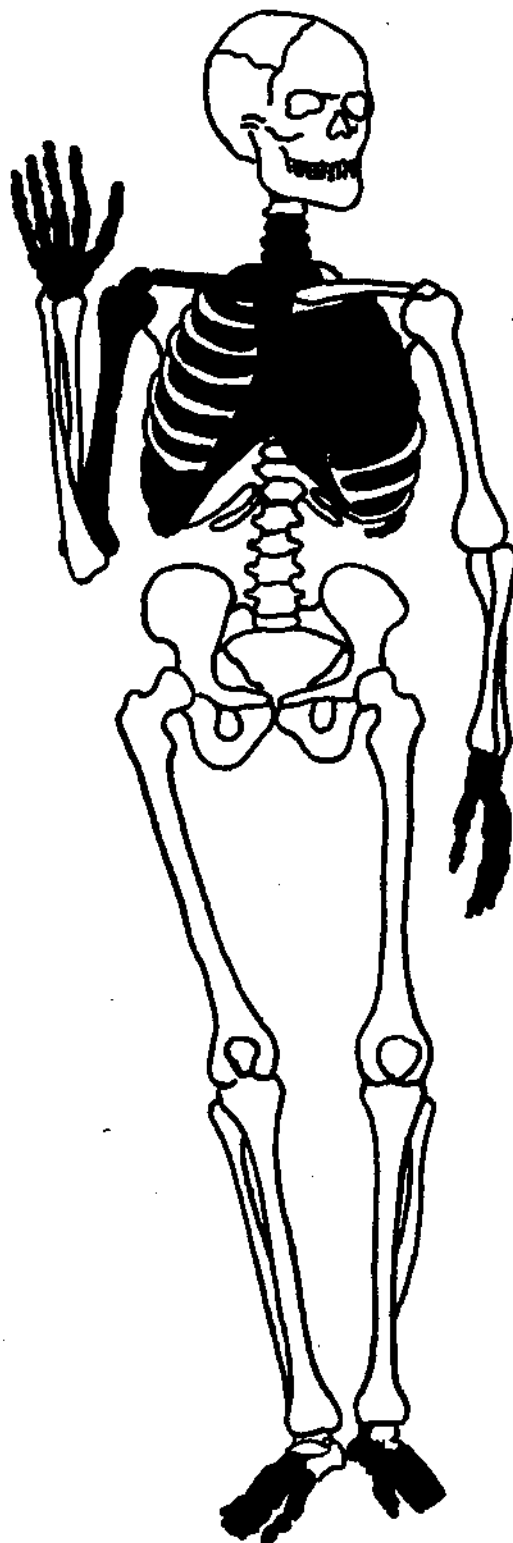
*G. T. Gamboa*

G. T. GAMBOA  
2nd Lt., MAC

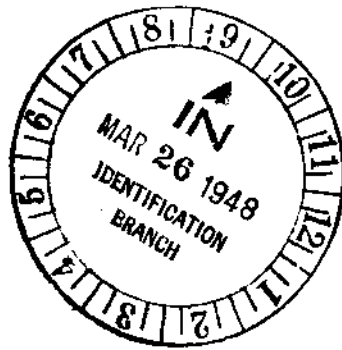
# SKELETAL CHART

X-2849-A

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 9-Ribs received
- 1-Thoracic "
- 5-Lumbar "
- 6-Cervical Vert. received



MAR 26 1948

CONFIDENTIAL

3rd PLATOON  
3064th GRAVES REGISTRATION CO  
APO 717

TH/ams

1 Aug. 1945

SUBJECT: Report of Interment.

TO: Graves Reg. Officer, Headquarters, 6th Army, APO 642.

1. With reference to Report of Interment enclosed on grave No. 236 pertaining to a Colonel John Smith the following information was received as per the attached copy of letter.
2. The undersigned checked for the identification of this body and was informed by the Filipino civilians who did the interring that the name Colonel John Smith or John Smith was tattooed on the chest and arm of the deceased. At that time there are serial numbers also tattooed on the chest, but the civilians did not make a note of this.
3. On or about the 7th September 1944 Mr. Rapertoro, a civilian buried the four bodies at Laloy, Sindangan area, these bodies were washed up from the sea and it is believed that they had been part of a ship load of American prisoners which the Japs were sending north, and which was torpedoed by an American submarine. Survivors of the ship's sinking told Mr. Rapertoro that these bodies were Americans.
4. Report of Interment grave No. 237 contains the remains of the three unknown X-2, X-3, X-4, which had been interred in one common grave by the civilians at Laloy, Sindangan, Zamboanga.
5. It was not possible to take a tooth chart on the remains of these four bodies due to the decomposition of the heads and the teeth being detached from the skulls.

/s/ Irving Heller  
IRVING HELLER  
1st Lt., GIC,  
Commanding.

1 Incl:  
Letter of Information

Christian and Missionary Alliance  
Zamboanga City, P.I.

June 23, 1945

Col. Johnson  
American Army,  
P.C.A.W.  
Zamboanga City.

Sir, This is to introduce to you Mr. Vicente Espartaco of Lalay, Sinsangan, Zamboanga, who is a Christian Leader of the Church in that area.

He has some information to give with respect to the American prisoners of war who were buried by him and some of the other Americans who escaped from the Japanese prison ship.

He mentioned one especially, a Col. John Smith who was among them who were buried on the point of the coast called Lalay Point.

I trust that you would be interested and would be able to give him directions as to where to report this information. Captain Flier told Vicente to report the matter to Zamboanga.

Sincerely yours,

E. F. Gulhaussen

A Certificate True Copy:

/s/ Irving Heller  
/s/ IRVING HELLER  
1st Lt., MC.  
Commanding.

RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

**CORRECTED**

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

DATE OF REPORT

14 Oct 49

Imprint: Identification Tag If Possible.  
DO NOT TYPE

Plotted  
4-412 Unsig

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

**UNKNOWN I-704 Leyte #1 (Formerly UNK I-2849-A, AGRS Mausoleum, Manila, 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

**Loley, Sindangan, Zam-  
beanga, Mindanao, P. I.**

CAUSE OF DEATH

**KIA Drowned**

DATE OF DEATH

**7 Sept 44**

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

**N o n e**

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

**(See Remarks)**

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

**Yes (2)**

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES

NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**N o n e**

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.
<b>10 Dec 47</b>	<b>1100</b>	<b>Casket</b>		<b>800</b>	<b>10E</b>	

WAS THIS A REBURIAL?  
(Yes or no)

**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.
		<b>7472</b>

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

**Charles A. Gould**  
CHARLES A. GOULD, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

**[Signature]**  
B. McEMAR, Capt, QMC, Chief, Rec Br

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





RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

**CORRECTED**

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

DATE OF REPORT

14 Oct 49

Imprint Identification Tag If Possible.  
DO NOT TYPE

Plotted  
4-413 Undip

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN I-704 Leyte #1 (Formerly UNK I-  
2849-A, AGRS Mausoleum, Manila, 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

Lalay, Sindangan, Zam-  
boanga, Mindanao, P. I.

CAUSE OF DEATH

KIA Drowned

DATE OF DEATH

7 Sept 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)

(See Remarks)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES

NO

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
10 Dec 47	1100	Casket		800	10E	

WAS THIS A REBURIAL?  
(Yes or no)

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.
		7472

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)

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

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

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT

Charles A. Gould  
CHARLES A. GOULD, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

[Signature]  
B. McEMMA, Capt, QMC, Chief, Rec Br

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

File 6



RESTRICTED

1034

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

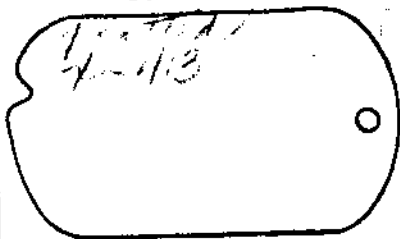
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

20 Dec 47

Impression Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-2847 X (formerly Unk X-413)  
USAF Cemetery #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

Leloy, Sindangan,  
Zamboanga, Mindanao, P.I.

CAUSE OF DEATH

KIA Drowned

DATE OF DEATH

7 Sept 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)

See remarks.

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

GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of casket)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10 Dec 47	1100	Casket	None	802	G	2038

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			7472

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		1 file 14/1/47 R

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2850				CRYPT 2040
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2847				CRYPT 2036

SIGNATURE OF PERSON PREPARING REPORT  
R. R. ACIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
L. S. PANOPIG, 2nd Lt., Inf

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

RESTRICTED

MAR 26 1948

**Section 2 UNIDENTIFIED REMAINS**

**INSTRUCTIONS:**


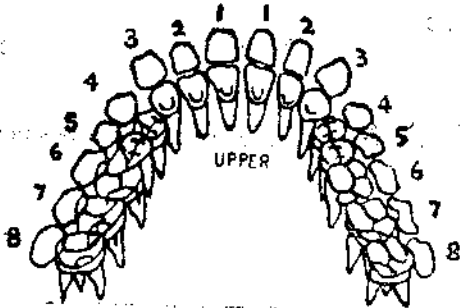
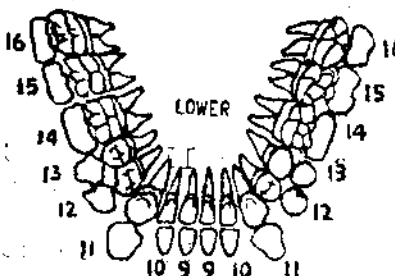




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoes, airplanes, vehicles, and tanks.

(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 FACTOUS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		 <p>UPPER</p>  <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS: Parts of an additional body was found while processing Unknown X-413 (USAF Cem Leyte #1) at CIP, AGRS Mausoleum, Manila, P.I. hence segregated and numbered X-2849-A and X-2849-B. Identification Check List and Dental Chart accomplished.


10 FEB 1948

RESTRICTED

U-14

new

7472

WD CMC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 1 March 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) (Formerly Unknown X-2, UNKNOWN X-413 USAF Cemetery Zamboanga #1, P.I.)				, P.I.)	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Zamboanga, Mindanao, P.I. Leloy, Sindangan...		CAUSE OF DEATH KIA Drowned				DATE OF DEATH 7 Sept. 1944	
EMERGENCY ADDRESSEE (Name, relationship, and address)							
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 2 on reverse) Disinterred from USAF Cemetery Zamboanga #1, P.I.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown Tags)							
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 Cemetery Leyte #1, P.I.							
DATE OF BURIAL 26 Jan 1946	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 7472	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Zamboanga #1, P.I.			PLOT No. 1	ROW No. 7	GRAVE No. 237	
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) MILLER, Marsh W.			RANK Ensign	SERIAL No.	ORGANIZATION USNR	GRAVE No. 7471	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) JIMENEZ, Albert N.			RANK Pvt.	SERIAL No. 38 213 729	ORGANIZATION 116 Med Bn	GRAVE No. 7473	
SIGNATURE OF PERSON PREPARING REPORT Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT CECIL G. CARTER, 1st Lt., OMC				
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

**RESTRICTED**

**27 MAR 1946**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


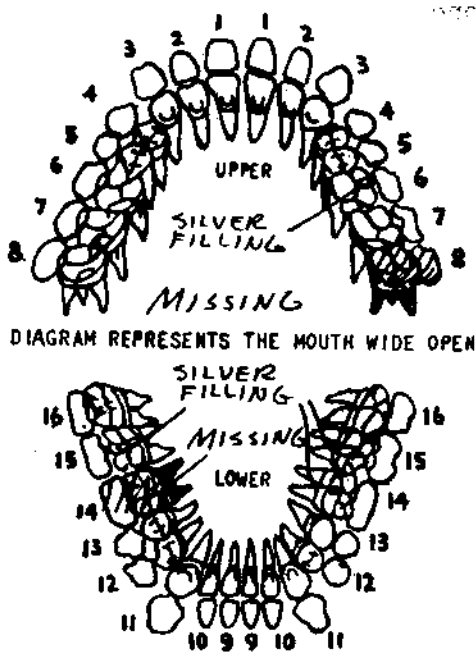




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

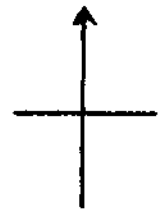
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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.**

012

**Unknown I-2**

**Zamboanga, Mindanao P.I.** (First) (Initial) (Serial number) (Rank) (Organization)

**Leloy, Sindangan** (Place of death) **7 September 1944** (Date of death) **KIA Drown** (Cause of death)

**1400 27 Aug 1945** (Time and date of burial) **USAF Cemetery, Zamboanga #1, Zamboanga, Mindanao P.I.** (Name of cemetery or location)

Scale 1:1,000,000 Coordinates **122°40' - 8°10'** (Name or coordinates of location)

**Disinterred from isolated burial at Leloy, Sindangan, Zamboanga, Mindanao P.I. N 520-E 12040/**

**237**

**7**

**1**

**Cross**

**740x600**

(Grove 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

**Identification tag made at GR Office**

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

Religion

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

Body buried on **RIGHT Peterson, Evar (NMI)** **39918763** **Pfc** **Med Det** **163 Inf.** **238**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT Smith, John** **Col.**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

**No effects on body.**

U 11

Unknown X-2

Zamboanga, Mindanao P.I. (First) (Initial) (Serial number) (Rank) (Organization)

Leloy, Sindangan 7 September 1944 KIA Drown (Place of death) (Date of death) (Cause of death)

1400 27 Aug 1945 USAF Cemetery, Zamboanga #1, Zamboanga, Mindanao P.I. (Time and date of burial) (Place of interment) (Name or coordinates of location)

Scale 1:1,000,000 Coordinates 122° 40' - 8° 10'

Disinterred from isolated burial at Leloy, Sindangan, Zamboanga, Mindanao P.I. N 520-E 12040/

237

7

1

Cross

740x600

(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

Identification tag made at GR Office

(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 Peterson, Evar (NMI) 39918763 Pfc 163 Inf. 238 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Smith, John Col. (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: No effects on body.



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:
- Weight:
- Color of eyes:
- Color of hair:
- Race:
- Apparent nationality:
- Laundry marks:
- Number of rifle:
- Wear glasses?
- 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 LANDMARKS.

*Raymond W. Weis*  
**S/Sgt Raymond W. Weis**

(Signature of officer or other person reporting burial)

*Irving Heller*  
**IRVING HELLER, 1st Lt., OMC**

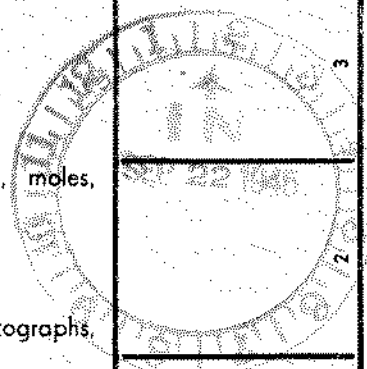
(Verified by Army GRS ...cer)

LEFT HAND

THUMB

RIGHT HAND

THUMB



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

Unknown X-2, X-3, X-4

Zamboanga, Mindanao P.I. (Initial) (Serial number) (Rank) (Organization)

Leloy, Sindangan, 7 September 1944 KIA, Drown

(Place of death) (Date of death) (Cause of death)

0900 1 August 1945 USAF Cemetery, Zamboanga #1 Zamboanga, Mindanao, P.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Disinterred from isolated burial at Leloy, Sindangan, Zamboanga, Mindanao P.I.

237

(Grave number)

7

(Row number)

1

(Plot Number)

Cross

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

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

Identification tag made at GR office

(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 VACANT

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Smith, John Col 236

(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same No Effects on Bodies

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,  
 probable organization of deceased, etc.:

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

*Raymond W. Weis*  
 S/Sgt. Raymond W. Weis

(Signature of officer or other person reporting burial)

*Irving Heller*  
 IRVING HELLER, 1st Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMBS

4

3

2

1

THUMB

RIGHT HAND

Unknown  
Three bodies

Central & South  
Philippine Islands  
N 520-E 12040/740x600  
Scale 1:1,000,000  
Coordinates 122°40' - 8°10'

122°30'

123°30'

9°

8°

+

