

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Dept # 1 X-726

SUBJECT

Blue Minnie Maus X 4600

Formerly 293 Eglar, Robert J. 36-745-914

<b>1</b>	Interred 2 March 1950 C 5 77 Ft. McKinley <i>Caremark</i> <b>CARL R. H. MARK</b> <b>Cemetery Superintendent</b>		<b>DISINTERMENT DIRECTIVE PREPARED BY PHILCOM</b>		
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81025</b>		DATE <b>17 02 50</b> DAY MONTH YEAR
NAME <b>UNKNOWN X-726</b>		SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY <b>USAF CEMETERY LETTS NO. 1, P. I.</b>		PLOT <del>513</del>	ROW <del>347</del>	GRAVE <del>582</del> <b>5851</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-726</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>21 Feb'50</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> Embalmer 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-4500 Maus.</b>					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE <b>21 Feb'50</b>		BY <b>PAUL R NICHOLS</b>			
CASKET SEALED BY <b>PAUL R NICHOLS</b>			EMBALMER (Signature) <b>PAUL R NICHOLS</b>		
CASKET BOXED AND MARKED DATE <b>21 Feb'50</b> BY <b>RAYMOND H TANGUAY</b> <b>Sgt 1c, RA</b>			SHIPPING ADDRESS VERIFIED BY <b>L. W. RICHARDSON, M/Sgt, RA</b>		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<i>L. W. Richardson</i> <b>L. W. RICHARDSON, M/Sgt, RA</b> SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Corey R. Hornak</i>	DATE <b>MAR 2 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

**DISINTERMENT DIRECTIVE**  
PREPARED BY PHILCOM

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 7140 81025

DATE: 17 02 50  
DAY MONTH YEAR

NAME: UNKNOWN X - 426-4600

SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: USAF CEMETERY LAYERS NO. 1, P. I.

PLOT: Hanger Bay 813 ROW: K GRAVE: 3447

DISPOSITION OF REMAINS: 7701 CODE 80 DIST. CTR.

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. MONTELEONE, P. I.

NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME: [ ] SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: [ ]

IDENTIFICATION TAG ON:  REMAINS  MARKER

ORGANIZATION: [ ] RELIGION: [ ] IDENTIFICATION VERIFIED BY: [ ] NAME AND TITLE: [ ]

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL: [ ] CONDITION OF REMAINS: [ ]

OTHER MEANS OF IDENTIFICATION: [ ]

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [ ] BY: [ ] EMBALMER (Signature): [ ]

CASKET SEALED BY: [ ]

CASKET BOXED AND MARKED

DATE: [ ] BY: [ ] SHIPPING ADDRESS VERIFIED BY: [ ]

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

DATE: [ ] NAME: [ ]

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-4600, X-3211, X-4582, X-147)

QJEMT 293  
QRS-Far East

6 October 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-4600 (formerly X-726, USAP Cemetery, Layte #1, P. I.)  
Unknown X-3211 (formerly X-129, USAP Cemetery #2, Finschhafen, N. G. )

Unknown X-4582 (formerly X-288, USAP Cemetery Sta. Barbara #1, P. I. )

Unknown X-147 (formerly USAP Cemetery, Island Command Okinawa)

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

FOR THE QUARTERMASTER GENERAL:

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

COPY:  
mf's

X 293 P. I. X-4600 (Mausoleum Manila)

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APO 707  
16 SEP 1949

GSGR 293.9

SUBJECT: Unidentifiable Remains

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 QMGMU 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-147 Island Command Cem.	UNKNOWN X-820 AGRS MsLr
" X-288 Sta Barbara #1	" X-3211 " "
" X-726 Leyte #1	" X-4092 Manila #2

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

FOR THE COMMANDING GENERAL:

6 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

COPY

Jan MM

1

DISINTERMENT DIRECTIVE

SECTION A

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7748 02477

15 04 50

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWNX-00-726

0

0

6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

MANILA MAUS NO IPT

013

K

3447  
5851

7701  
CODE

80  
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

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**  
 MAY 4 1950  
 Records  
 Kerscher  
 Van Horn  
 1597

SECRET 293  
Egler, Robert L.  
ASN 36745914

27 April 1948

SUBJECT: Report of Interment

TO : Commanding General,  
Philippine-Ryukyus Command, APO 757 c/o Postmaster  
San Francisco, California  
ATTENTION: AGHS Philrycom Zone

1. Reference is made to Report of Interment for S/Sgt. Robert L. Egler, 36745914 interred USAF Cemetery Leyte #1, P. I., Grave 5851.
2. MC Form 1045 (Revised) accomplished for the remains interred in Grave 5851 does not compare favorably with Army Dental Chart of S/Sgt. Robert L. Egler.
3. It is requested that a corrected Report of Interment for an Unknown be forwarded to this office.
4. It is further requested that information on the above deceased be furnished this office in accordance with provisions of Letter AGAO-S 293.9 (27 Mar 47) 3-M, Subject, Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

CC: Admin. Sect.

IMH 1 Incl:  
Form 37L (in dup)  
sem =/Photo attached

T. H. NITZ  
Lt. Colonel, GCM  
Memorial Division

NJS  
JCM



210  
BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file QMGMU 293 EGLER, Robert L.,  
SN 36745914 (Leyte #1) Philippine Islands, dtd 28 May 47; subj:  
Identification of Unknown Deceased.

CSQA# 293

5th Ind

CPHE/gyd\*

PHILRYCOM Sector Graves Registration Service, AFO 707, 17 September 1947

TO: Quartermaster General, Washington 25, D.C.

Forwarded herewith are QMG Forms 1045 and Identification Check Lists  
accomplished for the remains of S/Sgt. Robert L. EGLER, 36745914, interred  
in Grave 5851, USAF Cem. Leyte #1, Philippine Islands.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI  
Lt. Colonel, QMG  
Executive

WAR DEPARTMENT  
XXXXXXXXXXXXXXXXXXXX

QMGU 293  
Egler, Robert L.  
ASN 36745914  
(Leyte #1) Philippine Islands

28 May 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General  
Philippine-Ryukyus Command  
APO 707, c/o Postmaster  
San Francisco, California

1. Reference is made to Report of Interment for S/Sgt. Robert L. Egler, 36745914, interred in Grave 5851, USAF Cemetery Leyte #1, Philippine Islands.

2. It is requested that the remains buried in Grave 5851, Leyte #1 be exhumed in the presence of a medical officer and Identification Check List and QMC Form 1045 be accomplished insofar as possible at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, MC  
Memorial Division

eld

NJS

DEPARTMENT OF THE ARMY  
Office of the Quartermaster General  
Washington 25, D. C.

QMGM 293  
Egler, Robert L.  
ASN 36745914

27 April 1948

SUBJECT: Report of Interment

TO : Commanding General  
Philippine-Rykyus Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTENTION: AGRS Philrycom Zone

1. Reference is made to Report of Interment for S/Sgt. Robert L. Egler, 36745914 interred USAF Cemetery Leyte #1, P. I., Grave 5851.
2. QMC Form 1045 (Revised) accomplished for the remains interred in Grave 5851 does not compare favorably with Army Dental Chart of S/Sgt Robert L. Egler.
3. It is requested that a corrected Report of Interment for an Unknown be forwarded to this office.
4. It is further requested that information on the above deceased be furnished this office in accordance with provisions of Letter AGAO-S 293.9 (27 Mar 47) D-M, Subject, Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

1 Incl:  
Form 371 (in dup)  
w/Photo attached

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

Incl 1

**BASIC:** Ltr fr WD, OQMG, Wash. 25, D.C., file OQMGU 293, Egler, Robert L.,  
ASN 36 745 914 (Leyte #1) P.I., dtd 24 Sep 47, subj: Identification  
of Unknown Deceased.

**GSQMM 293**

1st Ind

**CRM/1f1\***

**PHILRYCOM** Sector Graves Registration Service, APO 707, 15 October 1947

**TO:** Quartermaster General, Washington 25, D.C.

Reference letter dated 28 May 1947 was forwarded by 5th Indorsement,  
this office, dated 17 September 1947, copy of which is attached.

**FOR THE COMMANDING OFFICER:**

**HAROLD F. REVERSKI**  
Lt. Colonel, Q.M.C.  
Executive

**2 Incls:**  
Incl 1 - n/c  
Incl 2 - As Indicated.

COPY

QMGMU 293  
Egler, Robert L.  
ASN 36745914  
(Leyte #1) Philippine Islands

28 May 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General  
Philippine-Ryukyus Command  
APO 707, c/o Postmaster  
San Francisco, California

1. Reference is made to Report of Interment for S/Sgt Robert L. Egler, 36745914, interred in Grave 5851, USAF Cemetery Leyte #1, Philippine Islands.

2. It is requested that the remains buried in Grave 5851, Leyte #1 be exhumed in the presence of a medical officer and Identification Check List and QMC Form 1045 be accomplished insofar as possible at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

COPY

BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file QMGMU 293 EGLER, Robert L.,  
SN 36745914 (Leyte #1) Philippine Islands, dtd 28 May 47; subj:  
Identification of Unknown Deceased.

GSQMM 293

5th Ind

CRHM/gyd\*

PHILRYCOM Sector Graves Registration Service, APO 707, 17 September 1947

TO: Quartermaster General, Washington 25, D.C.

Forwarded herewith are QMC Forms 1045 and Identification Check Lists  
accomplished for the remains of S/Sgt. Robert L. EGLER, 36745914, interred  
in Grave 5851, USAF Cem. Leyte #1, Philippine Islands.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI  
Lt. Colonel, QMC  
Executive

A CERTIFIED TRUE COPY:

*L. D. 1.*  
GEORGE D. REDDEN, JR.  
Captain, Infantry..

COLUMBUS AG REGIONAL RECORDS OFFICE  
COLUMBUS GENERAL DISTRIBUTION DEPOT  
COLUMBUS 15, OHIO

QMDCB

7 October 1947

SUBJECT: Transmittal of Correspondence

TO: Chief  
Records Service Branch  
Bldg. 103  
Records Administration Center, AGO  
4300 Goodfellow Boulevard  
St. Louis 20, Missouri

1. Attention is invited to attached correspondence, pertaining to the following subject individuals:

2	Greene, James E.	14032914	3	Thomas, Don H.	35904182
3	Johnson, Howard L.	34443914	/	Egler, Robert L.	36745914
4	Lawley, Robert F.	33172985			

2. Dental Records in question are in the process of being shipped to your office.

FOR THE CHIEF:

5 Incls:  
corresp

WILLIAM R. COX  
Captain, AGD  
Chief, C & S Section

cc to: QM, General, Wash. B. C.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

1 August 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 726, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5851, USMC USAF Com. Loyal #1 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, OCM  
Chief, Records Branch

Atch: Form 1044

Received 9/30/49 OCMG

Unidentifiable from

presently

available 10/4/49 - Little Ident



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-726 Leyte #1</b>				2. DATE OF REPORT <b>2 Sept 49</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P. I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'7 5/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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

**NONE**

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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
			A	A				d	P					A		P	
			O	S										od			
Side Views																	
		unruptured								chipped							unruptured
Top Views																	
Side Views																	
			A	A				P	P						A	A	X
			O	S											P	O	
		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."

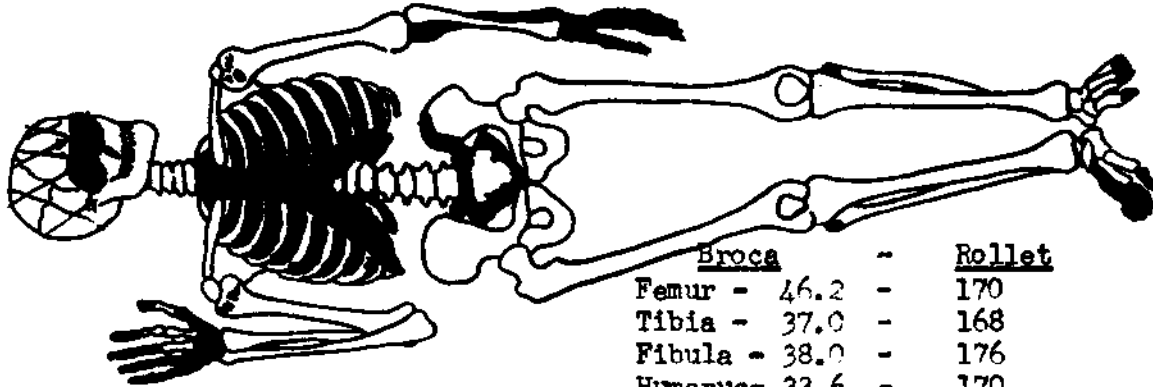
**REMARKS:** Maxilla fractured on the median line.

**"UNIDENTIFIABLE"**

**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

*J. J. McDermott*  
**J. J. McDERMOTT**  
 Laboratory Officer, 6IP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	<u>Broca</u>	-	<u>Rollet</u>
Femur	- 46.2	-	170
Tibia	- 37.0	-	168
Fibula	- 38.0	-	176
Humerus	- 33.6	-	170
Radius	- 25.6	-	178
Ulna	- 26.3	-	170

Average height 172 cms or 5'7 5/8"

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 - 7½ lbs.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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

J. J. McDERMOTT  
 Laboratory Officer, GIP

SIGNATURE

*J. J. McDermott*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4600 (Formerly EGLER, Robert L. USAF Cemetery Leyte #1, P. I.)</b>				2. DATE OF REPORT <b>29 June 48</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P. I.</b>		4. PLOT <b>813</b>	5. ROW <b>K</b>	6. GRAVE <b>CRYPT 3447</b>	7. DATE OF DISINTERMENT <b>21 Nov 47</b>	REINTERMENT STORAGE <b>14 Jan 48</b>

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'7 5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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

**X-1726, Leyte #1, P.I.**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

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**

18.

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:

*Fractured*

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A				g	P					A		P			
	o	8										od					
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	P	A	A				P	P						A	A	X	
	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 fractured on the median line.

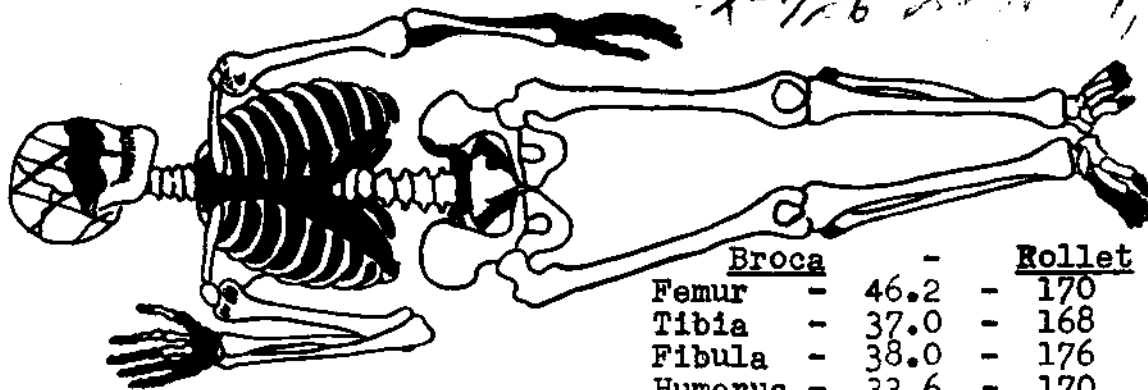
CERTIFIED TRUE COPY:

*L. S. Panofio*  
L. S. PANOFIO  
1st Lt., INF

/s/ John Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

*Handwritten:* X-726 *Handwritten:* #1, P.I.



Average height 172 cms. or  
5'7 5/8".

	<u>Broca</u>	-	<u>Rollet</u>
Femur	-	46.2	- 170
Tibia	-	37.0	- 168
Fibula	-	38.0	- 176
Humerus	-	33.6	- 170
Radius	-	25.6	- 178
Ulna	-	26.3	- 170

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

Skull fragmented.

Estimated weight of remains, 7½ lbs.

Designated as Manila Mausoleum Unknown X-4600 Authority:-  
OQMG, file QMGMT 293 Basic letter dated April 27, 1948.

CERTIFIED TRUE COPY:

*Signature of L. S. Panopio*  
L. S. PANOPIO  
1st Lt., INF

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

/s/ John Connors

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>TOOTH MISSING</b> 	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	<b>GOLD GROWN</b> <b>PORCELAIN GROWN</b> 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	<b>GOLD BRIDGE</b> 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	<b>GOLD FILLING</b> <b>SILVER FILLING</b> 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	<b>CAVITY</b> <b>DECAYED</b> 	

*impacted* *missing* *broken* *See Remarks* *impacted*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	A		P		O			O			A	O		
	O	O										O	O		
	P	A	A			P	P						A	A	
	O	O											O	O	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*broken* *broken*

**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."

EGLER, Robert L.      36 745 914      S/Sgt.      CERTIFIED TRUE COPY:

*Re-assessed X-926*

*E. S. Dominguez*  
E. S. DOMINGUEZ  
2nd Lt.,      MSC.

REMARKS:

Maxilla broken.



## IDENTIFICATION CHECK LIST

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

~~XXXXXXXX~~ WELLS, Robert L.  
 Cemetery USAF Cemetery Layton FL  
 Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave 382

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town)  
 \_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by \_\_\_\_\_  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

*Redesignated X-726*  
*Layton FL, P.F.*  
*prob. be'n HQ, 28 July 49*

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 _____	(Type) _____		
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* 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 chart attached.**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ 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 \_\_\_\_\_ (Color, setting, shape) (Color, size, shape) (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 ..... **Dental chart attached.**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... (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 .....  
Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)  
(Unusual characteristics of fingernails)

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 ..... (Inseam, 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)

**Skeleton only.**

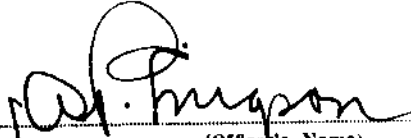
If not, explain \_\_\_\_\_

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

9. Remarks \_\_\_\_\_  
\_\_\_\_\_

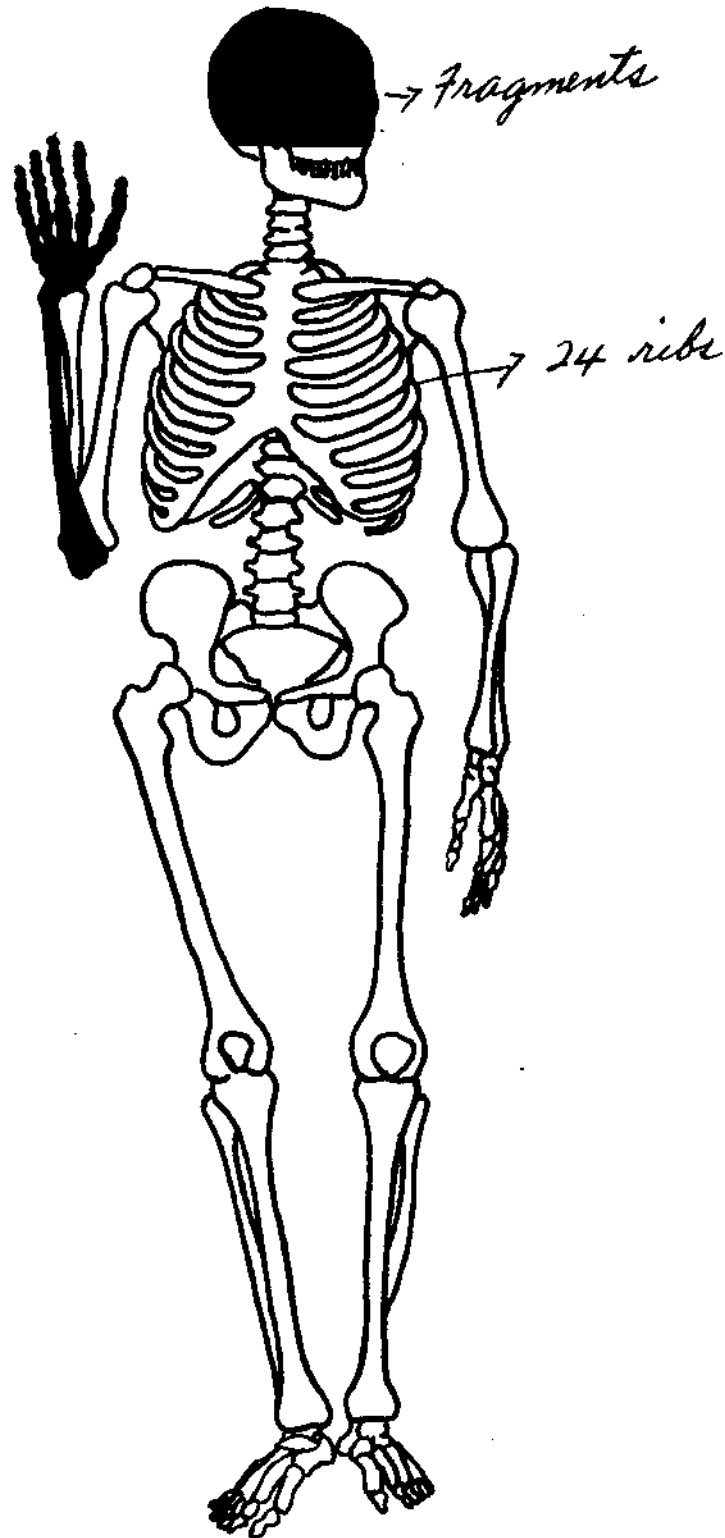
*2/10/52*

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.

  
\_\_\_\_\_  
**A. P. SIMPSON** (Officer's Name)  
**1st Lt., Infantry**  
\_\_\_\_\_  
Rank Service  
\_\_\_\_\_  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Handwritten:* X-726  
P.I.

# IDENTIFICATION DENTAL CHART

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

2 September 1947  
DATE

WELER      Robert      L.  
LAST NAME      FIRST      INITIAL

\_\_\_\_\_  
RANK

\_\_\_\_\_  
SERIAL NO.

\_\_\_\_\_  
UNIT

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
PLACE OF DEATH

\_\_\_\_\_  
PLACE OF BURIAL

\_\_\_\_\_  
PLOT

\_\_\_\_\_  
ROW

3031  
GRAVE NO.

**FRACTURE**
















	8	7	6	RIGHT				5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		A	AA																		
LOCATION		O	OO																		

INSIDE — LOOKING OUT

	16	15	14	RIGHT				13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE			A	AA																	
LOCATION				AOA																	

**FRACTURE**

## 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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

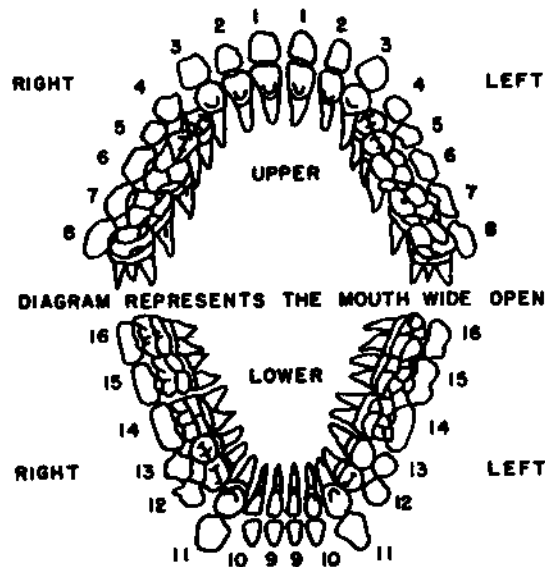
**INSTRUCTIONS:**

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.



**REMARKS:**

*Paul R. Nichols*  
SIGNATURE OF PERSON WHO PREPARED CHART

**PAUL R. NICKLES, Ensign**  
NAME AND RANK TYPED OR PRINTED

**USAF Cemetery Layton Fl.**  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*A. P. Simpson*  
VERIFIED BY ORS OFFICER

**A. P. SIMPSON, 1st Lt., Inf.**  
NAME AND RANK TYPED OR PRINTED

**2 September 1947**  
DATE

# IDENTIFICATION CHECK LIST

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

~~Unknown~~ EGLER, Robert L.  
Cemetery USAF Cemetery Leyte #1  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave 5851

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town)  
\_\_\_\_\_  
(Sheet, scale and serials used)

*Reinterred X-726, Dept #1  
P.I., Ple Camp RO, 28 Aug  
49*

3. Remains recovered or disinterred by \_\_\_\_\_  
(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 _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			



Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) *None*  
 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 chart attached.

Age ..... Height ..... Weight ..... 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 *None*  
 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)  
 (Color, setting, shape) (Color, size, shape)

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

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

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

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

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

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

Jaw ..... Circumference of head in inches .....  
 (Large, small, normal) (Hat band)

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

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

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

Fingers .....  
 (Unusual characteristics of fingernails)

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

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

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

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

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

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

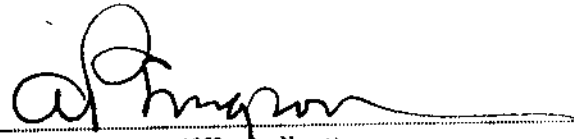
7. Have finger prints been placed on Report of Interment? No.  
(Yes-no)

If not, explain Skeleton only.

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

9. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

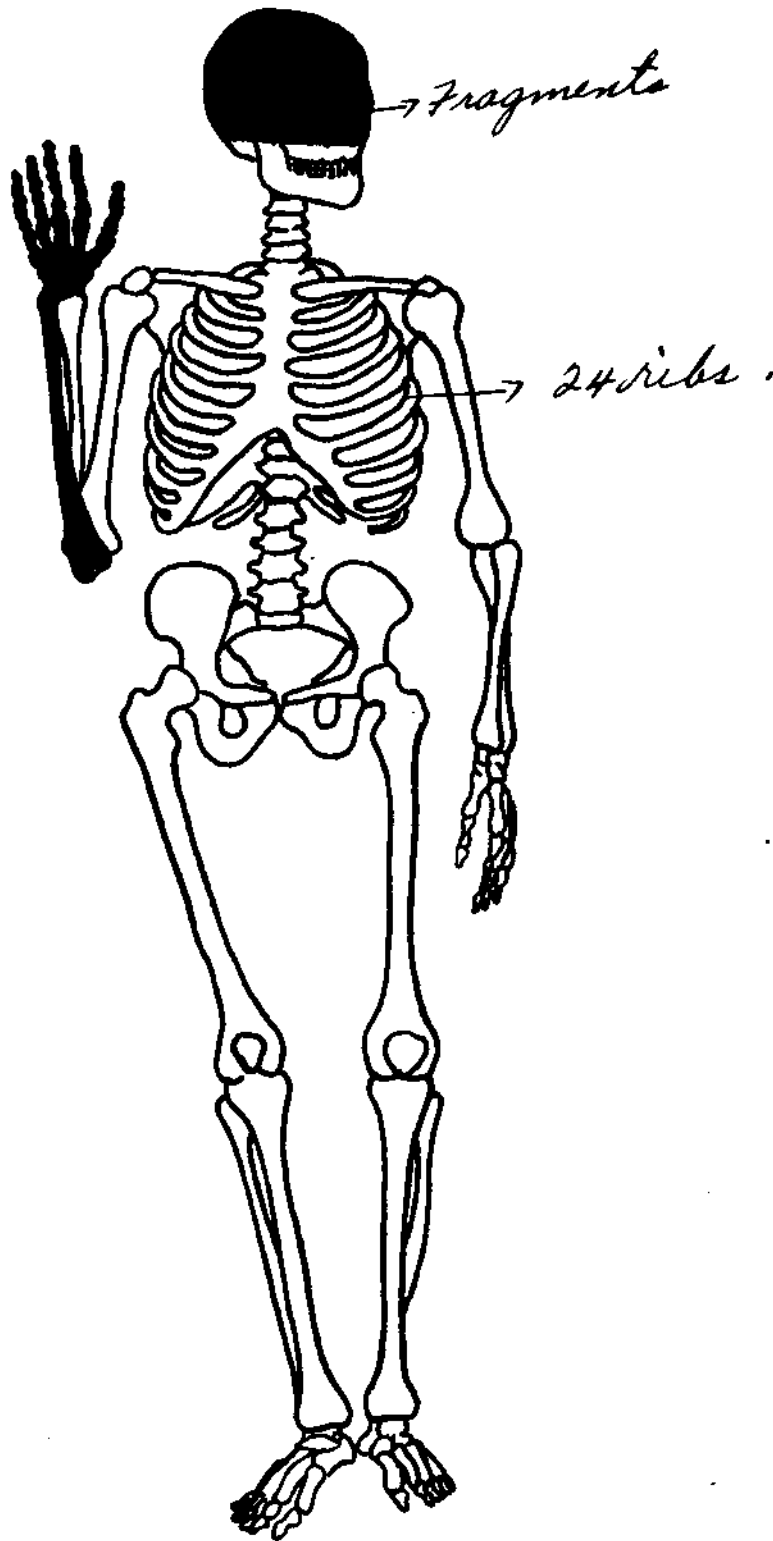


(Officer's Name)  
**A. P. SINGSON**  
**1st Lt., Infantry**  
Rank Service

(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Redacted*  
*1-17-47*  
*per case RO1, 28 Aug 47*

# 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.

2 September 1947  
 DATE

EGLER                      Robert                      L.  
 LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.

UNIT                      ORGANIZATION
















PLACE OF DEATH                      PLACE OF BURIAL                      PLOT                      ROW                      GRAVE NO. 5851

		RIGHT								FRACTURE		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE			A	AA					A						A		A				
LOCATION			O	OO											O						

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH						LEFT						FRACTURE	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE		A	A	AA											A	A	X				
LOCATION				O											O	O					

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

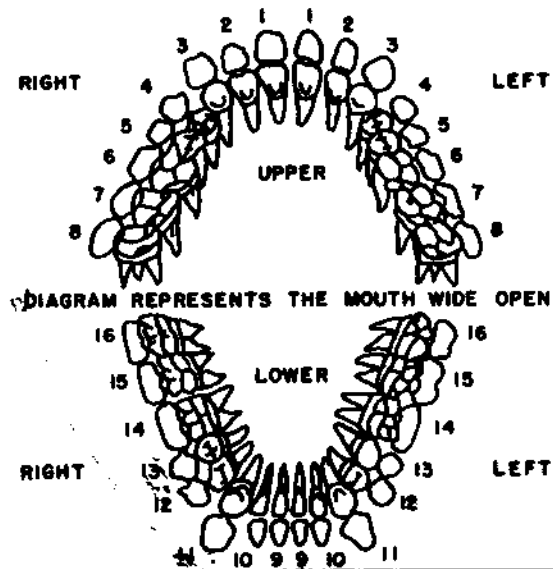
**INSTRUCTIONS:**

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.



**REMARKS:**

Paul R. Nichols  
SIGNATURE OF PERSON WHO PREPARED CHART

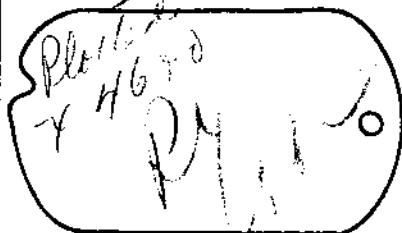
PAUL R. NICHOLS, Embalmer  
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

A. P. Singson  
VERIFIED BY GRS OFFICER

A. P. SINGSON, 1st Lt., Inf.  
NAME AND RANK TYPED OR PRINTED

2 September 1947  
DATE

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 28 July 49	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial) UNKNOWN X-726 Leyte #1 (Formerly UNK X-4600, AGRS Mausoleum, Manila, P.I.)		SERIAL No. Unknown		GRADE Unknown		ORGANIZATION Unknown	
RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Unknown			
IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		PLACE OF DEATH Isolated Burial N. of Bugabuga, Leyte, P.I.		CAUSE OF DEATH Unknown		DATE OF DEATH 4 Mar 45	
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 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.	
			AGRS MAUSOLEUM	MANILA, P. I.			
WAS THIS A REBURIAL? (Yes or no) Yes <del>RESTORED</del>	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. 5851	
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 James J. McDermott, Adm. Asst.			SIGNATURE OF OFFICER VERIFYING REPORT H. B. McNEAR, Capt., GMC				
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:**


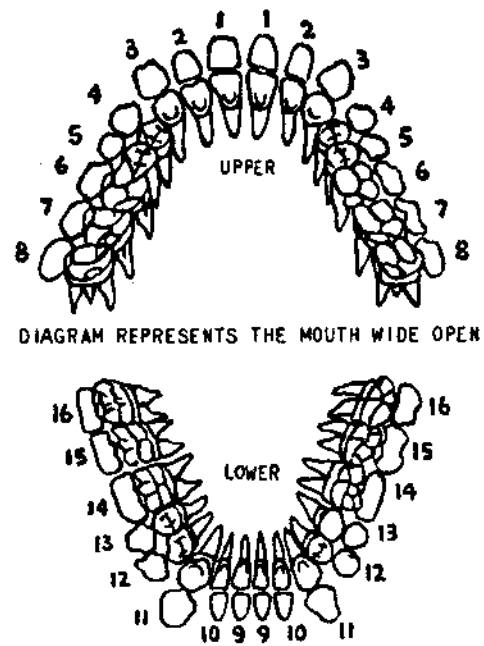




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

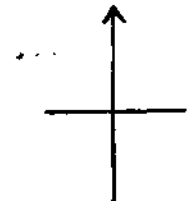
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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**

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

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



**REMARKS:** Remains Manila Mausoleum UNKNOWN X-4600 was redesignated Ieyte #1 UNKNOWN X-726.

APR 7 1947




1-211 CORRECTED

RESTRICTED


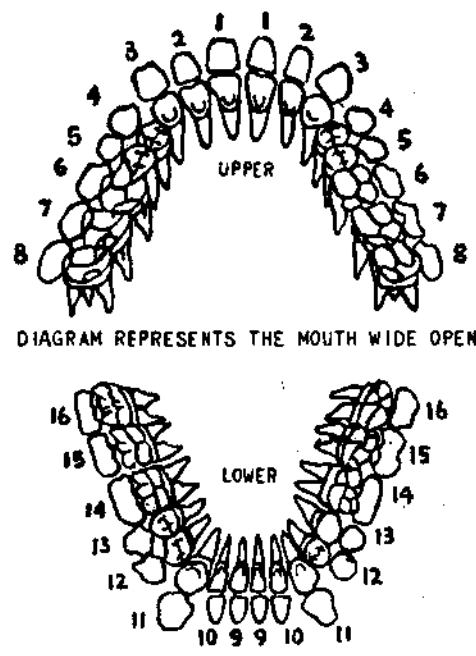




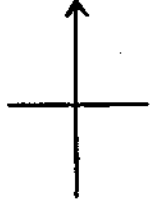
U-6128

U-6128

WDOMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>				DATE OF REPORT 14 July 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>UNKNOWN X-4600 (Formerly EGLER, Robert L. USAF Cem Leyte #1, P. I.)</b>				SERIAL No. <b>36745714</b> <b>Unknown</b>	
		GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>	
		RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <b>Isolated</b> <b>Burial N. of Bugabuga, Leyte, P.I.</b>		CAUSE OF DEATH <b>Unknown</b>				DATE OF DEATH <b>4 Mar 45</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If identified, fill in section 3 on reverse) <i>Reburied in RO, 28 July 49</i> <b>(See Remarks)</b>					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (2)</b>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>							
<b>Section 2.—BURIAL</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>AGES MAUSOLEUM, MANILA, P.I.</b>							
DATE OF BURIAL <b>14 Jan 48</b>		HOUR <b>1000</b>		BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>		TYPE OF GRAVE MARKER <b>None</b>	
				PLOT No. <b>813</b>		ROW No. <b>K</b>	
				GRAVE No. <b>3447</b>			
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Leyte #1, P. I.</b>					
				PLOT No. <b>5851</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) <b>Yes</b>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>HERR, Herbert J.</b>		RANK <b>S/Sgt</b>		SERIAL No. <b>36753755</b>		ORGANIZATION <b>Co A, 132nd Inf</b>	
						GRAVE No. <b>3449</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>GUERTIN, Earnest G.</b>		RANK <b>S/Sgt</b>		SERIAL No. <b>32713617</b>		ORGANIZATION <b>Co C, 511th Para Inf.</b>	
						GRAVE No. <b>3445</b>	
SIGNATURE OF PERSON PREPARING REPORT <b>X. G. AQUINO, T/5, QMC</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>L. S. PANOPID, 1st Lt., INF</b>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

31

	<b>Section 3 - UNIDENTIFIED REMAINS.</b>	<p><b>INSTRUCTIONS:</b>                  (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.                  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT LITTLE FINGER	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	LEFT INDEX FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
OTHER IDENTIFICATION CLUES						
LEFT THUMB	RIGHT THUMB	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
		<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>				
		<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>				
		<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
		<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>				
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>						
3 - SEP 1948	RIGHT RING FINGER	<p><b>REMARKS:</b> As per authority letter OQMG file OQMGMT 293 Egler, Robert L. ASN 36745914 dtd 27 April 1948, Subj. Report of Interment, Egler, Robert L., is assigned UNKNOWN X-4600, AGRS Mausoleum, Manila, P. I.</p>				
RIGHT LITTLE FINGER	<p align="center">QMC Form 1044, 1044a and 1044b accomplished.</p>					

RESTRICTED

27478

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

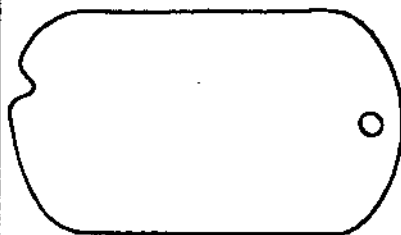
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

4 Mar. 1948

Imprint Identification Tag if Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
EGLER, Robert L.		36 745 914
GRADE	ORGANIZATION	BRANCH OF SERVICE
S/Sgt.	182nd Inf. Americal Div.	Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
White	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Isolated Burial N. of Bugabuga, Leyte, P.I.	Unknown	4 Mar 1945

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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	Location of burial submitted on overlay by Americal Div.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
Yes	

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.
14 Jan. '48	1000	Casket	None	813	MANGER BAY	3447

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.			5851

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		False 4/12/48 Crypt Crypt

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.
HERR, Herbert J.	S/Sgt	36753755	Co A, 132nd Inf	CRYPT 3449


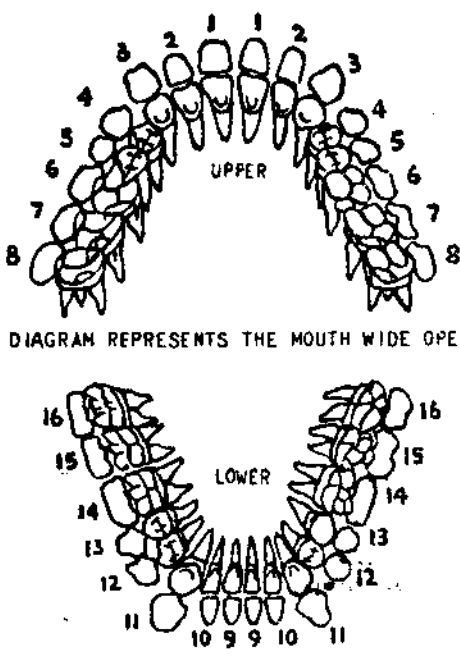




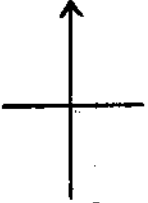

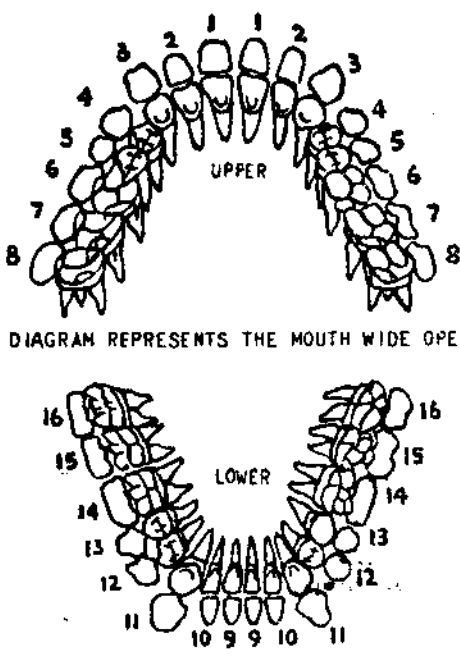




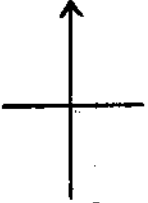

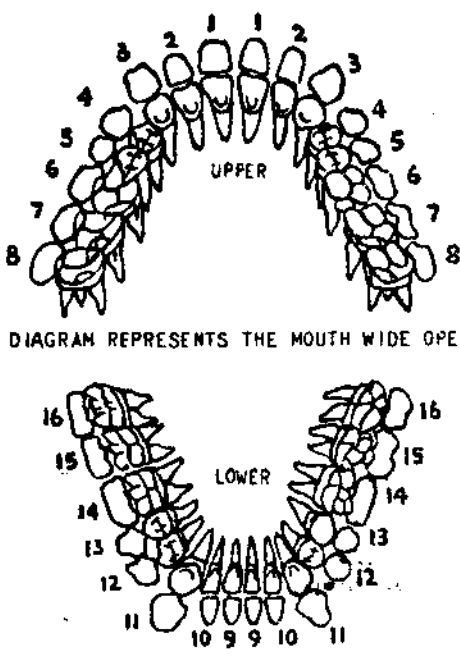




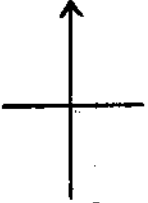
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
GUERTIN, Earnest G.	S/Sgt.	32713617	Co C, 511th Para Inf.	CRYPT 3445

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
G. S. AQUINO, T/5, QMC.	E. S. DOMINGUEZ, 2nd Lt., MSC.

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

Serial 836

LEFT LITTLE FINGER	Section 3 UNIDENTIFIED REMAINS.																
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LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS														
	COLOR OF EYES	COLOR OF HAIR															
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		WHERE BODY WAS BURIED OR FOUND														
	LAUNDRY MARKS																
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%; text-align:center;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td style="text-align:center;">  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td style="text-align:center;">  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td style="text-align:center;">  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td style="text-align:center;">  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td colspan="3"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div> </td> </tr> </table>			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>	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>		
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LEFT THUMB																	
RIGHT THUMB																	
RIGHT INDEX FINGER																	
RIGHT MIDDLE FINGER																	
RIGHT RING FINGER																	
RIGHT LITTLE FINGER	REMARKS:																

9 MAR 1945

RESTRICTED

ljt

585127476

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 21 Dec 45	
Imprint Identification Tag If Possible. DO NOT TYPE  ROBERT L. EGLER 36745914		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) EGLER, Robert L				SERIAL No. 36 745 914	
GRADE S/Sgt		ORGANIZATION 182nd Inf COG Americal Div		BRANCH OF SERVICE Army			
RACE WHITE		RELIGION C		OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Isolated Burial N. of Bugabuga, Leyte P.I.		CAUSE OF DEATH - KIA		DATE OF DEATH 4 MAR 45			
EMERGENCY ADDRESSEE (Name, relationship, and address) REBECCA EGLER, 329 Independence Ave, Rockford, Ill.							
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) Location of burial submitted on overlay by Americal Div.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes							
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 19 Dec 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5851
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AAF Aero. Approach Chart-742BI-scale 1:250,000, M11°13.05 E124°27.03				PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY WAR 20				
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-329			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5850	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Jagodzinski, Edmund W			RANK Sgt	SERIAL No. 35553121	ORGANIZATION 182 Inf Amer Div	GRAVE No. 5852	
SIGNATURE OF PERSON PREPARING REPORT Charles W. Hallock T/5 Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT William D. Rogers 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.							

RESTRICTED

**11 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.


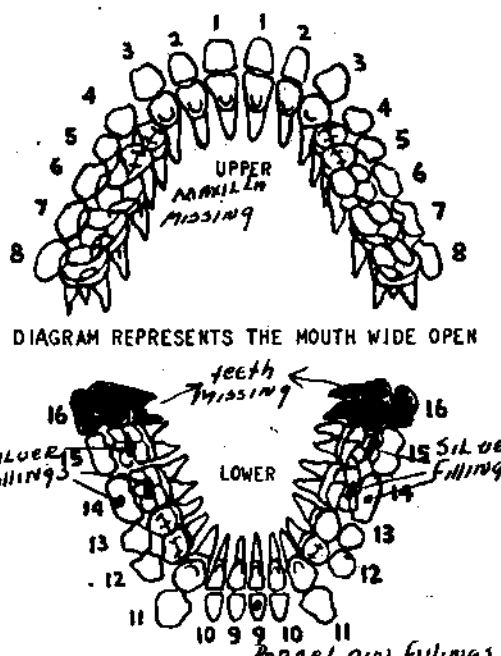




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>

<b>WEAPON AND SERIAL NO.</b>	<b>LAUNDRY MARKS</b>	<b>WHERE BODY WAS BURIED OR FOUND</b>

**OTHER IDENTIFICATION CLUES**

**No other means of identification found on body**

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

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



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING, AND OTHER MEANS OF IDENTIFICATION.**