

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 unk. Dept #1 X-729

SUBJECT

Family 298 Adams, Harold M.

1	Interred 6 March 1950 N 5 90 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81028	DATE 17 02 50 DAY MONTH YEAR
NAME UNKNOWN X-729		SERIAL NUMBER	GRADE	ARM
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 6167
		DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.		
SECTION B — CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)	
SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME UNKNOWN X-729		SERIAL NUMBER	GRADE	DATE OF DEATH
				25 Feb 50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal	
OTHER MEANS OF IDENTIFICATION				
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)				
REMAINS PREPARED AND PLACED IN CASKET				
DATE 25 Feb 50		BY PAUL R NICHOLS		
CASKET SEALED BY PAUL R NICHOLS		EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS		
CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 25 Feb 50 Sgt 1c, RA		SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA		
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> L. W. RICHARDSON, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR				
REMARKS AND SPECIAL INSTRUCTIONS ✓				

NAT
FILE
RECORDS ANNOTATED
DATE *4 May 50*
NAME *R. J. John*
BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 6 1950

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

SIGNATURE OF SHIPPER _____ DATE _____ SIGNATURE OF RECEIVER _____ DATE _____

KIND OF COMPLEYICE _____ SECTION A - NAME AND BURIAL LOCATION OF DECEASED _____ DIRECTIVE NUMBER **7740 81028** DATE **17 02 50**

NAME **UNKNOWN I - 729** SERIAL NUMBER **1** GRADE _____ ARM _____ RACE _____ RELIGION _____

CEMETERY **USAF CEMETERY LEYTE NO. 1, P. I.** PLOT _____ ROW _____ GRAVE **6167** DISPOSITION OF REMAINS **7701 60**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **UNITED STATES MILITARY CEMETERY FT. WA. MCINWIST, 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 _____

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL _____ CONDITION OF REMAINS _____

OTHER MEANS OF IDENTIFICATION _____

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC 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 SHIPPER _____ DATE _____ SIGNATURE OF RECEIVER _____ DATE _____

REMARKS AND SPECIAL INSTRUCTIONS _____ SIGNATURE OF AGRS INSPECTOR _____

RECORD OF CUSTODIAN TRANSFER

DATE **4 Feb 50**
NAME **[Signature]**
RAC **NR** DIV **DIV**

QMGMT 293
GRS Far East

24 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown X-749, Leyte #1 (formerly Adams, Harold M.)
" X-2350, (formerly X-477, Leyte #1)
" X-2816, " X-220, " "
" X-3258, " X-105, " "

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

FOR THE QUARTERMASTER GENERAL:

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

GRPZ 293

APO 900
25 October 1949

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-729	Leyte #1	UNKNOWN	X-3691	AGRS	Mslm
"	X-3316	AGRS	"	X-3692	"	"
"	X-3427	"	"	X-3752	"	"
"	X-3688	"	"	X-4158	Manila #2	
"	X-3690-A	"	"	X-4790	AGRS	Mslm

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

FOR THE COMMANDING OFFICER:

11 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

QMGMT 293
ADAMS, Harold M.
Pfc. 38071935

31 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Board Proceedings, AGRS, PHILCOM ZONE, dated 6 June 1949, recommending redesignation of the remains of Pfc. Harold M. Adams, 38071935, and Radio GX-12658 GSGR, dated 25 August 1949.
2. Paragraph 13 of subject proceedings, recommending that the remains of Unknown X-3737 be redesignated as Pfc. Harold M. Adams, has been approved. Paragraph 12, recommending that the remains presently stored as Pfc. Harold M. Adams (AGRS Mausoleum, Hangar 810, Bay R, Crypt 4916) be designated as as Unknown and assigned a new Unknown number, is also approved.
3. In view of the fact that the next of kin of Pfc. Adams has been advised of the original grave location (Leyte #1, Grave 3860), it is requested that the Corrected Report of Storage be amended to indicate the place of original burial. It is further requested that the Report of Storage for the Unknown be thoroughly cross-referenced to indicate these remains were previously Pfc. Adams.
4. Request that Corrected Reports of Storage be furnished this Office by Air Mail Priority.

FOR THE ACTING THE QUARTERMASTER GENERAL:

A TRUE COPY


E. McNemar
Capt., QMC

/s/t/ T. H. METZ
Lt. Colonel, QMC
Memorial Division

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PILLSBOM ZONE

14 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 729, Flot _____,
Row _____, Grave 6167, USMC USAF Com. Loyte #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:



S. MONEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Nov 8, 1949 OQMG
Date from
presently J. Miller Id Sec
transcribe 21 Feb 50

End 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-729 Leyte #1				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	800	10D		DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6'3"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


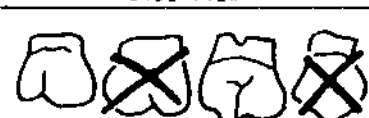








N O N E

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)

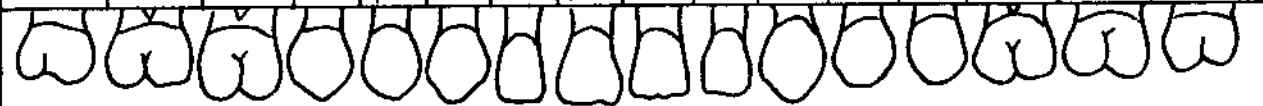



N O N E

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

TOOTH CHART

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

Partially Impacted

		RIGHT								LEFT								
		7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
					P			P	P	P	P							
Side View																		Side View
Top View	UPPER																	
	LOWER																	
Side View																		
		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."

88 is partially impacted.

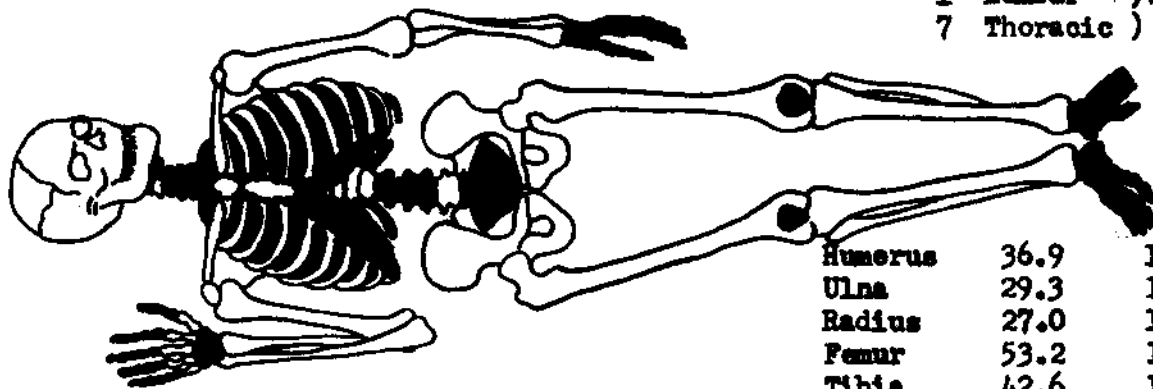
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



- 19 Ribs
- 1 Cervical)
- 1 Lumbar) Vertebrae
- 7 Thoracic)

Humerus	36.9	187
Ulna	29.3	188
Radius	27.0	186
Femur	53.2	195
Tibia	42.6	193
Fibula	42.4	194

Estimated height: 6'3"

6/1143

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
 (Wherein segregation in whole or parts is impossible) 1904 or 6'3"

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 - 10 lbs.

Circumference of skull - 21 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUPERIOR 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

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

RESTRICTED

38071931

QMC Form 1045 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 Sept 49	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-729 USAF Com Leyte #1 (Formerly ADAMS, Harold E.)		SERIAL No. Unknown		BRANCH OF SERVICE Unknown		
GRADE Unknown		ORGANIZATION Unknown		RACE Unknown		
RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		DATE OF DEATH Unknown		
PLACE OF DEATH Capoccan, Leyte, P.I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> 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 21 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER	PLOT No. 800	ROW No. 10D	GRAVE No.
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. 6167
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)				
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  A. B. McNEENAN, 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.						

Incl 16

RESTRICTED

