

FILE IDENTIFICATION TOPPER

FILE NUMBER

243unk Lupta #1

X-731

SUBJECT

Also Mary Manula
Formerly Hussard, Kalcut

/bpm, 1	Interred 6 March 1950 N 4 90 Ft. McKinley <i>Carrollmark</i> CARL R. H. MARK Cemetery Superintendent		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7140 81030	
		DATE 17 02 50 DAY MONTH YEAR		
NAME UNKNOWN X - 731		SERIAL NUMBER	GRADE	ARM
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 7999
		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-731		SERIAL NUMBER	GRADE	DATE OF DEATH
				3 Jan 50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION
				IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal	
OTHER MEANS OF IDENTIFICATION Formerly X-4548 Maus.				
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)				
REMAINS PREPARED AND PLACED IN CASKET				
DATE 3 Jan 50		BY GERARD A BRICK		
CASKET SEALED BY GERARD A BRICK		EMBALMER (Signature) s/ GERARD A BRICK		
CASKET BOXED AND MARKED RAYMOND H TANGUAY		SHIPPING ADDRESS VERIFIED BY		
DATE 3 Jan 50 BY Sgt 1c, RA		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.				
s/ L. W. RICHARDSON, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR				
REMARKS AND SPECIAL INSTRUCTIONS <i>Embalmed</i>				

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>[Handwritten 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

3

DISINTERMENT DIRECTIVE RED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7710 81090	DATE 17 02 50 DAY MONTH YEAR
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NAME UNKNOWN I - 791	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.	PLOT	ROW	GRAVE 7999	DISPOSITION OF REMAINS 7701 00 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY PT. SAN MATEO, 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 DISINTERRED
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
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

Signature of AGRS Inspector

QMGMT 293
GRS Far East

24 January 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 findings of unidentifiability for the following Unknown Deceased:

Unknown	X-731	USAF Cem. Leyte #1, formerly X-4548, AGRS Maus. Manila, P.I.
"	X-2693,	AGRS Maus. Manila, formerly X-171, USAF Cem. #2, Finsch.
"	X-3638,	AGRS Mausoleum Manila, P.I.
"	X-3835,	" " " "
"	X-3836,	" " " "
"	X-4125,	" " " "
"	X-4334,	" " " "
"	X-4862,	" " " "
"	X-5047,	" " " "
"	X-5110,	" " " "

2. Recommendations for unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

GRPZ 293

4 Jan 50

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 reason of lack of sufficient identifying data:

UNKNOWN X-731 Leyte #1	UNKNOWN X-4125 Malm AGRS
X-2693 AGRS Malm	X-4334
X-3638	X-4862
X-3835	X-5047
X-3838	X-5110
X-3856	

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

293 Hardwood, Robert

*at yr sta
4/22/48*

BASIC: Ltr fr Dept of the Army, OQMG, Wash. 25, D. C., file QMGMT 293,
HARDWOOD, Robert, USAF Cemetery, Leyte #1, dtd 22 April 48,
subject: Report of Interment.

GSGR 293 1st Ind
HARDWOOD, Robert

HEADQUARTERS, PHILIPPINES-RYUKYUS COMMAND, APO 707

1 - JUL 1948

TO: The Quartermaster General, Dept of the Army, Washington 25, DC
Attn: Memorial Division

1. In compliance with basic communication, forwarded herewith are corrected QMC Form 1042 and Revised QMC Form 1044 for Unknown X-1548 (formerly Robert HARDWOOD), AGES Mausoleum, Manila, Hangar 802, Bay A, Crypt 69.

2. The original Report of Storage for subject decedent has been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 28 June 1948, file 26-48.

FOR THE COMMANDING GENERAL:

Walter K. Biggs

WALTER K. BIGGS
Capt., A.S.D.
Asst Adj Gen



1 Incl:
Corrected QMC Em 1042 &
Revised QMC Em 1044

MAN
File

Identification Branch

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

IN REPLY REFER TO QMGT 293

HARDWOOD, Robert
USAF Cemetery, Leyte #1

22 April 1948

SUBJECT: Report of Interment

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

1. Reference is made to Report of Interment for Lt Robert Hardwood, no serial number, interred USAF Cemetery Leyte #1, P. I., Grave 7999.
2. Records this Headquarters do not reveal a Lt Robert Hardwood.
3. It is requested that the remains be disinterred, examined in the presence of a medical officer or qualified technician and revised QMC Form 1044 be completed. If no further means of identification becomes available upon disinterment, it is also requested that Report of Interment for Unknown be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:


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

0:0116
15 7 1948

DEPARTMENT OF THE ARMY

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ORBAT 293
HARDWOOD, Robert
USAF Cemetery, Leyte #1

22 April 1948

SUBJECT: Report of Interment

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

1. Reference is made to Report of Interment for Lt Robert Hardwood, no serial number, interred USAF Cemetery Leyte #1, P. I., Grave 7999.
2. Records this Headquarters do not reveal a Lt Robert Hardwood.
3. It is requested that the remains be disinterred, examined in the presence of a medical officer or qualified technician and revised OMC Form 1044 be completed. If no further means of identification becomes available upon disinterment, it is also requested that Report of Interment for Unknown be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Sect

ted:Holthaus

NJS

JCM

BASIC: Ltr fr Dept of the Army, CGMC, Wash. 25, D. C., file QMOMF 203.
HARDWOOD, Robert, USAF Cemetery, Leyte #1, dtd 22 April 48,
subject: Report of Interment.

OSGE 297
HARDWOOD, Robert

1st Ind

HEADQUARTERS, PHILIPPINES-MYUNKUS COMMAND, APO 707 21 JUN 1948

TO: The Quartermaster General, Dept of the Army, Washington 25, DC
Attn: Memorial Division

1. In compliance with basic communication, forwarded herewith are corrected QMC Form 1042 and Revised QMC Form 1044 for Unknown X-1588 (formerly Robert HARDWOOD), AGRS Mausoleum, Manila, Hangar 802, Bay A, Crypt 49.

2. The original Report of Storage for subject decedent has been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 26 June 1948, file 26-48.

FOR THE COMMANDING GENERAL:

1 Incl:

Corrected QMC Fm 1042 &
Revised QMC Fm 1044

400

400

DEPARTMENT OF THE ARMY



CMCMT 293
HARDWOOD, Robert
USAF Cemetery, Leyte #1

22 April 1948

SUBJECT: Report of Interment

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

1. Reference is made to Report of Interment for Lt Robert Hardwood, no serial number, interred USAF Cemetery Leyte #1, P. I., Grave 7999.
2. Records this Headquarters do not reveal a Lt Robert Hardwood.
3. It is requested that the remains be disinterred, examined in the presence of a medical officer or qualified technician and revised QMC Form 1044 be completed. If no further means of identification becomes available upon disinterment, it is also requested that Report of Interment for Unknown be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Sect

tmd:Holthaus

Handwritten initials and date:
22/

Vertical stamp:
APR 22 3 46 PM '48
O. O. H. G.
MAIL & RECORDS BRANCH



NJS

Handwritten signature: JCM

not up

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

25 Oct 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 731, Plot _____,
Row _____, Grave 7999, USMC Leyte #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:

[Handwritten Signature]
W. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 18 Jan. 1950 OQMS
Not identifiable from
information presently
available 23 Jan. 1950
Ed Kayser

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-731 Leyte #1 (Formerly UNK X-4548 Maus.)				2. DATE OF REPORT 28 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW A	6. GRAVE 69	7. DATE OF DISINTERMENT
				REINTERMENT	

PHYSICAL DESCRIPTION

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

N O N E

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

U T D

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

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT? **Long bones fractured**

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"

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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		
← Missing →								P									
								A			A			A			
								O			O			O			
Side Views								Side Views									
								rotated									unerupted
Top Views								Top Views									
								impacted	rotated						chipped	Unerrupted	
Side Views								Side Views									
								A			A			A			
								O			O			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: R13 has rotated so that the distal surface is moved towards the facial.
 Root of L11 present in alveolar process. Crown is missing.

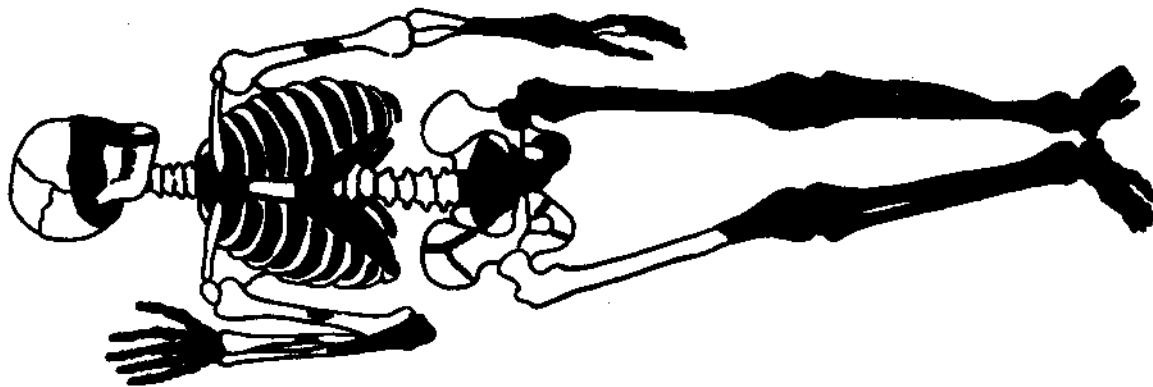
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
 Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 3½ lbs.

Circumference of skull - 20 3/4 inches.

"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

PAUL R NICHOLS
 Chief, Identification Section

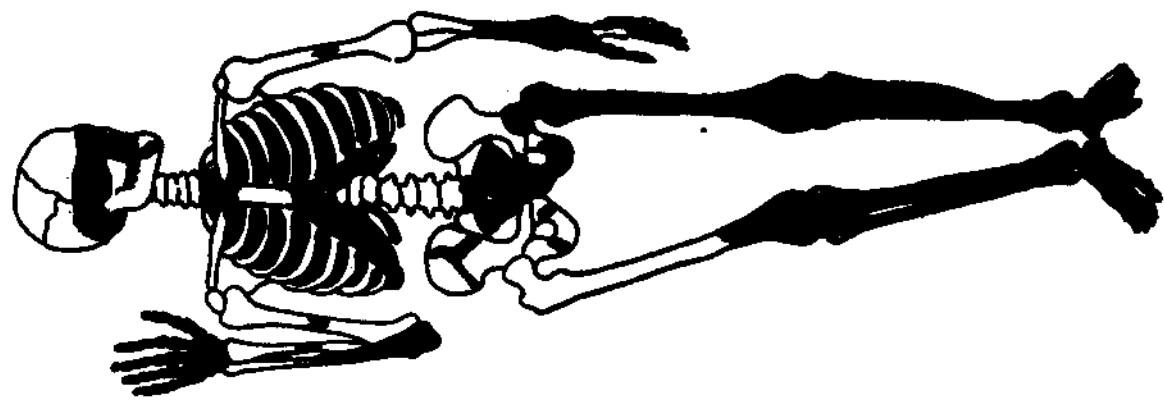
SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4548 (Formerly HARDWOOD, Robert)				2. DATE OF REPORT 17 May 1948	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW A	6. GRAVE 69	7. DATE OF DISINTERMENT 17 Nov'47
					REINTERMENT 2 Dec'47
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD	
				11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS					
Two (2) substitute tags and one (1) embossed tag. Note: No original I.D. tags.				(Subs. Tag) HARDWOOD Robert	
				Emb. Tag Lt. Robert Hardwood US Air Force Negros P.I. K.I.A. 1 Jan 1945	
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES					
Grave 348, Row 18 UTD					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Lone bones fractured.			
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					

19. BLACK OUT PARTS OF BODY NOT COVERED



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

Made Unknown X-4548 thru authorization of higher headquarters letter dated 22 April 1948. Although original reports of disinterment from Leyte #1 states original burial in metal casket, and remains identified thru marker and substitute tag coinciding with R.O.I. on file.

No original I.D. tags, personal effects, burial bottle, and other means of Identification found with remains.

Circumference of skull - 20 3/4"
Long Bones Fractured -
Estimated weight of remains - 3 1/2 lbs.

CERTIFIED TRUE COPY:

L S Panopio
L S PANOPIO
1st Lt, Inf

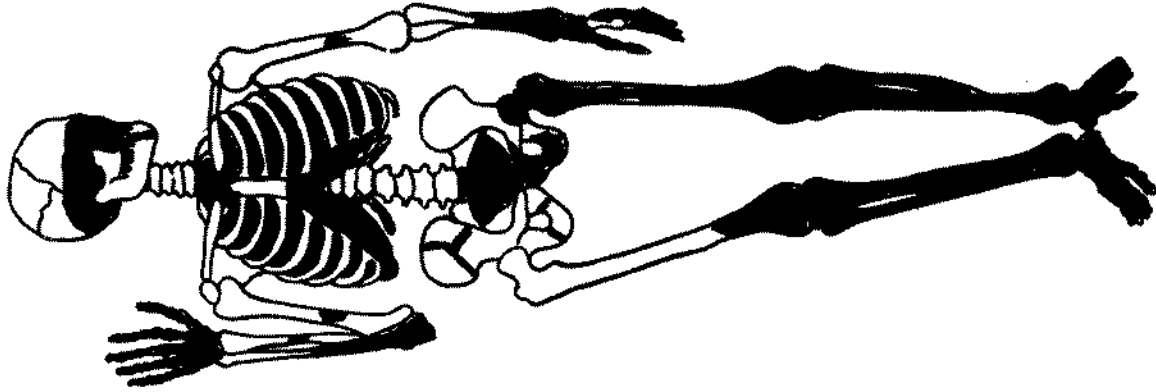
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION /p/ JOHN J. CONNORS CIP Laboratory, Manila, P.I.	SIGNATURE /s/ John Connors
--	-----------------------------------

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4548 (Formerly HARDWOOD, Robert)				2. DATE OF REPORT 17 May 1948			
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW A	6. GRAVE 69	7. DATE OF DISINTERMENT 17 Nov '47		
				REINTERMENT 2 Dec '47			
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD			
				11. RACE UTD			
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
<p>Two (2) substitute tags and one (1) embossed tag. Note: No original I.D. tags.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>(Subs. Tag) HARDWOOD Robert</p> </td> <td style="width: 50%; border: none;"> <p>Emb. Tag Lt. Robert Hardwood US Air Force Negros P.I. K.I.A. 1 Jan 1945 Grave 348, Row 18</p> </td> </tr> </table>						<p>(Subs. Tag) HARDWOOD Robert</p>	<p>Emb. Tag Lt. Robert Hardwood US Air Force Negros P.I. K.I.A. 1 Jan 1945 Grave 348, Row 18</p>
<p>(Subs. Tag) HARDWOOD Robert</p>	<p>Emb. Tag Lt. Robert Hardwood US Air Force Negros P.I. K.I.A. 1 Jan 1945 Grave 348, Row 18</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
UTD							
14. WAS BODY BURNED ?		TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED ?		TO WHAT EXTENT ?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Lone bones fractured.					
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							

19. BLACK OUT PARTS OF BODY NOT COVERED



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

Made Unknown X-4548 thru authorization of higher headquarters letter dated 22 April 1948. Although original reports of disinterment from Leyte #1 states original burial in metal casket, and remains identified thru marker and substitute tag coinciding with R.O.I. on file.

No original I.D. tags, personal effects, burial bottle, and other means of Identification found with remains.

Circumference of skull - 20 3/4"
Long Bones Fractured -
Estimated weight of remains - 3 1/2 lbs.

CERTIFIED TRUE COPY:

L. S. Pampio
L S PAMPPIO
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

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

SIGNATURE

/s/ John Connors

DO NOT RELEASE BURIAL INFORMATION

AD 78

CASE UNDER INVESTIGATION

DO NOT RELEASE BURIAL INFORMATION

293 Hardwood, Robert

ASH

Amund
Amund
1-4548
Amund

DO NOT RELEASE BURIAL INFORMATION

333

Blagovest Ang 47
Blagovest Ang 47

A-Z

Leyte P.O. - 7999

DO NOT RELEASE BURIAL INFORMATION

CASE UNDER INVESTIGATION

DO NOT RELEASE BURIAL INFORMATION

Gule
Ang 47
1-4548



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

SPQYG 293

SUBJECT: Report of Burial

TO:

1. Request that a Report of Burial, if completed, or other currently available information be furnished concerning the following named decedent for whom no report is on hand in this office:

NAME:

DATE OF DEATH:

RANK:

PLACE OF DEATH:

SERIAL NO.:

2. The following information has been received in this office which may aid in the location and recovery of his remains:

3. If no Report of Burial is on hand, it is requested that this office be furnished the approximate time during which the particular area where his remains are believed to be located will be searched.

FOR THE QUARTERMASTER GENERAL:



RESTRICTED

35101

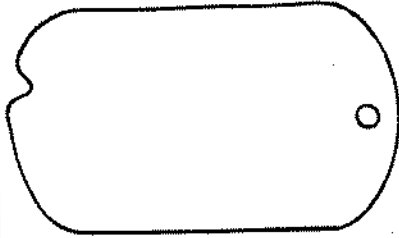
WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Dec '47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

HARDWOOD, Robert

SERIAL No.

Unknown

GRADE

Lt.

ORGANIZATION

USAAF

BRANCH OF SERVICE

Army

RACE

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

Negros, P. I.

CAUSE OF DEATH

KIA mult. frag wound

DATE OF DEATH

1 Jan '45

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

Yes (2)

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

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

GRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Dec '47	0900	STORED Casket	None	802	A	69

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 #1, Leyte, P. I.			7999

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Estelle 20 MAR 1948 Danielle FILE NAT

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.
NELSON, Laverne O.	Pfc	39 201 806	Co E, 163rd Inf.	CRYPT 71

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
TONCHUK, Paul A.	Sgt	32 209 117	Co I, 503 Para RCT	CRYPT 67

SIGNATURE OF PERSON PREPARING REPORT: **R. E. ACIERTO, PVT**

SIGNATURE OF GRS OFFICER VERIFYING REPORT: **L. S. PANOPIO, 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

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.

14 Oct 47

DATE

HARDWOOD, Robert

Lt

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNK

USAAF

UNIT

ORGANIZATION

Negros, P.I.

USAF Cemetery
Leyte #1, P.I.

-

-

7999

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Impaction

Missing

RIGHT								UPPER TEETH								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																
TYPE		A		A		A				P																TYPE					
LOCATION		0		0		0																				LOCATION					

fracture impaction















INSIDE — LOOKING OUT

fracture crown broken

Impaction

RIGHT								LOWER TEETH								LEFT															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																
TYPE		A		A				P		P		P		P		P		P		X		A		S		A		TYPE			
LOCATION		m		do																		2		0		0		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)	

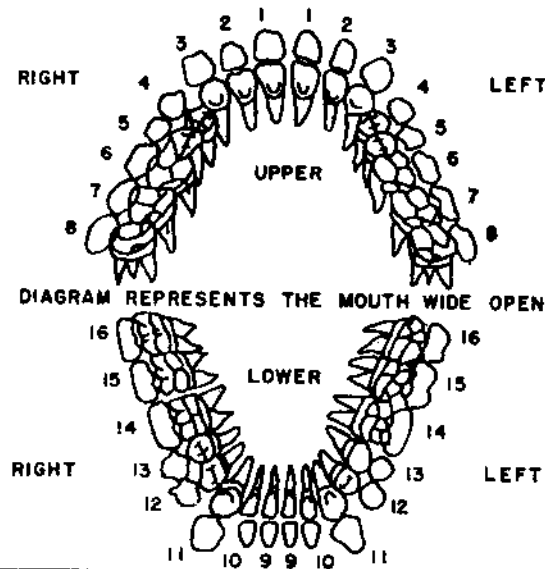
INSTRUCTIONS:

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.



REMARKS:

s/ JASON E. TAYLOR
SIGNATURE OF PERSON WHO PREPARED CHART

s/ JAMES H. JACKSON
VERIFIED BY GRS OFFICER

t/ JASON E. TAYLOR, Embalmer
NAME AND RANK TYPED OR PRINTED

t/ JAMES H. JACKSON, Major, TC.
NAME AND RANK TYPED OR PRINTED

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

14 November 1947
DATE

CERTIFIED TRUE COPY:

[Signature]
L. S. PANOPIC
2nd Lt, IAF

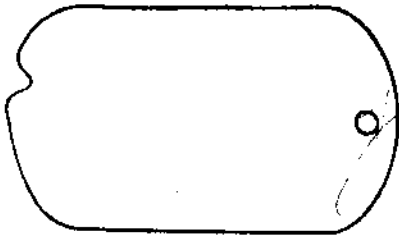
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Mar 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial)

HARDWOOD, ROBERT.

SERIAL No.

GRADE

Lt.

ORGANIZATION

USAAF

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

NEGROS, P.I.

CAUSE OF DEATH

KIA mult. frag wound

DATE OF DEATH

1 Jan 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

2

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

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

USAF CEMETERY LEYTE # I, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Feb 46	1100	Shelter half	Reg Cross			7999

WAS THIS A REBURIAL?
(Yes or no)

YES

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF CEMETERY BACOLOD # I, OCCIDENTAL NEGROS, PI

PLOT No.	ROW No.	GRAVE No.
1	18	348

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)

MC CALL, EDWARD J.

RANK

Capt.

SERIAL No.

0-406 456

ORGANIZATION

Co B, 503 Pa Inf

GRAVE No.

7998

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

UNKNOWN X-450

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8000

SIGNATURE OF PERSON PREPARING REPORT

STAFF SGT. CHARLES W. HALLOCK, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

CECIL G. CARTER, 1st Lt. QMC.

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.

RESTRI

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

CONDITION OF BODY PRECLUDED FINGERPRINTING AND TOOTH CHART.
(MAXILLA AND MANDIBLE MISSING.)

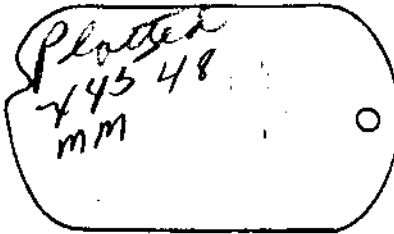
Handwritten: MAY 1946

vng/

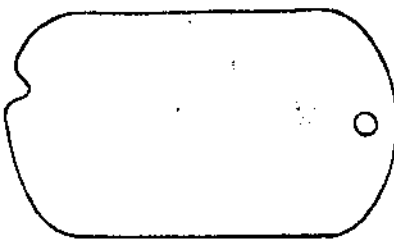
CORRECTED

RESTRICTED


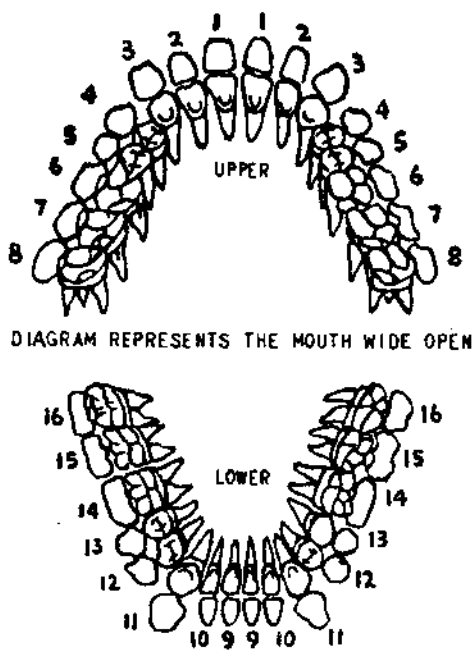




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QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 28 Dec 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-731 Leyte #1 (Formerly UNK X-4548 Manila Mausoleum)			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 Negros 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 AGNES MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL STORAGE 2 Dec 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGE 800	ROW No. 10C	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 7999
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 PAUL R. NICHOLS, Chief, Ident. Sec.			SIGNATURE OF GRS OFFICER VERIFYING REPORT W. B. McNEWMAR, Captain, QMC			
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

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		
Imprint Identification Tag If Possible. DO NOT TYPE 				Section 1.—IDENTIFICATION			SERIAL No. Unknown		
				NAME (Last, first, middle initial) UNKNOWN X-1543 (Formerly HARDWOOD, Robert, USAF Cemetery Leyte #1, P.I.)				BRANCH OF SERVICE Unknown	
				GRADE Unknown		ORGANIZATION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
				RACE Unknown		RELIGION Unknown			
PLACE OF DEATH Negros, 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)									
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 2 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 69			
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. 7999			
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) NELSON, Laverne O			RANK Pfc	SERIAL No. 39201806	ORGANIZATION Co "E" 163rd Inf	GRAVE No. 71			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) TONCHUK, Paul A			RANK Sgt	SERIAL No. 32209117	ORGANIZATION Co I 503 Para RCT	GRAVE No. 67			
SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5, Q.D.			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOFIC, 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

LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: Subject case was formerly reported as Known HARDWOOD, Robert, Lt., USAAF who died in Negros on 1 Jan 1945 caused by multiple fragment wound inflicted in line of duty as per ROI report of USAF Cem Leyte #1, P.I. However, Unknown number UNK X-4548 is assigned to subject case according to authority QMG 293 HARDWOOD, Robert USAF Cem Leyte #1 , dated 22 Apr 48 of the Dept of the Army QMG Wash 25, D.C. No ID tag found. QMG Form 1044, 1044-A and 1044-B accomplished.				
RIGHT LITTLE FINGER	REMARKS:				

CORRECTED

RESTRICTED

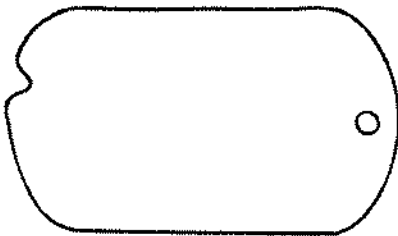
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WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
17 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-4548 (Formerly HARDWOOD, Robert, USAF Cemetery Layte #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 Negros, 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 5 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 2 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 69
-----------------------------------	---------------------	--	-------------------------------------	------------------------	---------------------	------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Layte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 7999
---	--	----------	---------	--------------------------

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) NELSON, Laverne O	RANK Pfc	SERIAL No. 39201806	ORGANIZATION Co "E" 163rd Inf	GRAVE No. 71
--	--------------------	-------------------------------	---	------------------------


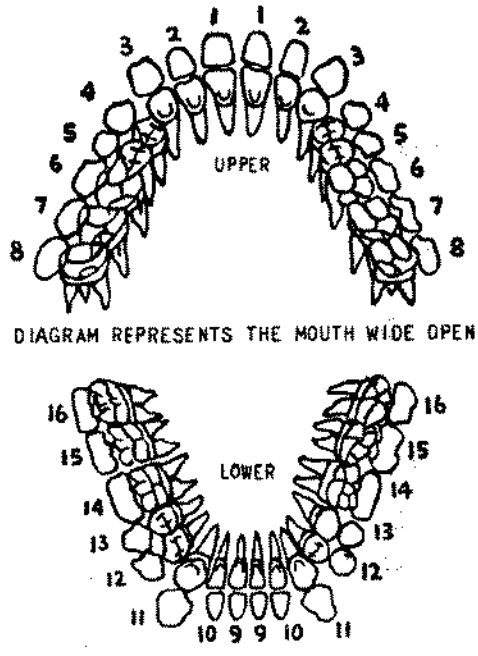




BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) TONCHUK, Paul A	RANK Sgt	SERIAL No. 32209117	ORGANIZATION Co I 503 Para ROT	GRAVE No. 67
---	--------------------	-------------------------------	--	------------------------

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

RESTRICTED

LEFT LITTLE FINGER	Sectio. 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 RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: Subject case was formerly reported as Known HARDWOOD, Robert, Lt., USAAF who died in Negros on 1 Jan 1945 caused by multiple fragment wound inflicted in line of duty as per ROI report of USAF Cam Leyte #1, P.I. However, Unknown number UNK X-4548 is assigned to subject case according to authority CGM 293 HARDWOOD, Robert USAF Cam Leyte #1, dated 22 Apr 48 of the Dept of the Army OMB Wash 25, D.C. No ID tag found. OMB Form 1044, 1044-A and 1044-B accomplished.					
REMARKS:					