

FILE IDENTIFICATION TOPPER

FILE NUMBER

Frank Lopez #1

X-736

SUBJECT

Formerly mans. manila

X-4890

/bpm 1 /add ✓	Interred 6 Feb 1950 C 9 55 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE		RECEIVED BY PHILCOM	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81033		DATE 17 02 50 DAY MONTH YEAR	
NAME UNKNOWN X - 736		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 570	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 - 736		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 13 Dec '49	
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						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 13 Dec '49		BY GERARD A BRICK				
CASKET SEALED BY GERARD A BRICK			EMBALMER (Signature) s/ Gerard A Brick			
CASKET BOXED AND MARKED DATE 13 Dec '49 BY RAYMOND H TANGUAY, 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.						
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>Carl H. Mark</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

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81033	DATE 17 02 50 DAY MONTH YEAR
NAME UNKNOWN I - 736		SERIAL NUMBER 7740	GRADE 570
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW
		GRAVE 570	DISPOSITION OF REMAINS CODE 7701 DIST. CTR. 80

SECTION B — NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.		CONSIGNEE AND NEXT OF KIN 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		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS				NAME AND TITLE
<input type="checkbox"/> MARKER				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

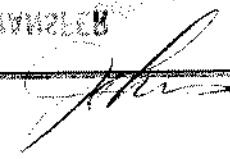
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	
REMAINS PREPARED AND PLACED IN CASKET	DATE

CASKET SEALED BY	DATE
CASKET BOXED AND MARKED	DATE

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
----------------------------------	-----------------------------

RECORD OF CLOSING INVESTIGATION



AIRMAIL

QMGMT 293
GRS Far East

Ident

9 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 Findings of Unidentifiability for the following Unknown Deceased:

043 Unknown X-736, Leyte #1, ^{*Manila*} formerly X-4890, AGRS Maus. Manila
" X-737, " " " " X-3748B, " " "

Unknown X-5214, AGRS Maus. Manila, formerly X-3812C, AGRS Maus. Manila
" X-5215, " " " " X-3812E, " " "

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

FOR THE QUARTERMASTER GENERAL:

B. A. Kazupilak
Salsar
J. Windsor

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

JMN

TEC

cc: Administrative Section

cc: CINCPAC

AIRMAIL

AIRMAIL

FORM 293

12 January 1950

QRS Far East

Unidentifiable
SUBJECT: Identification of World War II Deceased

Unknown X-3977, AGRS Mausoleum Manila, formerly X-7 USAF
Cemetery Finschhafen #2, N. C.

Unknown X-3923, AGRS Mausoleum Manila

3. Recommendations for Unidentifiability have been approved by
this Office. Request your records be amended accordingly.

3. Findings of Unidentifiability, your headquarters, dated 9 and
13 December 1949, for Unknowns X-4214 and X-4215, AGRS Mausoleum Manila,
and X-736 and X-737, USAF Cemetery Leyte #1, have been suspended. The
records of this Office indicate that QMC Form 1042 are not on file for
these Unknown Deceased, therefore, it is requested that Reports of Sto-
rage be forwarded as soon as practicable.

4. Findings of Unidentifiability, your headquarters, dated 6 Decem-
ber 1949, for Unknown X-342, Grave 1162, USAF Cemetery, Finschhafen #5,
have been suspended. The records of this Office indicate that a QMC Com
1042 is not on file for this Unknown Deceased. A further search of rec-
ords indicates that Unknown X-342, Grave 1460, USMC Finschhafen #5,
formerly X-2701-A, AGRS Mausoleum Manila, and previously interred as X-94,
Finschhafen #5, was approved as Unidentifiable by letter this Office,
dated 16 September 1949. In view of the above, it is requested that your
headquarters conduct an investigation to clarify the above.

FOR THE QUARTERMASTER GENERAL:

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

B. A. Kastudal
C. Salsor
J. Windsor

Copy furnished CINCPAC, APO 500

AIRMAIL

293 Unid Manila X 736 Page #1

AIRMAIL

QUART 395
CRS Far East

12 January 1950

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 300, c/o Postmaster
San Francisco, California**

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown X-5724, AGRS Mausoleum Manila, formerly X-29, USAF Cemetery Leyte #1

Unknown X-5725, AGRS Mausoleum Manila, formerly X-30, USAF Cemetery Leyte #1

Unknown X-3406, AGRS Mausoleum Manila, formerly X-340, USAF Cemetery Leyte #1

Unknown X-5769, AGRS Mausoleum Manila, formerly X-360, USAF Cemetery Leyte #1

Unknown X-716, USAF Cemetery Leyte #1, formerly X-5405-B, AGRS Mausoleum Manila

Unknown X-727, USAF Cemetery Leyte #1, formerly X-484, AGRS Mausoleum Manila

Unknown X-728, USAF Cemetery Leyte #1, formerly Aagan, R. O., AGRS Mausoleum Manila

Unknown X-720, USAF Cemetery Leyte #1, formerly KIERNOWICE, C.J., AGRS Mausoleum Manila

Unknown X-1066, AGRS Mausoleum Manila, formerly X-72, USAF Cemetery Finschhafen #2, N. G.

Unknown X-5582, AGRS Mausoleum Manila, formerly X-126, USAF Cemetery Finschhafen, #2, N. G.

AIRMAIL

GRPZ 293

APO 900
22 December 1948

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-343	Finsch #5	UNKNOWN	X-3582	AGRS Mslm
"	X-517	AGRS Mslm	"	X-3724	" "
"	X-718	Leyte #1	"	X-3725	" "
"	X-727	" "	"	X-3769	" "
"	X-728	" "	"	X-3923	" "
"	X-730	" "	"	X-3977	" "
"	X-736	" "	"	X-4141	Manila #2
"	X-737	" "	"	X-4669	AGRS Mslm
"	X-1086	AGRS Mslm	"	X-4670	" "
"	X-1397	" "	"	X-4691	" "
"	X-2431	" "	"	X-5214	" "
"	X-2816	" "	"	X-5215	" "
"	X-3406	" "	"	X-5	" "

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

FOR THE COMMANDING OFFICER:

25 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

13 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 736, Plot _____,
Row _____, Grave 570, 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:


H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 4 Jan. 1950 OQMG
Not identifiable from
information presently
available 7 Feb. 1950
Ed Kayup

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-736 Leyte #1						2. DATE OF REPORT 13 Dec 1949	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
AGRS Mausoleum, Manila, P.I.				810	H	2412	DISINTERMENT
							REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 9 1/4"		10. COLOR OF HAIR UTD		11. RACE Unknown	
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?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
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							
<p>"UNIDENTIFIABLE"</p> <p>"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"</p>							

18. 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>TOP VIEW</p> <p>SIDE VIEW</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>TOP VIEW</p> <p>SIDE VIEW</p>
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>TOP VIEW</p> <p>SIDE VIEW</p>
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p> <p>SIDE VIEW</p>

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
Side Views															
A/6	A/2	X	10			10	10					10	A/2	A/0	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 and maxillary teeth missing.

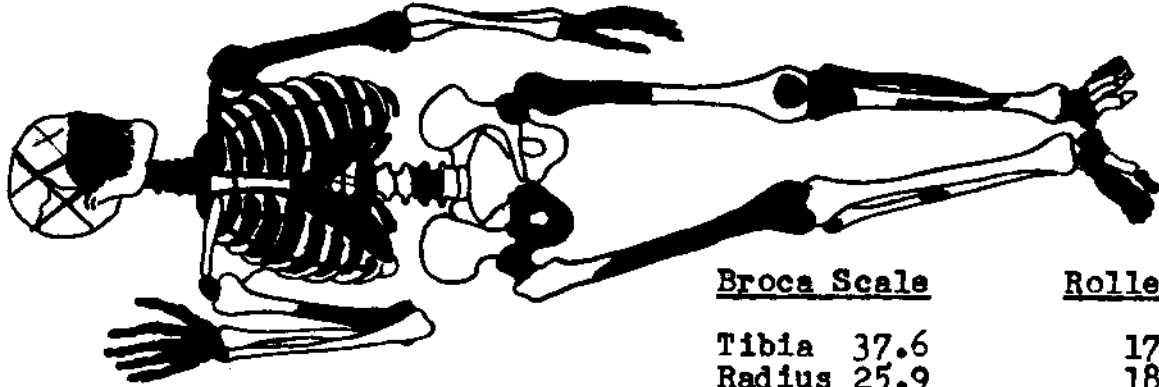
Paul R. Nichols

PAUL R NICHOLS
Chief, Ident. Section

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Broca Scale

Rollet Table

Tibia 37.6
 Radius 25.9
 Ulna U.T.D.

172 cm.
 180 "

Average height in cm. 176 or 5'9 1/4"

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 - 3 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


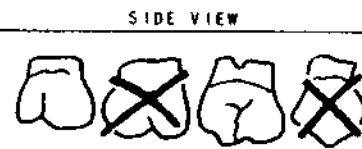






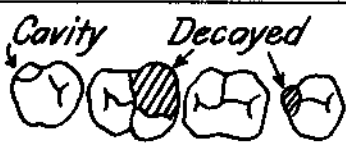
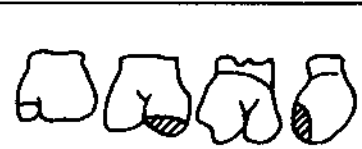
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R NICHOLS, Chief, Ident. Sec.





SIGNATURE

/ndr

IDENTIFICATION DATA

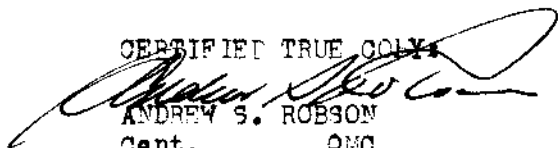
1. REMAINS OF UNKNOWN UNKNOWN X-4890						2. DATE OF REPORT 23 Aug 48		
3. NAME OF CEMETERY AGRE Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				MANGER BAY CRYPT			DISINTERMENT	REINTERMENT
				810	H	2412	23 Dec 47	23 Aug 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 9½"		10. COLOR OF HAIR UTD			11. RACE Unknown	
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?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15. WAS BODY MANGLED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
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								

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								
	← M a x i l l a r y								M i s s i n g								→							
Side Views																	Side Views							
Top Views																	UPPER							
																	LOWER							
Side Views																	Side Views							
	A	A	X	X																				
	0	0																						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								

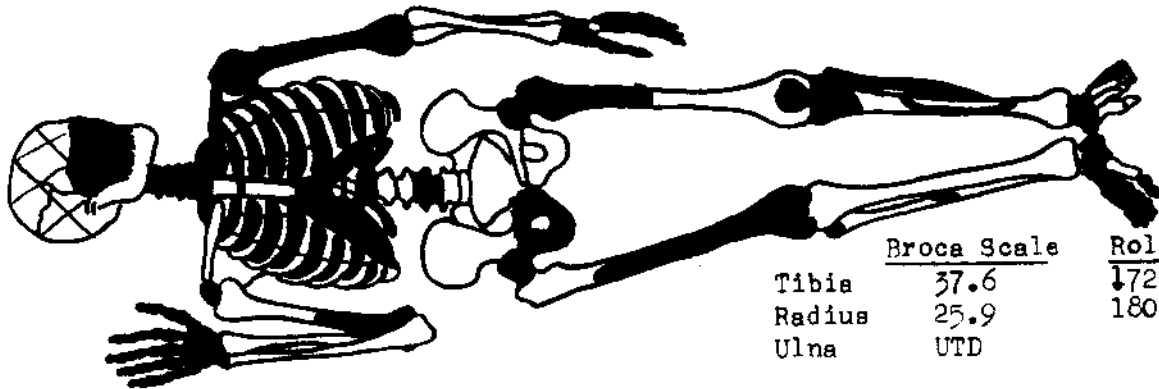
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla and maxillary teeth missing.

CERTIFIED TRUE COPY

 ANDREW S. ROBSON
 Capt., QMC

s/ Joseph D. Murphy Cpl.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height in cm 176 or 5' 9 1/4".

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

In processing the remains of ROWE, Richard A. extra bones were found, therefore, they were segregated and designated the extra as Unk X-4890. (Refer to ROWE, Richard A).

No identification tag, ROJ, bottle, personal effects or other means of identification found with remains.

Approximate weight of remains 3 lbs.

Unable to determine the circumference of skull due to condition of remains.

CERTIFIED TRUE COPY:

ANDREW S. ROBSON
Capt., QMG

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/ EDWARD F. MORIARTY, Emb. Sup.
OIF LAB., Manila, P.I.

SIGNATURE

s/ Edward F. Moriarty

GRPZR 293
ROWE, Richard A

7th Ind

RAJ/JGS/ng*

Headquarters, PHILCOM Zone, American Graves Registration Service
APO 900, 11 August 1948

TO: Commanding Officer, AGRS Mausoleum, APO 900

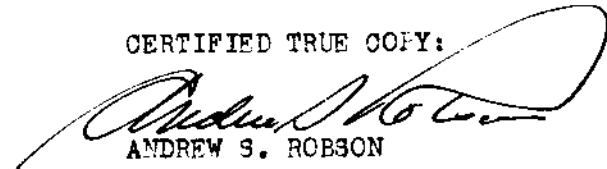
1. The remains stored in Hangar 810, Bay M, Crypt 4143, as Richard A. ROWE (B) have been identified as 1st Lt. Richard A. ROWE, O754672.

2. It is requested that the remains stored in the above location as Richard A. ROWE (A) be redesignated as Unknown and Report of Storage submitted to this office with the return of this correspondence.

Incls: n/c

/t/ ELEE L. TYLER
Major, Infantry
Chief, Records Branch

CERTIFIED TRUE COPY:



ANDREW S. ROBSON
Capt., QMO

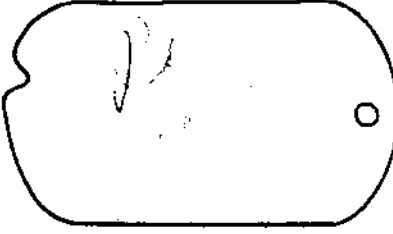
/gyc

CORRECTED

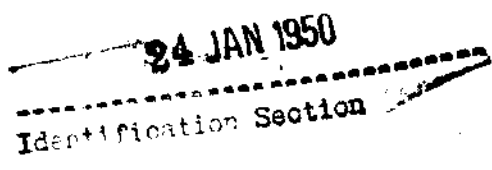
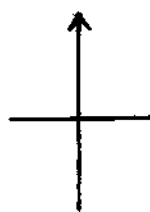
RESTRICTED

all

66

QMC Form 1042 (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 13 Dec 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 			Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-736 Leyte #1 (Formerly UNK X-4890, AGRS Mausoleum, Manila, P.I.)						SERIAL No. Unknown				
GRADE Unknown			ORGANIZATION Unknown			BRANCH OF SERVICE Unknown							
RACE Unknown			RELIGION Unknown			IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY							
PLACE OF DEATH Libagon, 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 INTERMENT STORAGE 23 Aug 48		HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 81C	ROW No. H	GRAVE No. 2412					
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.											
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. Section					SIGNATURE OF GRS OFFICER VERIFYING REPORT H. B. McNEEMAR, 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

LEFT LITTLE FINGER	Section 2.—UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as 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
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div> <div style="text-align:right; margin-top: 20px;">  </div>			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER				
RIGHT RING FINGER				
RIGHT LITTLE FINGER				
REMARKS: Remains Manila Mausoleum UNKNOWN X-4890 was redesignated UNKNOWN X-736 Leyte #1 to correspond to cemetery where remains was disinterred. OMC Forms 1044, 1044a and 1044b accomplished.				

23 DEC 1949

CORRECTED


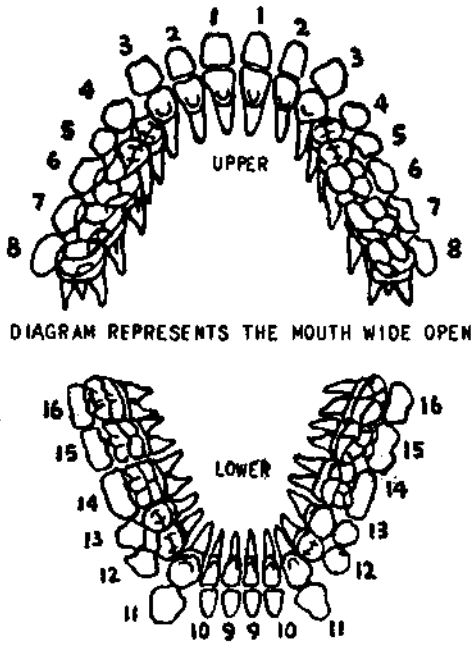





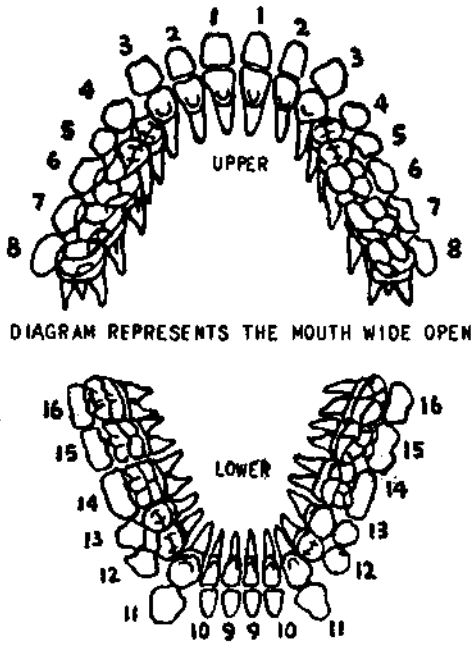





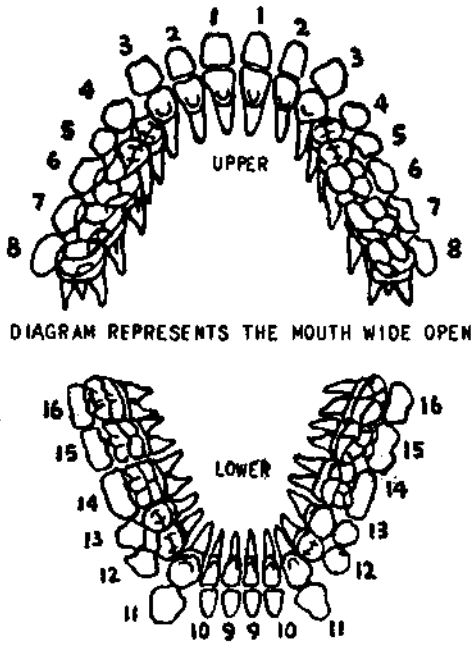




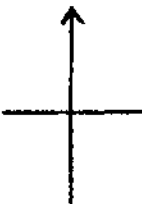
RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 15 Dec 1949			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.			
		NAME (Last, first, middle initial) UNKNOWN X-736 Leyte No. 1 (Formerly UNK X-4890, AGRS Mausoleum, Manila, P.I.)				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 Libagon, 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)		A TRUE COPY:  H. B. McNEEMAR Captain, GRC							
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 23 Aug 48		HOUR 1100		BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT NO. 810	ROW NO. H	GRAVE NO. 2412
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 No. 1, P.I.					PLOT No.	ROW No.	GRAVE No. 570
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. 4442		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4442		
SIGNATURE OF PERSON PREPARING REPORT /s/t/ PAUL R. NICHOLS, Chief, Ident. Section				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ H. B. McNEEMAR, Captain, GRC					
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 # 3


RESTRICTED

	Section - UNIDENTIFIED REMAINS.																
LEFT LITTLE FINGER	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.		WHERE BODY WAS BURIED OR FOUND														
	LAUNDRY MARKS																
	OTHER IDENTIFICATION CLUES																
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align: middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE			
FILLINGS				 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES				 CAVITY DECAYED													
MISSING TEETH				 TOOTH MISSING													
CROWNED TEETH				 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK				 GOLD BRIDGE													
LEFT THUMB																	
RIGHT THUMB																	
RIGHT INDEX FINGER																	
RIGHT MIDDLE FINGER																	
RIGHT RING FINGER																	
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div>																
	REMARKS: Remains Manila Mausoleum UNKNOWN X-4690 was redesignated UNKNOWN X-736 Leyte No. 1 to correspond to cemetery where remains was disinterred. QMC Forms 1044, 1044a and 1044b accomplished.																

RESTRICTED


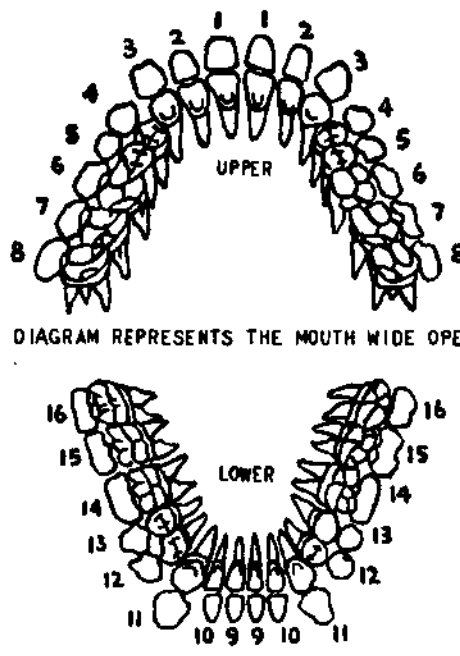





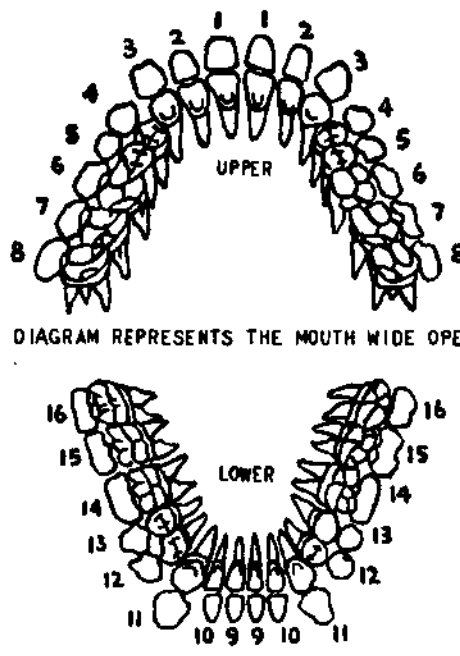





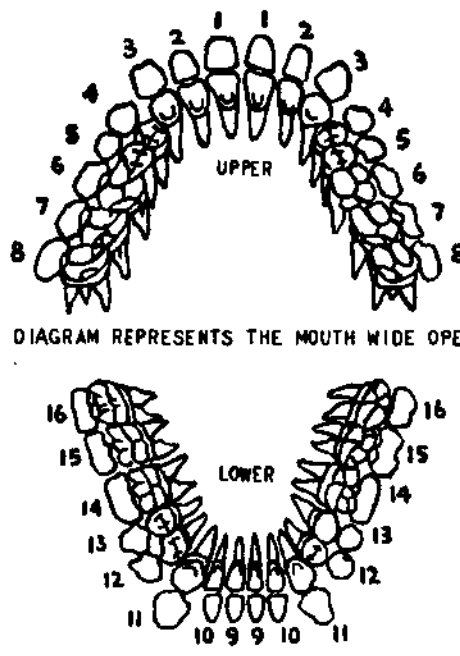




U-6146

U-6146

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		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						SERIAL No.	
		NAME (Last, first, middle initial)						Unknown	
		GRADE		ORGANIZATION		BRANCH OF SERVICE			
		Unknown		Unknown		Unknown			
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY					
Unknown		Unknown							
PLACE OF DEATH		CAUSE OF DEATH				DATE OF DEATH			
Libagon, Leyte, P.I.		Unknown				Unknown			
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		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.			
23 Aug 48	1100	Casket	None	810	H	2412			
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.								570
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)	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.					
JUSTON, Thomas E.	SF 1c	6135834	US Naval Air Base #3149	2414					
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.					
COOKSY, Robert	Pvt	34416425	96th Engr Regt	2410					
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT						
J. J. McDERMOTT, Adm., Asst.			ANDREW S. ROBSON, Capt., 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

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											
	OTHER IDENTIFICATION CLUES														
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE
FILLINGS					 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN									
CAVITIES					 CAVITY DECAYED										
MISSING TEETH					 TOOTH MISSING										
CROWNED TEETH					 PORCELAIN CROWN GOLD CROWN										
BRIDGE WORK					 GOLD BRIDGE										
LEFT THUMB					FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY										
RIGHT THUMB	REMARKS: In processing the remains of ROWE, Richard A. at CIP Laboratory, Manila, extra bones were found, segregating the extra bones and designate them as Unknown X-4890, (Subject case), AGRS Mausoleum, Manila. Refer to ROWE, Richard A. See 7th Ind., GRPZR 293, Hq, Philcom Zone, AGRS, AFO 900, dtd Aug '48 attached.														
RIGHT INDEX FINGER	REMARKS:														
RIGHT MIDDLE FINGER	QMC Form No 1044, 1044-A and 1044-B accomplished.														
RIGHT RING FINGER															
RIGHT LITTLE FINGER															

13 SEP 1948