

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Wick Fayette #1 X-791

Fanner, Maribel Maus X-3257B

*W. G. Bunk Finschhafen #5 X 346*

QMNT 293  
GRS Far East

16 August 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 928, 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-346	USAF Cemetery Finschhafen #6, Unit 2, Page 26 Add.
"	X-791	" " Leyte #1, Unit 2, Page 14 Add.
"	X-1196	(formerly X-3705 USAF Cem, Manila #2, Unit 1, Page 20
"	X-1286	" X-3617 " " " " 4 " 4
"	X-5248	AGRS Mausoleum, Manila, P.I., Unit 2, Page 25 Add.
"	X-5249	" " " " " 2 " 25 Add.

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX  
Capt QMC  
Memorial Division

JW

JMI

J. Miller:lak  
E. Fenwick

cc: Administrative Section

cc: CINCEN

*Reclass. Made  
3/3/52  
Allen*

**AIRMAIL**

*X 493 Finschhafen #5 X 346*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

*mk*

GRPZ 293

APO 928  
30 JUN 1950

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 QMCMU 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-791 Leyte #1  
X-4561 AGRS Mslm  
X-4969  
X-4972

UNKNOWN X-5004, AGRS Mslm  
X-5007  
X-5009

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

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

CHARLES R. WHAYLEN  
2d Lt., QMC  
Assistant Adjutant

*293000k Registry # 18791*

*20 Benders*  
*29 Aug 50*  
Identification Branch

*Rec'd 11 July 50*

<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 2em; font-weight: bold;">1</div>	Interred <del>29 June 1950</del> <sup>17 JAN. 52</sup> <del>6-12 Ft. McKinley</del> <sup>from</sup> PREPARED BY PHILCOM <del>Carl R. H. Mark</del> <sup>C-14-55 B/R.</sup> <b>DISINTERMENT DIRECTIVE</b>		<i>Plotted 4-16</i>		
	Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED <b>CARL R. H. MARK</b>		DIRECTIVE NUMBER <b>7140 81760</b>		
NAME <b>UNKNOWN X-791</b>		SERIAL NUMBER	GRADE	ARM	DATE <b>29 06 50</b> <small>DAY MONTH YEAR</small>
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>		PLOT	ROW	GRAVE <b>3742</b>	DISPOSITION OF REMAINS <b>7701 80</b> <small>CODE DIST. CTR.</small>
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>					
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY          FT. WM. MCKINLEY, P. I.</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>		
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>					
NAME <b>UNKNOWN X-791</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>29 June 50</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> <b>Embalmer</b> <small>NAME AND TITLE</small>	
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>					
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES ( <i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i> )					
REMAINS PREPARED AND PLACED IN CASKET DATE <b>29 June 50</b> BY <b>PAUL R NICHOLS</b>					
CASKET SEALED BY <b>PAUL R NICHOLS</b>			EMBALMER ( <i>Signature</i> ) <b>s/ Paul R Nichols</b>		
CASKET BOXED AND MARKED DATE <b>29 June 50</b> BY <b>ALBERT C EVATT, Sgt., RA</b>			SHIPPING ADDRESS VERIFIED BY <b>JESSE E MAGEPS, M/Sgt., RA</b>		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<b>s/ Jesse E Magers, M/Sgt., RA</b> <small>SIGNATURE OF AGRS INSPECTOR</small>					
REMARKS AND SPECIAL INSTRUCTIONS <div style="text-align: right; font-size: 0.8em;"> <i>7/25/50            [Signature]            [Signature]</i> </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>Carroll H. Mark</i>	DATE 29 JUN 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

PREPARED BY DUILCOM  
DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7140 81760</b>	DATE <b>29 06 50</b> DAY MONTH YEAR		
NAME <b>UNKNOWN I - 791</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>	PLOT	ROW	GRAVE <b>3742</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		

CASKET BOXED AND MARKED	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

FORM 203  
Far East

13 July 1950

SUBJECT: Report of Interment Form 1042

TO: Commanding Officer  
American Graves Registration Service  
Philippine Zone  
APO 928, c/o Postmaster  
San Francisco, California

1. It is requested that Reports of Interment, Form 1042 be forwarded this Office for the following Unknowns:

Unknown I-5256  
Barila Mausoleum #1, P. I.  
Plot #13, Row B, Grave 333

Unknown I-791  
Layte #1, P. I.  
Grave 3742

2. Request acknowledgment of receipt by interment hereon.

FOR THE QUARTERMASTER GENERAL:

L. W. ALLEN  
Lt. Colonel, QMG  
Memorial Division

INFO CY: Commander-in-Chief, Far East, APO 500  
c/o Postmaster, San Francisco, Calif.

AIR MAIL

X-192-1006 X-1991 1950-7-13

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFO 900

28 June 1950  
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 791, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3742, USMC Leyte # 1, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
decedent, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
H. W. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Received 11 July 50  
Not identifiable from  
information presently  
available

QMC

Miller Ident Sec.

14 Aug 50



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNK. X-791 Leyte # 1				2. DATE OF REPORT 28 June 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	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 U. T. D.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?  
Remains partly burned.

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

**"UNIDENTIFIABLE"**

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

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views								Side Views							
Top Views								UPPER							
Side Views								LOWER							
← MANDIBLE								MISSING →							
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."

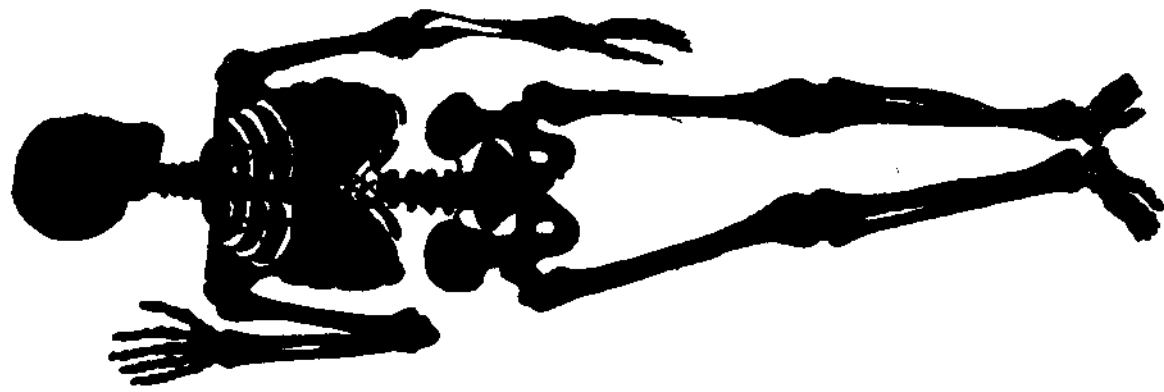
No loose maxillary or mandibular teeth present with remains.

**"UNIDENTIFIABLE"**

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height U. T. D.

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 identification tags, personal effects or any other means of identification is found with remains.

**"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. Section

SIGNATURE

*Paul R. Nichols*

RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 46, which may be used.)

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

DATE OF REPORT  
18 Jan 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <del>UNKNOWN X-791 Leyte #1</del>		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 Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown 293 Tank Leyte #1 X-791

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 1 (Substitute)	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) Yes	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" 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  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL 17 Jan 1952	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. C	ROW No. 14	GRAVE No. 55
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY, P.I.	PLOT No. G	ROW No. 6	GRAVE No. 12
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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.

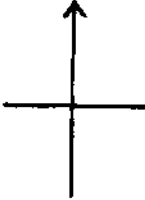
SIGNATURE OF PERSON PREPARING REPORT ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT CHARLES R. WHAYLEN, 1st Lt., QMC
---	---

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.

RESTRICTED

McCarrig Copy 10/1/52

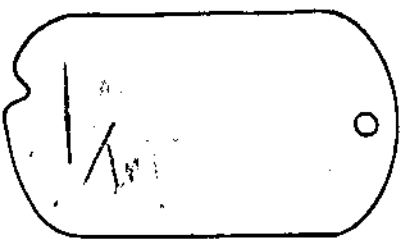
NAT  
Dike  
X-791  
25 Feb 52

		<b>Section UNIDENTIFIED REMAINS.</b>			
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
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					
RIGHT THUMB					
RIGHT INDEX FINGER					
RIGHT MIDDLE FINGER					
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align: center;">  </div>				
RIGHT LITTLE FINGER	REMARKS:  Plot C, Row 14, Grave 55 was previously occupied by CMM Malvern H. SMOOT, 2715243, USN, whose remains were disinterred and shipped to the Zone of Interior.				

/gmr CORRECTED

RESTRICTED

7-207

QMC Form 1049 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 46, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 28 June 1950			
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				SERIAL No. Unknown		
NAME (Last, first, middle initial) UNKNOWN X-791 Leyte # 1 (Formerly UNKNOWN X-3257-B, AGRS Mausoleum)		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 Aboard USS Deady, 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								
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY MRS. ... ... ... P.I.								
DATE OF BURIAL 28 June '50		HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 800	ROW No. 10A	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 # 1, Leyte, P.I.				PLOT No.	ROW No.	GRAVE No. 3742
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, Iden. Sec.				SIGNATURE OF GRS OFFICER VERIFYING REPORT H. B. McNEMAR, 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

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

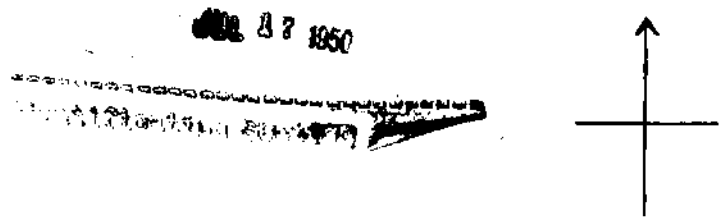
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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



**REMARKS:**

Remains Unknown X-3257-B (Formerly Unknown X-168 Leyte # 1) was redesignated Unknown X-791 Leyte # 1 to correspond to cemetery where remains was desinterred.

QMC Forms 1044, 1044-A & 1044-B accomplished.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

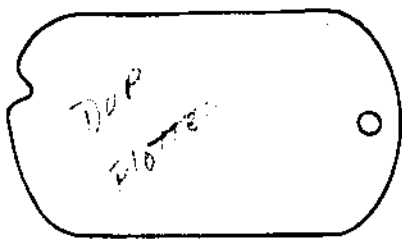
RIGHT  
LITTLE FINGER

1950

JUL 1 1950

**CORRECTED**

**RESTRICTED**

QMC Form 1043 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 46, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>28 June 1950</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				
NAME (Last, first, middle initial) <b>UNKNOWN X-791 Leyte #1 (Formerly          UNKNOWN X-3257-B, AGRS Mausoleum)</b>		SERIAL No. <b>Unknown</b>				
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Aboard USS Deady,          Leyte, P. I.</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See Remarks</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>		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 <b>None</b>				<b>A TRUE COPY:</b>  <b>H. B. McNEEMAR          Captain, QMC</b>		
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>AGRS MAUSOLEUM, MANILA, P. I.</b>						
DATE OF BURIAL <b>28 June 50</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>800</b>	ROW No. <b>10A</b>	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery #1, Leyte, P.I.</b>			PLOT No.	ROW No.	GRAVE No. <b>3742</b>
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK <b>1st Lt</b>	SERIAL No. <b>29 Aug 50</b>	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK <b>C/M</b>	SERIAL No.	ORGANIZATION <b>Identification Branch</b>	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT <b>/s/t/ PAUL R NICHOLS, Chief, Iden. Sec.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>/s/t/ H. B. McNEEMAR, Capt., QMC</b>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**



**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.

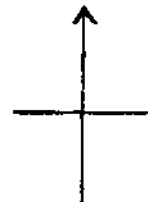
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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**

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

28 JUL 1951  
 Identification Section



**REMARKS:**

Remains Unknown X-3257-B (Formerly Unknown X-168 Leyte #1) was redesignated Unknown X-791 Leyte #1 to correspond to cemetery where remains was disinterred.

QMC Form 1044, 1044A & 1044B accomplished.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER