

FILE IDENTIFICATION TOPPER

FILE NUMBER

9932 Ink. Light #1 X-10

SUBJECT

Also manila manila X-3747

QMGMT 293
GIS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-60 (formerly Y-166, USAF Cem #5, Finsch., N.C.)
Unknown X-104 (formerly Unknown X-148, USAF Cem #5, Finsch., N.C.)
Unknown X-485 (formerly Unknown Y-128, USAF Cem #5, Finsch., N.C.)
Unknown X-2227 (formerly Unknown Y-612, USAF Cem #1, Leyte, P.I.)
Unknown Y-2300 (formerly Unknown X-641, USAF Cem #1, Leyte, P.I.)
Unknown X-2321 (formerly Unknown Y-617, USAF Cem #1, Leyte, P.I.)
Unknown Y-3404 (formerly Unknown X-338, USAF Cem #1, Leyte, P.I.)
Unknown X-3407 (formerly Unknown X-341, USAF Cem #1, Leyte, P.I.)
Unknown X-3661 (formerly Unknown X-62, USAF Cem #1, Leyte, P.I.)
✓ Unknown X-3747 (formerly Unknown X-10, USAF Cem #1, Leyte, P.I.) ✓
Unknown X-4577
Unknown X-4898
Unknown X-5067

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

FOR THE QUARTERMASTER GENERAL:

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

T.A.Fields:jdk
Salser
JW

cc: Administrative Section

REB

JS

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

16 May 1949

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-26	UNKNOWN Y-3404
" X-60	" X-3407
" X-104	" X-3661
" X-485	" X-3747 ✓
" X-2227	" X-4577
" X-2300	" X-4898
" X-2321	" X-5067

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

FOR THE COMMANDING GENERAL:

JOHN A. WAFSZAL
1st Lt., AGD
Asst Adj Gen

14 Incls:

QMC Forms 1044 w/certificates
of Unidentifiability.

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 80307

DATE

23 05 49

DAY MONTH YEAR

NAME

UNKNOWN X-10

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

312

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

**UNITED STATES MILITARY CEMETERY
FT. MCKINLEY, P. I.**

(ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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

FILE
AUG 2 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

3747

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 00034	DATE 15 05 48 DAY MONTH YEAR
---	--------------------------------	--

NAME UNKNOWN	SERIAL NUMBER X-000010	RANK O	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY LEYTE NO 1				DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		312	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	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 /	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

CANCELLED

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 GRS INSPECTOR

FILE
AUG 2 1948
New York

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Jan 13

RECORD OF CUSTODIAL TRANSFER

REPAIRATION RECORDS BRANCH
 JUL 1 3 42 PM '49
 MEMORIAL DIVISION

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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 (BA ADMINISTRATIVE ORDER)		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

1

Interred 9 June 1949
L 7 52 Ft. McKinley

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

L-7-52

PREPARED BY PHILCOM

DIRECTIVE NUMBER

7740 80307

DATE

23 05 49

DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-10					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO. 1, P. 1.			312	7701 80

CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. MCKINLEY, P. I.	(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-10				8 June 49
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			A. J. ROBERTSON Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
<p>FILE</p> <p>79 JUN 1949</p>	

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

2 Maus. Tags - Unk X-3747 Form Unk X-10 Leyte #1

REMAINS PREPARED AND PLACED IN CASKET

DATE 8 June 49 BY A. J. ROBERTSON

CASKET SEALED BY	EMBALMER (Signature)
A. J. ROBERTSON	<i>A. J. Robertson</i> A. J. ROBERTSON

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 8 June 49 BY WEYMAN L MCGUIRE, SGT, MC	J. J. McDERMOTT

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

J. J. McDermott
J. J. McDERMOTT

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO UNITED STATES MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Charles [unclear]</i>	DATE JUN 1949

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

REPATRIATION RECORDS BRANCH
 JUN 2 3 31 PM '49
 FEDERAL BUREAU OF INVESTIGATION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

Fields

3 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 10, Plot _____,
Row _____, Grave 312, 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. McNemar
H. B. McNemar
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Encl. # 11

Received 31 May 49 OQMG
Not identifiable from
information presently
available *Fields - 6 June 49*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3747 (Formerly Unk X-10 Leyte #1)				2. DATE OF REPORT 3 May 49	
3. NAME OF CEMETERY ADP		4. PLOT 812	5. ROW W	6. GRAVE 5731	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 1/2"	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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







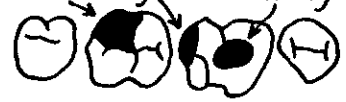



"UNIDENTIFIABLE"




"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 112

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>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p> 	

		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																		
																		
		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."

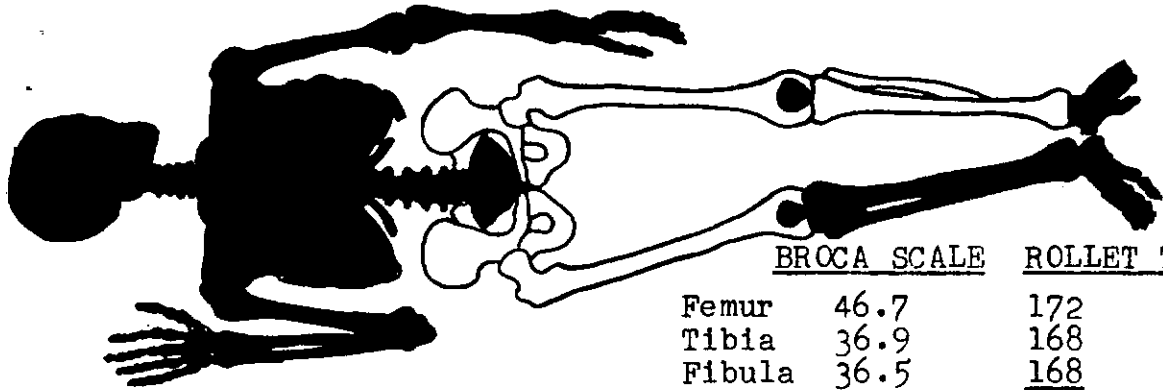
No loose teeth present with remains.

"UNIDENTIFIABLE"

J. J. Mc Dermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Average length in cms. 169 or 5' 6 1/2"

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 1/2 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE



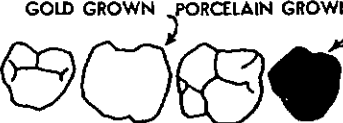





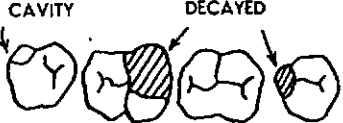

X-3747

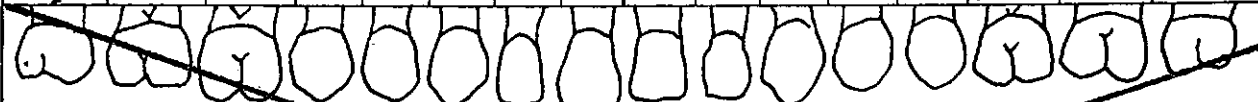

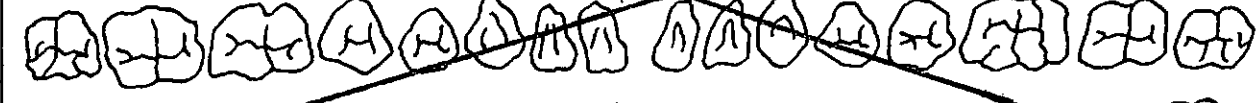

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3747 (Formerly X-10 USAF Cem #1, Leyte P.I.)			2. DATE OF REPORT 12 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW MANGER BAY W	6. GRAVE CRYPT 5731	7. DATE OF DISINTERMENT 23 Dec 47
					REINTERMENT STORAGE 14 Feb 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 1/2"	10. COLOR OF HAIR UTD		11. RACE UTD	
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 - Due to condition of remains.					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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					

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
		M	a	x	i	i	i	a		M	i	s	s	i	n	e
SIDE VIEWS																
TOP VIEWS																
																
SIDE VIEWS																
	M a n d i b l e								M i s s i n g							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

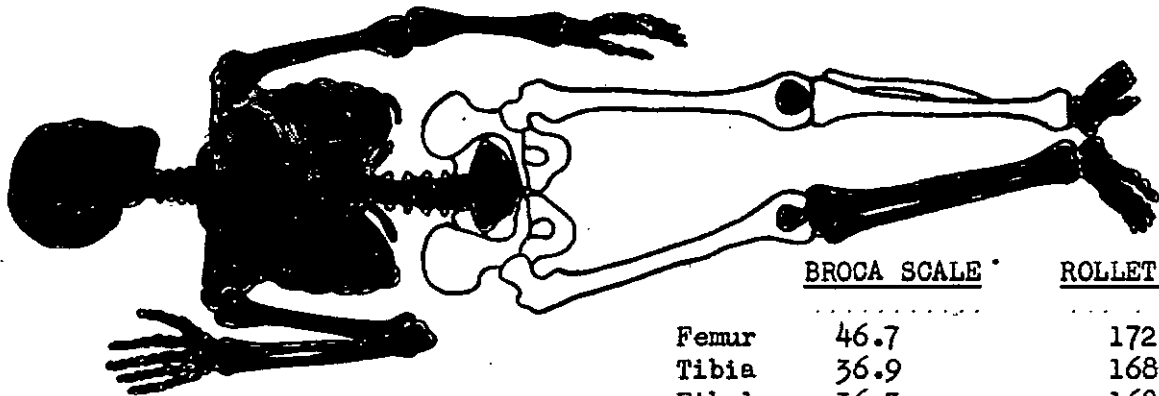
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla and mandible missing. No teeth found with remains.

CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA, 2d Lt., MSC

s/ Joseph D. Murphy T/5



BROCA SCALE ROLLET TABLE

Femur	46.7	172
Tibia	36.9	168
Fibula	<u>36.5</u>	<u>168</u>
		169

Average length in cms. 169 or 5' 6 $\frac{1}{2}$ "

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I. D. tags or burial bottle found with remains.
No personal effects found. Estimated weight of remains 3 $\frac{1}{2}$ lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
1st Lt., MSC

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/ ROBERT F. STEVENSON
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F. Stevenson

OMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

ite

X-3747
XXX 5 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOW N X 10

Serial Number

Grade

--

Organization

--

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

312

2. Date of Disinterment

1430 hrs 23 Dec 47

Next Of kin:

--

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in sneiter naive burial. Skelctal remains. Skull, maxillary and Mandible missing. Sug Tags on remains and on marker coincide with ROI on file.

4. What Identification Found at Time of Disinterment: On Marker

Sub Tag

On Remains

Sug Tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.


JAMES H. JACKSON, Major, TC

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Tooth Missing Tooth Missing

Crowned Teeth



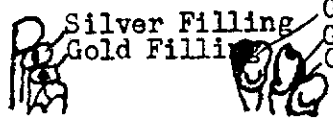
Gold Crown Porcelain Crown

Bridgework



Gold & Porcelain Bridge Gold Bridge

Fillings



Silver Filling Gold Filling

Caries (Cavities)



Cavity Decayed

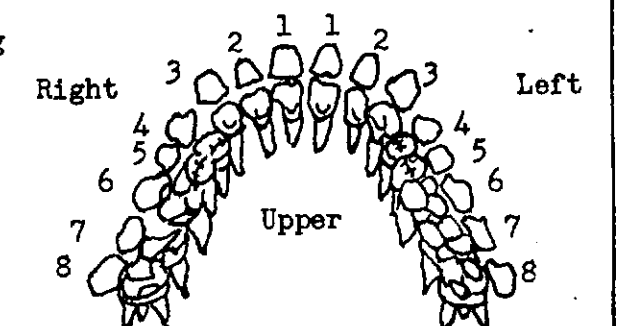
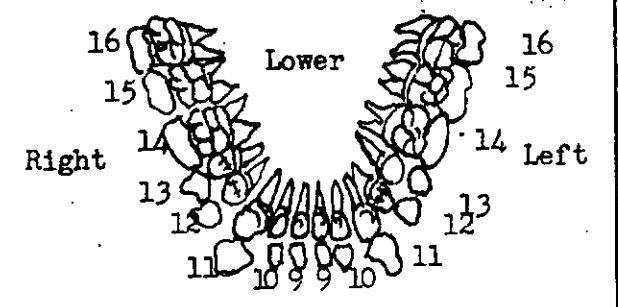
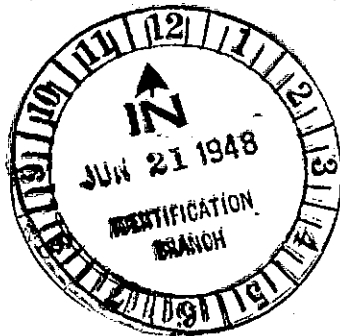


Diagram represents the mouth wide open



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



5-34880-4N

RESTRICTED

111 22 1948

U 3412

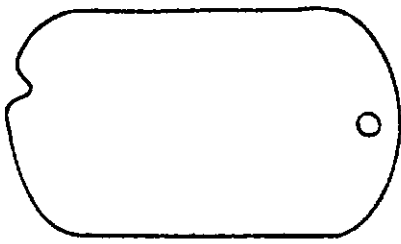
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

27 Feb 48

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-3747 (Formerly UNK X-10 USAF Cem #1, Leyte, P.I.)		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
Area of Dagami, Leyte, P.I.	KIA	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	
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.
STORAGE 14 Feb 48	1300	STORED Casket	None	812	HANGER BAY C W	5731

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 RESTORED	USAF Cemetery #1, Leyte, P.I.			312

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.
UNKNOWN X-3748-A				5732

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3745				5730

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
V C AQUINO, T-5, QMC	L S PANOPIO, 2d 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

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.


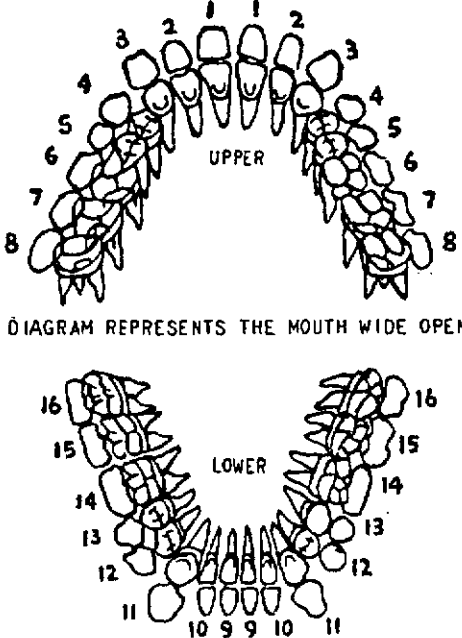



(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

Unidentified American Soldier

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT LITTLE FINGER			
RIGHT RING FINGER			
RIGHT MIDDLE FINGER			
RIGHT INDEX FINGER			

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



REMARKS:

QMC Form 1044, 1044A and 1044B accomplished.

19 MAY 1941

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

16179
16179

UNKNOWN AMERICAN SOLDIER X-10

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Area of Dagami,	Leyte,	P.I.			KIA
(Place of death)	(Date of death)		(Cause of death)		
1000 hrs 5 June 1945	USAF Cemetery Leyte, P.I.				
(Time and date of burial)	(Name of cemetery)		(Name or coordinates of location)		

312

Reg. Cross

(Grave number)	(Row number)	(Plot Number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 841, (X-80)

Metal tag buried with body and attached to marker.

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)	Religion
--	----------

Body buried on RIGHT BAKER, Verle J.	6 567 726	S/Sgt	Co B,	
(Name)	(Serial number)	(Rank)	440 Sig Bn	313
			(Organization)	(Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-9				311
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)	(Name and address of LEGAL NEXT OF KIN)
---	---

List only personal effects: FOUND ON BODY and disposition of same: None

RESTRICTED

RESTRICTED

(9)
1040

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).
If unable to obtain a complete set of fingerprints, TAKE THOSE YOU
CAN, and fill in as many of the following as you are able:

Height: _____ Apparent nationality: _____
Weight: _____ Laundry marks: _____
Color of eyes: _____ Number of rifle: _____
Color of hair: _____ Wear glasses? _____
Race: _____ Is tooth chart attached? _____
(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,
deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE
LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John E. Bobis
John E. Bobis, S/Sgt, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, 1st Lt, OMC

(Verified by Army Officer)

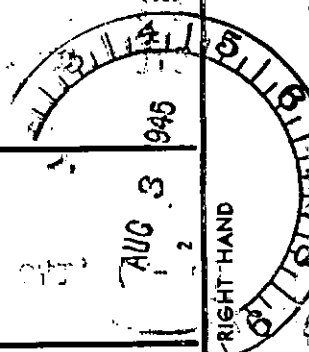
LEFT HAND

2

THUMB

RIGHT HAND

THUMB



~~RESTRICTED~~
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

16179

UNKNOWN AMERICAN SOLDIER X-80

Area of (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Dagami, Leyte, P. I.

KIA, result EA

(Place of death)

(Date of death)

(Cause of death)

1400 hrs 22 Feb 1945

USAF Cemetery, Dulag # 1, Leyte, P. I.

(Time and date of burial) ~~USAF~~ reburial

(Name of cemetery)

(Name or co-ordinates of location)

841

Reg Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation Y-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion ~~DIS-INTERRED FROM ISOLATED GRAVE 3 miles due South of Dagami, Leyte, P. I., Grid co-~~

(If no identification tags, what means of identification are used with the body?)

ordinates 1347.37-

1334.39, Special

Polyconic Grid Map,

Leyte, P. I. 842

Body buried on RIGHT UNKNOWN AMERICAN SOLDIER X-81

1,50,000

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-79

840

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

(21) 1327

NONE

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ? <input type="checkbox"/> No

NO skull (If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Francis P. Weimeschirch
Francis P. Weimeschirch, ORS

(Signature of officer or other person reporting burial)

ROY T. SULZBACHER Capt., QMC

(Verified by Army GRS Officer)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

UNIDENTIFIED
23 JUN 1945