

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Link Suite #1 X-102

SUBJECT

Also 293 Manila Mans. 7-3786

AIRMAIL

22 March 1961

QUICENT 293

Unknown X-3786
AGRS Mausoleum, Manila, P.I. *mm*

SUBJECT: Identification of World War II Deceased

File 293 Leyte #1 X-102

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to Certificate of Unidentifiability for the remains of Unknown X-3786, AGRS Mausoleum, Manila, P.I., formerly Unknown X-102, USAF Cemetery #1, Leyte, P.I.
2. This Office approves the classification of the above Unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

JOHN W. REFF
Capt QMC
Memorial Division

EJF

GP
G. Palmer:lrc
Salser
cc--Administrative Section
cc--CinCPe
cc-Philcom

GP
MAR 22 9 40 AM '51
D. D. H. G.
MAIL & RECORDS BRANCH

X-293 unk Leyte #1 X-102

AIRMAIL

1. FILE UNDER NO. 293 - Unk Leyte # 1 X-102

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 22 Mar 51
4. FROM: OQMG
5. TO: Com. Officer Amer. Graves Reg. Ser. PZ, APO 958 c/o PM San Fran., Cal.
6. SUBJECT: Identification of World War II Deceased

Ref made to Certificate of Unidentifiability for the remains of Unk X-3786, AGES Mausoleum, Manila P.I.

7. DOCUMENT FILED
UNDER NO. 293 - Unk X-3786 Mausoleum Manila

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1/jdm

727

DISINTERMENT DIRECTIVE

Interred - 18 Jan 1951

NMCP

Section Q, Grave No. 1277 *Joseph J. Walsh* Acting Supt.,

PACIFIC

DIRECTIVE NUMBER

DATE
15 05 48
DAY MONTH YEAR

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

7740 00127

NAME

943unk Leyte #1 X-102
UNKNOWN
(Manila Maus X-3786)

SERIAL NUMBER

X - 000102

RANK

ARM

Q

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

~~XXXXX~~ ~~XXXXX~~
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

3039

PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

National Memorial Cemetery of the Pacific, Hon. P.H.
~~PHILIPPINE ISLANDS~~
~~XXXXXXXXXXXXXXXXXXXX~~
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-102
UNKNOWN X-3786 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 Sept 1948

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

ROBERT F. STEVENSON
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 1

Two Identification tags shows UNKNOWN X-3786 (MAUSOLIUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 1948

BY

ROBERT F. STEVENSON

CASKET SEALED BY

ROBERT F. STEVENSON

EMBALMER (Signature)

Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sep 48 BY HORACE L. ALLISON, Sgt, INF

LUCIO S. PANOPPIO, 1st Lt., INF

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

Lucio S. Panoppio
LUCIO S. PANOPPIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

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

DATE

FILE

RECORDS ANNOTATED

DATE

NAME

BR. MEM. DIV.

Amel 8

2 February 49
Report
BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Port McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM U. S. ARMY MAUSOLEUM		TO Hawaiian Dist. Center	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Joseph P. Simoni</i> JOSEPH P. SIMONI	DATE 16 Jan 51	SIGNATURE OF RECEIVER LEROY F. TURNER, Adm. Asst.	DATE 16 Jan 51

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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

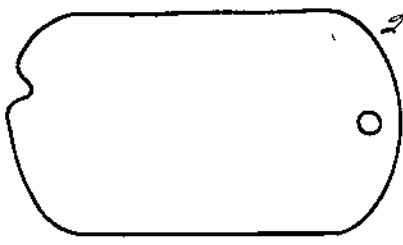
6. SHIPPED

FROM 3033		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

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT DEC 11 1950	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) 293 UNKNOWN X-102 USAF Cem Leyte #1, P. I. (Manila Maus X-3786)			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 Killed in Action			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 2 on reverse)				
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 U. S. ARMY MAUSOLEUM, AGRS-PAZ						
DATE OF BURIAL 3 Nov 50		HOUR		BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER Manila Section	Casket 197
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			Hanger 812	Crypt W 5769
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) --				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to				RANK --	SERIAL No. --	ORGANIZATION --
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets				RANK --	SERIAL No. --	ORGANIZATION --
SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst.				SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY W. MAY, Major, QMC 8 Feb 51		
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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


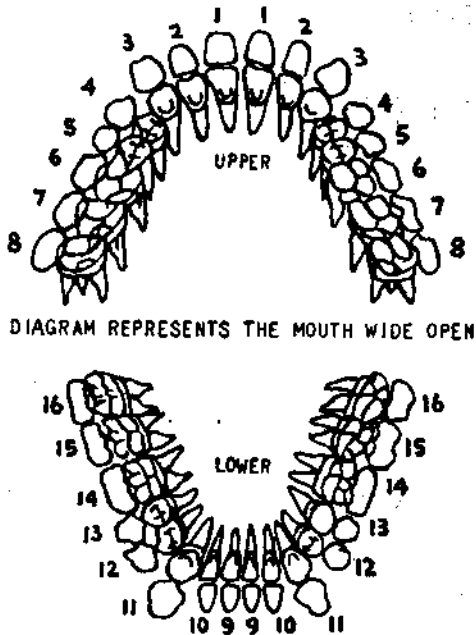




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

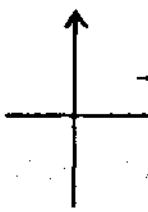
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

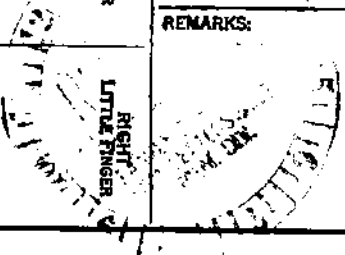
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

IDENTIFIED IN SECTION
 18 JAN 1951

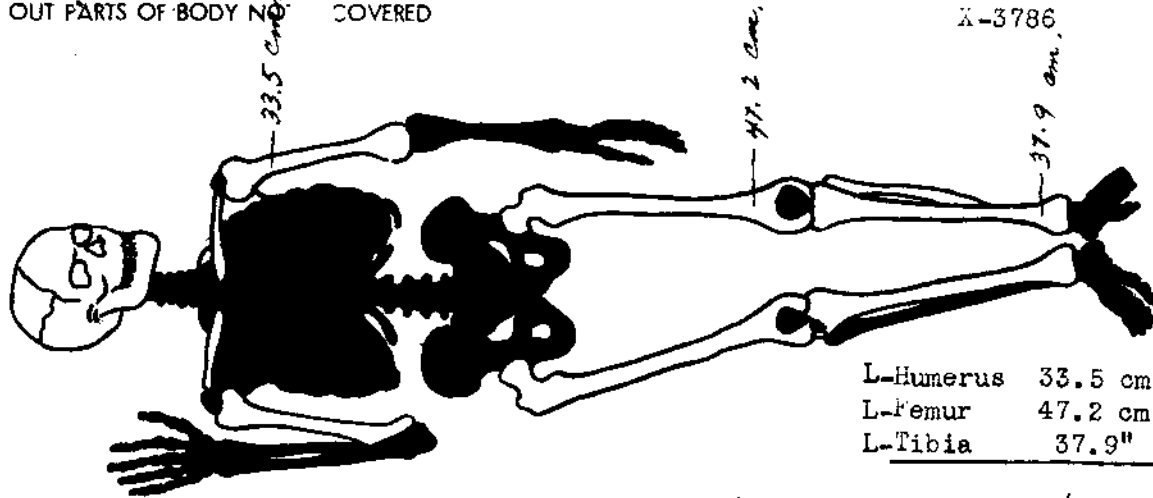


IDENTIFICATION DATA

1. REMAINS OF LINKDOWN UNKNOWN X-3786 (Formerly UNK X-102 [USAF Cemetery #1, Leyte, P.I.]				2. DATE OF REPORT 13 Feb 48				
3. NAME OF CEMETERY <i>21/2</i> AGRS Mausoleum, Manila, P.I.				4. PLOT 812	5. ROW W	6. GRAVE 5789	7. DATE OF DISINTERMENT 11 Dec 47	REINTERMENT STORAGE 14 Feb 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 7 5/8"		10. COLOR OF HAIR UTD		11. RACE UTD		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) substitute tag with the only inscription found: UNKNOWN X-102 (This tag placed with remains.)								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD <i>Handy E. May</i>								
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 UTD								
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) NONE								

19. BLACK OUT PARTS OF BODY NOT COVERED

X-3786



L-Humerus 33.5 cm - 170 cm
 L-Femur 47.2 cm - 174 "
 L-Tibia 37.9" - 174 "

Average height 172 2/3 or 5' 7 5/8"

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 personal effects, no ROI bottle found with remains. Two (2) tags as described in section 12 found. Circumference of the skull approximately 20 1/2 inches. Estimated weight of remains 6 lbs.

CERTIFIED TRUE COPY

G. T. Gamboa
G T GAMBOA
2d 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

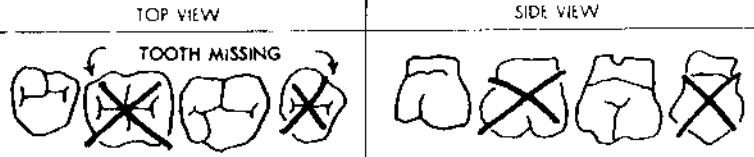
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ CLAUDE A PILLERS Emb sr C-063247
CIP Laboratory, Manila, P.I.

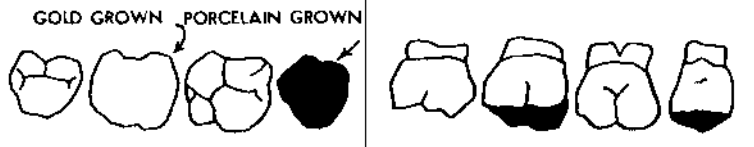
SIGNATURE

s/ Claude A Pillers

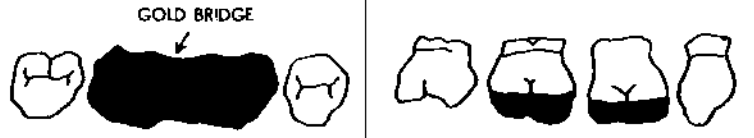
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



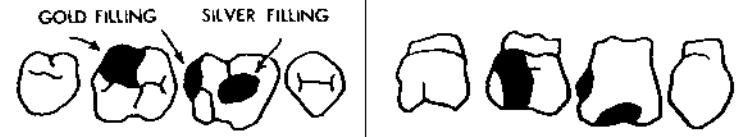
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



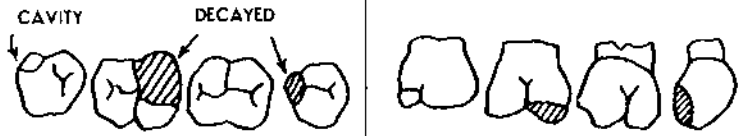
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
X	⊗	⊙	X	⊗	⊗	⊗	⊗	S α	⊗	⊙			H of	⊙	⊙
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
LOWER								LOWER							
UPPER								UPPER							
Cavity								Cavity							
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."

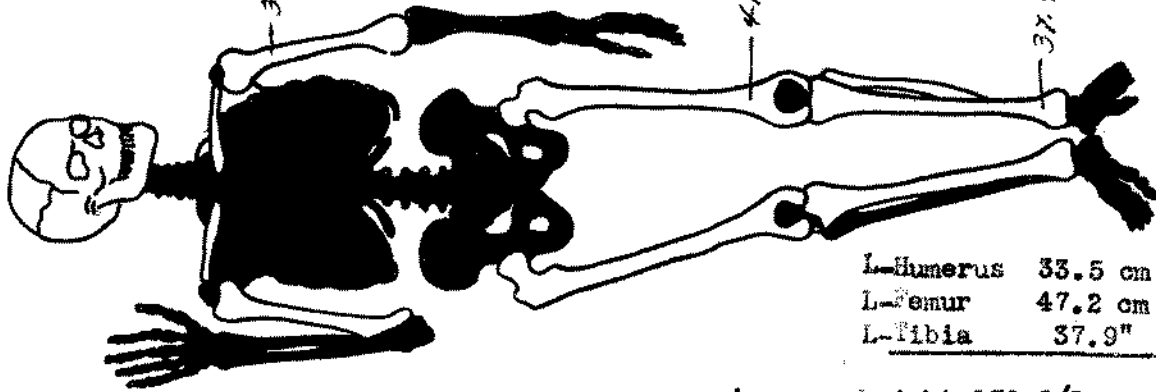
REMARKS: Mostly teeth present with remains are discolored.

CERTIFIED TRUE COPY
G T GAMBOA
2d Lt MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT DISCOVERED

X-3786



L-Humerus 33.5 cm - 170cm
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 L-Tibia 37.9" - 174"

Average height 172 2/3 or 5' 7 5/8"

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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 personal effects, no ROI bottle found with remains. Two (2) tags as described in section 12 found. Circumference of the skull approximately 20 1/2 inches. Estimated weight of remains 6 lbs.

CERTIFIED TRUE COPY

G. T. Gamboa

G T GAMBOA
2d 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/ CLAUDE A PILLERS Eub Sr C-063247
CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Claude A Pillers

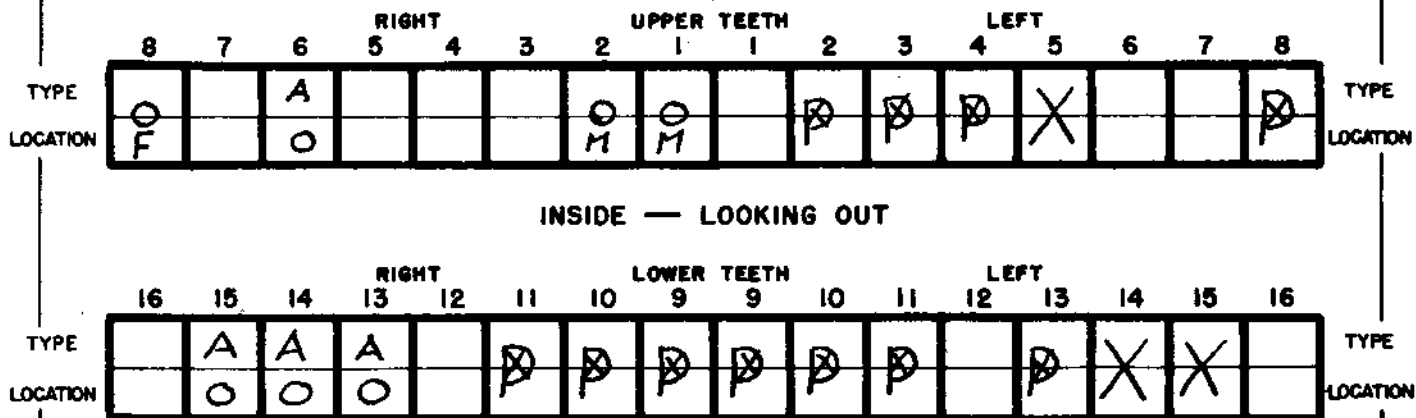
IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.







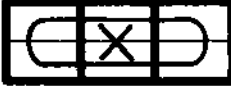







7 November 1946
DATE

Unknown X-102

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.



KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	

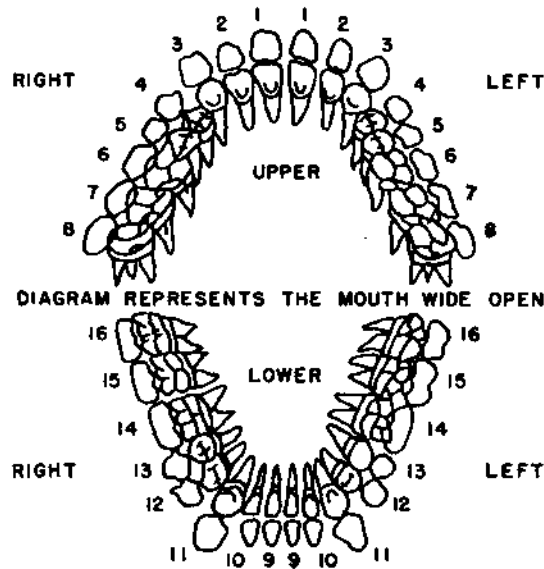
INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED


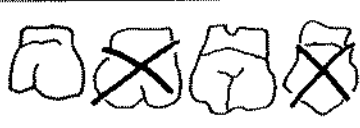
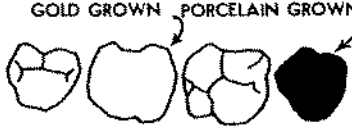





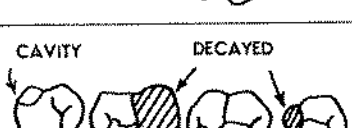
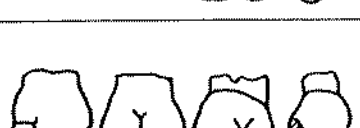
USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph I. Pielian
VERIFIED BY GRS OFFICER

JOSEPH I. PIELIAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

14 November 1946
DATE

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
	X	⊗	⊗	X	⊗	⊗	⊗	⊗	S d	⊗	⊗			H of	⊗	⊗
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	CAVITY o	X	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	H o	H o	H o	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."
REMARKS: Mostly teeth present with remains are discolored.

CERTIFIED TRUE COPY
J. F. Gamboa
 J. F. GAMBOA
 2d Lt MSC

s/ John J Connors

X-102 Leyte #1

X-3786

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3786 (Formerly UNK X-102 USAF Cemetery #1, Leyte, P.I.)				2. DATE OF REPORT 13 Feb 48	
---	--	--	--	--------------------------------	--

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT STORAGE
	812	W	5769	11 Dec 47	14 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7 5/8"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) substitute tag with the only inscription found:
UNKNOWN X-102
(This tag placed with remains.)

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

UTD

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem. Leyte #1, P.I.

Date 24 Dec 45

1. Remains of Unknown X-102 Serial Number ---
Rank --- Organization ---

2. Disinterred (date): 24 Dec 45 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 3039
By: Group Sgt McMemama Unit 4586 GR Co.

3. Reburied (date) 24 Dec 45 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 3039
By: Group Sgt McMemama Unit 4586 GR Co Nature of reburial shelter halve

4. Report as to nature of original burial and condition of body upon disinterment:
Body completely decomposed, original burial in shelter halve.

5. (a) Identification tags: Buried with body? On grave marker?
(b) Other means of identification found upon disinterment, and general remarks: Identification tag on marker, identification tag on body.

6. What does examination of body show as regards the following identifying items:

- (a) Height (actual measurement) _____
- (b) Weight (estimated) _____
- (c) Hair-Color _____
Quantity _____
Characteristics _____
- (d) Hair on face-Color _____
Location _____
Quantity _____
- (e) Permanent marks on body (old scars, peculiarities, or missing parts) _____
- (f) Wounds or missing parts (received at time of casualty) _____

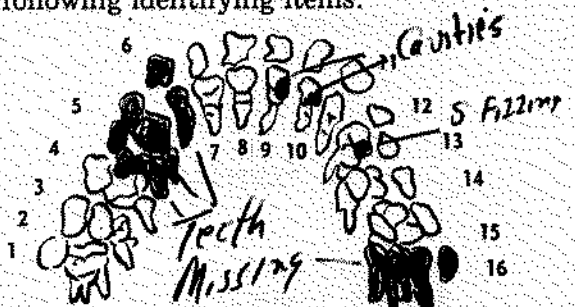
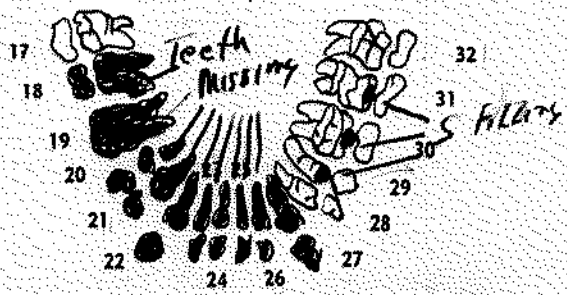


Diagram represents mouth wide open



7. Disinterment supervised by Sgt McMemama Approved: William D Rogers
(Title) 1st Lt., Inf

8. Reburial supervised by Sgt McMemama Approved: William D Rogers
(Title) 1st Lt., Inf

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



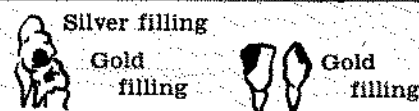
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



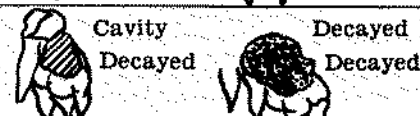
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



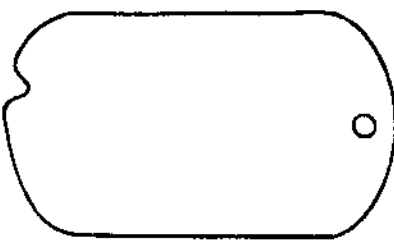
CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:


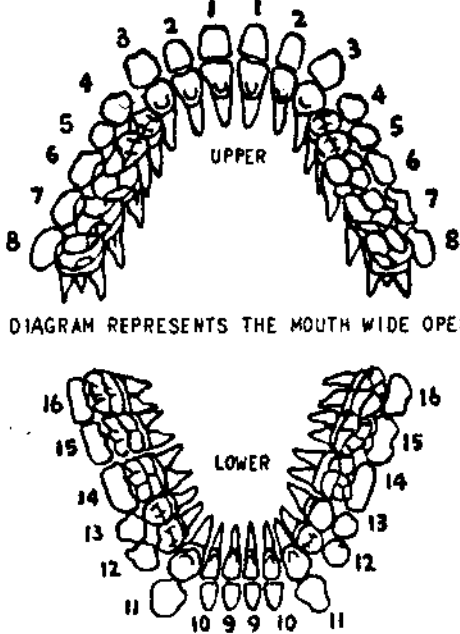







DENTURES (PLATES) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

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 : March 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-3786 (Formerly UNK X-102 USAF Cemetery Leyte #1, 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 Unknown		CAUSE OF DEATH KIA			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)					
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 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. 5769
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.				PLOT No.	ROW No.	GRAVE No. 3039
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) UNKNOWN X-3788			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5770	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3785-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5768	
SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> T/5 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> CALVIN F FINN Major, FA				
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.							

	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.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
1 2 MAY 1948	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>				
RIGHT RING FINGER	REMARKS:				
RIGHT LITTLE FINGER	QMC Form 1044, 1044-A and 1044-B accomplished.				

file

UNKNOWN X-102

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

KIA

(Cause of death)

(Place of death)

(Date of death)

1500 hrs 22 July 1945

(Time and date of burial)

USAF Cemetery Leyte #1, P.I.

(Name of cemetery)

(Name or co-ordinates of location)

3039

(Grave number)

(Row number)

(Plot number)

Reg. Cross

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

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

Religion

Disinterred from USAF Cemetery Pinamopoan #1, Leyte, P.I. Grave 116 (X-6)

Metal tag buried with remains 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)

Body buried on RIGHT HENSLEY, LeRoy

(Name)

33 091 571

(Serial number)

Pfc

(Rank)

128 Inf

(Organization)

3040

(Grave number)

Body buried on LEFT CHAVEZ, Agapito

(Name)

38 352 730

(Serial number)

Pvt

(Rank)

128 Inf

(Organization)

3038

(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

77 702

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. 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? **NO.**
(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 GRS Officer)

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

4
3
2
1
THUMB

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

12 Mar 45

10363

Unknown X6.

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Cause of death)

(Grave term)

(Place of death)

(Date of death)

(Cause of death)

0930 - 25 Nov 1944 USAF Cem. Pinamopon No. 1, Leyte Island, P.I.
(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

116

(Grave number)

3

(Row number)

(Plot number)

Improvised Marker.

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

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

Religion ? Memo enclosed in shell case buried with body. Zinc strip attached to Marker.

CERTIFIED TRUE COPY

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

1st Lt. F. J. TONN OMC.

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

Body buried on RIGHT VACANT - Rock Obstruction

117

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT HENSLEY, LeRoy, NMI 33091571 Pfc.

128th Inf. Regt. 115

(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 found on body.

(21)

CONFIDENTIAL:

#132

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. CERTIFIED TRUE COPY:

MARLIN D. LEWIS, Capt. QMC.

/s/ T/Sgt. Canlyle A. Wingner
(Signature of officer or other person reporting burial)

/s/ John Trinale, 1st Lt. C.
(Verified by Army GRS Office)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
22 FEB 1945