

FILE IDENTIFICATION TOPPER

FILE NUMBER

292 unk Lyst #1 X-119

SUBJECT

also 293 unk mass Manila X-3651

AIRMAIL

RESTRICTED

QMGMT 293
GWS Far East

(Blot Revised)

27 September 1949

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review recommending the following identifications are returned herewith disapproved:

Unknown X-3652 AGRS Mausoleum, Manila (formerly Unk. X-120 Leyte #1)
as Russel, Sam J., Cpl., 34663407.

Unknown X-3650-A AGRS Maus. Manila (formerly Unk. X-114 Leyte #1)						
" X-3279	"	"	"	"	"	Unk. X-117 "
" X-3280	"	"	"	"	"	Unk. X-118 "
<i>x 293 Unk. P.1</i> X-3651	"	"	"	"	"	Unk. X-119 "
" X-3262	"	"	"	"	"	Unk. X-121 "
" X-3281	"	"	"	"	"	Unk. X-127 "
" X-3410	"	"	"	"	"	Unk. X-126 "
" X-3420	"	"	"	"	"	Unk. X-179 "

as a Group Burial, the remains of the following decedents:

Dissler, Frederick E.		T/5	32068191
Klatte, Richard L.	T/5		36205716
Mathews, Walter L.	T/5		34665190
Hute, Kenneth H.	T/4		36013715
Pawlowicz, Leo G.	T/5		36608077
Platchek, Joseph	T/5		37385478
Shapiro, Barnett I.	T/5		12201720
Walker, Eugene S.	T/5		38282216

2. Investigation in this Office reveals that there are believed to be between eighty and one hundred Army personnel killed or missing in action as the result of the incident which was responsible for the death of the above named deceased. No complete official casualty list has ever been compiled. Therefore paragraph #6 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

AIRMAIL

RESTRICTED

QMOMT 293

GRS Far East

SUBJECT: Identification of World War II Deceased 27 September 1949

3. Lack of dental data and the fragmentary condition of the remains precludes any possibility of individual identifications.

4. The identification of Unknown X-3260 as Deck Engineer Carroll S. Larson, Z-369261, Merchant Marine associated with the same incident, was rescinded per letter to your headquarters 9 September 1949.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. Bd Proceedings (Russel)
2. Bd Proceedings
(Group Burial)

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

REB
EAB

TEC

J.E.Ball:lrc

Salser

JW

cc--Administrative Section
cc--Cincfe

2
RESTRICTED

MAIL

100/7 293
Unknown X-1260 AGHS
Mausoleum, Manila, P. I.

29 July 1948

SUBJECT: Dental Chart Discrepancies

TO : Commanding General
Philippine-United States Command
APO 707, c/o Postmaster
San Francisco, California

ATTENTION: AGHS, PHILIPPINE ZONE

1. Reference is made to AGHS Form 1043 for Unknown X-1260, AGHS, Mausoleum Manila, P.I., Hangar #12, Bay 1, Crypt 2790, formerly Unknown X-3651 (McCabe) HAFB Manila #2, Luzon, P.I., Plot 1, Row 5, Grave 615.

2. Due to the existing discrepancies it is requested that the teeth of the remains of Unknown X-1260, AGHS Mausoleum Manila, P.I., be reexamined by a qualified Medical Officer and dental chart submitted to this office, so that this situation may be clarified.

3. It is further requested that clarification be forwarded this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

aem

WCS

CC: ADMIN. SECT.

T. H. WITZ
Lt. Colonel, MC
Memorial Division

Unknown X-1260 (McCabe) HAFB Manila #2 (1948)

RL 181W

/drs 1	Interred 13 February 1950 N 12 203 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK	DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 00141	DATE 15 05 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X-000119		0	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY LEYTE NO 1	7701 80 CODE DIST. PT.			
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		3119	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-119 UNK X-3651 (MAUSOLEUM)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY PERRY E. WHITE Embalmers 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

Two (2) Identification tags read MAUS UNK X-3651.

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE	EMBALMER (Signature) <i>Perry E. White</i> PERRY E. WHITE
------------------------------------	---

CASKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt., Inf.	SHIPPING ADDRESS VERIFIED BY TEOFILO M. MUPAN, 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.

Teofilo M. Mupan
TEOFILO M. MUPAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

8 MAR 1950
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE FEB 13 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 (EX ADVANCE) (SALVAGE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBL MC KINTON COMPANY	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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

18 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 119, Plot _____,
Row _____, Grave 3119, USMC USAF Cem. 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:


E. E. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

SPQYG 293
Unknown 8488, P.I.

Philippine Islands

unk. 293, Leyte #1 X-119

17 March 45

SUBJECT: Report of Burial.

H. A. J.

TO : Commanding General, SWPA
APO 801, c/o Postmaster
San Francisco, California
FOR: The Chief Quartermaster

1. Reference is made to report of burial for Unknown American Soldier X-41 in the USAF Cemetery, Tacloban #1, Grave 366.
2. The fingerprint submitted on the NMS Form #1 was found to be too indistinct for comparison.
3. Should additional information become available to your headquarters, which may be of assistance in the identification of the Unknown, it is requested that it be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

H. A. BARNES
Brigadier General, GMC
Deputy The Quartermaster General

jp
CCP

Consolidated

*MA
DI
MI*

MAR 19 10 24 AM '45

INDEX & RECORDS SEARCH

MAR 17 11 00 AM '45
RECEIVED
GENERAL INVESTIGATIVE DIVISION
U.S. DEPARTMENT OF JUSTICE

X-293 Unknown-X-41 (Philippine Islands)

RESTRICTED

AGPC-S 704 (28 Feb 45) 1st Ind.
AD, AGO, Washington, 25, D. C., 9 March 1945.

TJM/McG/arc/4602

TO: The Quartermaster General, Washington, 25, D. C., Attention: Chief,
Registration and Planning Branch, Room 1100, Temporary Building C.

1. Returned unidentified. Fingerprints on attached forms Report
of Interment No. 8453, and Certificate of Death, for unknown American
soldier X-41, are too indistinct for comparison purposes.

FOR THE ADJUTANT GENERAL:

John T. Burns
JOHN T. BURNS
Major, AGO,
Officer in Charge,
Status Review and
Determination Section.
JTB

2 Incls.
n/c

*293
Unknown 8453 Philadelphia Soldier*

*File
12/11/45
@*

RESTRICTED



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO SPQYG 293
Unknown 8453, P. I.

5 February 1945

Handwritten notes:
S.M.
1300
M. H. Clancy

Handwritten:
84
ceg
293

SUBJECT: Fingerprint of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

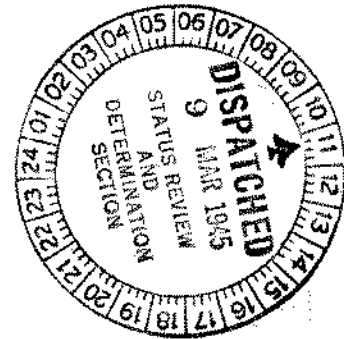
ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D. C.

1. The inclosed NMS Form N is forwarded to your office with a request that comparison be made of the thumb print thereon with those on file for personnel known to have been casualties of the SS Jeremiah H. Daily.
2. Photostatic copy of report of burial is also inclosed.
3. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

Signature: Mayo A. Darling
 FEB 6 1945
 10 21 80
 MAYO A. DARLING
 Lt. Colonel, Q.M.C.,
 Assistant.

- Handwritten:* 2 Incls.
 1 - Photostatic copy of Burial Report
 2 - NMS Form N.



Handwritten:
65-218-45

RESTRICTED

SPQYG 293
Unknown 8453, P. I.

5 February 1945

SUBJECT: Fingerprint of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D. C.

1. The inclosed NMS Form N is forwarded to your office with a request that comparison be made of the thumb print thereon with those on file for personnel known to have been casualties of the SS Jeremiah H. Daily.

2. Photostatic copy of report of burial is also inclosed.

3. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addresses and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q.M.C.,
Assistant.

2 Incls:

- 1 - Photostatic copy of Burial Report
- 2 - NMS Form N.

MEMORIAL DIVISION

FEB 6 8 58 AM '45

CCP

JP

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3651 (Formerly UNK X-119 Leyte #1)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5412	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'6 1/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Severely
---	------------------------------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Severely
--	------------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

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

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X								Ⓟ		Ⓟ					X		
Side View																	Side View
Top View																	
Side View																	Side View
								Ⓟ				Ⓟ					
	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: Slight discoloration is shown in the teeth, upper and lower.

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Identification Section

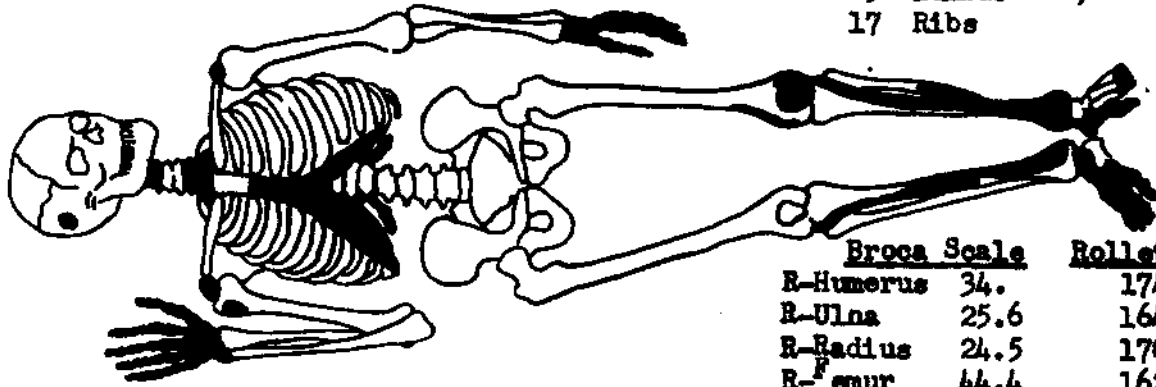
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

X-3651

19. BLACK OUT PARTS OF BODY NOT RECOVERED

	Present)
2	Cervical)
12	Thoracic) Vertebrae
5	Lumbar)
17	Ribs)



	<u>Broca Scale</u>	<u>Rollet Measure</u>
R-Humerus	34.	174 cm
R-Ulna	25.6	164 "
R-Radius	24.5	170 "
R-Femur	44.4	162 "
R-Fibula	36.7	168 "

Average height: 167 3/5 or 5'6 1/8"

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 7½ lbs.

Circumference of skull - 20 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section











SIGNATURE

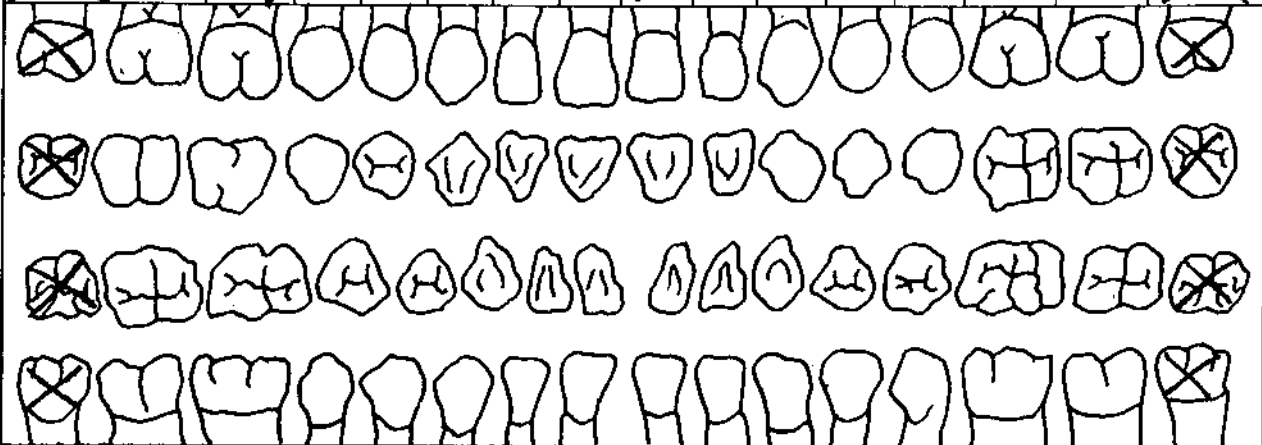


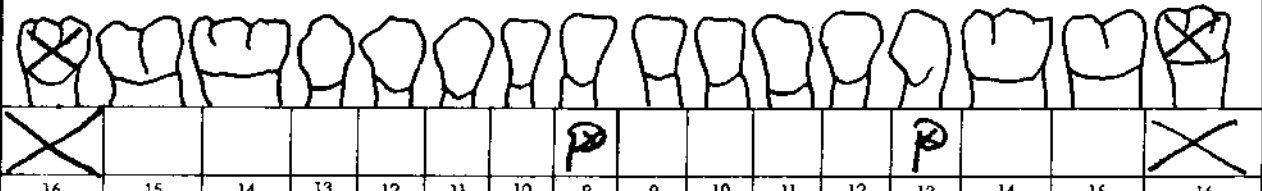
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3651 (Formerly UNK X-119, USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 10 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5412	7. DATE OF DISINTERMENT 11 Dec 47	REINTERMENT 11 Feb 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'6-1/8"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) substitute tags with the following inscription found; On one (1) tag was inscribed the following: UNKNOWN AMERICAN SOLDIER X-119 and on the other tag, the only inscription found is UNKNOWN X-119, (Both tags 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 ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Severe burns				
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Severely (Both left and right tibia)				
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						

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>TOOTH MISSING</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	
X								P		P					X	
SIDE VIEWS																SIDE VIEWS
TOP VIEWS																UPPER
																LOWER
SIDE VIEWS																SIDE VIEWS
X								P				P			X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."
REMARKS: Slight discoloration is shown in the teeth, upper and lower.

VERIFIED TRUE COPY
G. T. Gamboa
 G T GAMBOA
 2d Lt LSC

/s/ John J. Connors

16 Feb. 1948

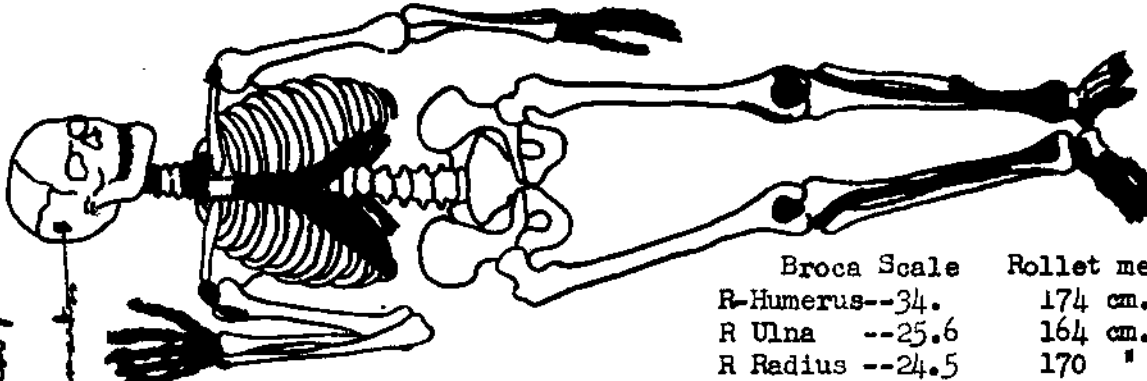
X-3651

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3651

- (2) Cervical vert present.
- (12) Humerus vert present.
- (5) Scapulae vert present.
- (17) ribs present

See number



	Broca Scale	Rollet measure
R-Humerus	--34.	174 cm.
R Ulna	--25.6	164 cm.
R Radius	--24.5	170 "
R Femur	--44.4	162 "
R Fibula	--36.7	168 "

Average Height -167-3/5 or 5'6-1/8"

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 with remains. Circumference of the skull approximately 20 inches. Estimated weight of remains 7 lbs.

A wound about 1/2" by 1" about the center of the right parietal space presumably caused by shrapnel was found.

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.


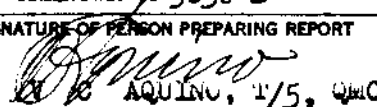

SIGNATURE
 /s/ Claude A. Pillers

JUN 15 1948

RESTRICTED

U3111A

/8aa

WD OMC FORM 1022 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			GRADE ORACE	DATE OF REPORT 20 Feb 48
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3651 (Formerly UNK X-119 USAF Cemetery Leyte #1, P.I.)			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Aboard SS Jeremiah H. Daily, Leyte Gulf, P.I.		CAUSE OF DEATH IA 2nd degree burns, severe shrapnel wounds, result of enemy bombing.			DATE OF DEATH 12 Nov 44	
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 4 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 MUSELIUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORAGE Casnet	TYPE OF GRAVE MARKER None	PLOT No. WANGH 812	ROW No. BAY CRYPT U	GRAVE No. 5412
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. 3119
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-3652			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5413
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-3650-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5411
SIGNATURE OF PERSON PREPARING REPORT  AQUINO, T/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LCS PANOPTO 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

10/311

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.

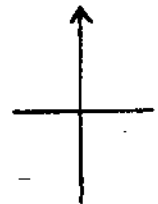
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

Probable American

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">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:

QnC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1948
1948

UNKNOWN AMERICAN SOLDIER X-119

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,	Leyte		12 Nov 1944	KIA-2nd deg burns, severe	shrappnel wounds, result of
(Place of death)	Gulf, P. I.	(Date of death)			enemy bombing.
1300 hrs 23 July 1945	USAF Cemetery Leyte				(Name or co-ordinates of location)
(Time and date of burial)	# 1, P. I.				

3119

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

DISINTERRED from Grave 355, USAF Cemetery Tacloban # 1, Leyte, P. I.
Religion (UNKNOWN AMERICAN SOLDIER

Metal tag buried with remains and attached to Marker. X-40

(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	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
RIGHT	UNKNOWN AMERICAN SOLDIER	X-120			3120
LEFT	UNKNOWN AMERICAN SOLDIER	X-118			3118

(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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 7, /1943).
 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? **yes**

(If possible, have medical personnel take a tooth chart)

Tooth chart taken on disinterment.

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
 S/Sgt John E. Bobis, GRS

(Signature of officer, or other person reporting burial)

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

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

**REGISTER OF DENTAL PATIENTS AT
UNKNOWN AMERICAN SOLDIER**

X-119

(1) SURNAME

(2) CHRISTIAN NAME

Grave 3119, USAF Cemetery

Leyte # 1

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF

P. I. # 1

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

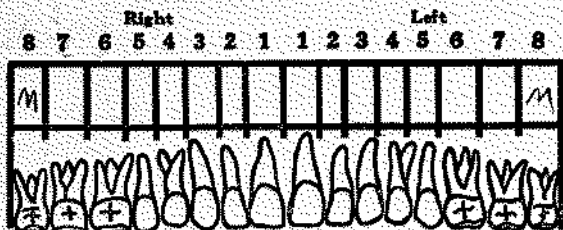
				(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, ETC				(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS						(12) RESULTS AND REMARKS
				Upper lft # 8--missing										
				Upper rt # 8--missing										
				Lower rt # 10--missing										
				Lower rt # 9--missing										
				Lower lft # 10--missing										
				Lower lft # 9--missing										

Charles R. Sego, Pvt, GRS

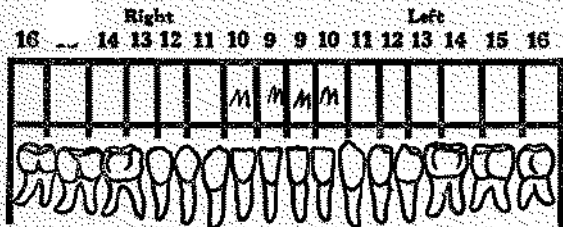
~~XXXXXXXXXX~~

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 23 July, 1945

Charles R. Sego
 Charles R. Sego, Pvt, GRS

~~XXXXXX~~ A.

*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



Graves Registration
Form No. 1
(Revised May 11, 1943)

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

UNKNOWN AMERICAN SOLDIER X-119

Aborn (Last name) SS Jere (First name) H. (Initial) (Serial number) Rank 2ND COG (Organization) PHS,
Daily, Levte, P.I. 12 Nov 1944 severe shrapnel wounds,
(Place of death) (Date of death) result of enemy bombing
1300 hrs 23 July 1945 (Time and date of burial) (Name of cemetery) USAF Cemetery Levte, P.I.
(Name or co-ordinates of location)
DISINTERRED from Grave 355, USAF Cemetery Tacloban #1, Levte, P.I.
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)
3119 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)
Reg Cross

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

Religion

A TRUE COPY

Handwritten Initial Metal tag buried with remains and attached to marker.
(if no identification tags, what means of identification are buried with the body?)

LEANDER W. O'NEILL

1st Lt., Infantry (if no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	UNKNOWN AMERICAN SOLDIER X-120	3120
(Name)	(Serial number)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER X-118	3118
(Name)	(Serial number)	(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:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Ci. 40. 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 ? Yes

(If possible, have medical personnel take a tooth chart)

Tooth chart taken on disinterment
 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.

/s/t/ S/Sgt John E. Pobis, CRS

(Signature of officer or other person reporting burial)

LEFT HAND	4	REGISTRATION AND RECORDS BRANCH	SEP 6 1 50 PM '46	MEMORIAL DIVISION
	3			
	2			
	1			

4	RIGHT HAND
3	
2	
1	

THUMB

RECEIVED

COPIES

**REGISTER OF DENTAL PATIENTS AT
UNKNOWN
AMERICAN SOLDIER X-119**

(1) SURNAME (2) CHRISTIAN NAME
 USAP Cem. Leyte #1, P.I.
 Grave 3119

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

(10) DISEASE OR INJURY WITH LOCAL COMPLICATIONS, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper Ift # 8	--missing	
Upper Ift # 8	--missing	
Lower Ift # 10	--missing	
Lower Ift # 9	--missing	
Lower Ift # 10	--missing	
Lower Ift # 9	--missing	

/t/ Charles R. Sezo, Pvt. ORG
 Dental Corps, U. S. A.

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

A TRUE COPY
L. W. O'Neill
 L. W. O'NEILL
 1ST Lt., Inf

Date 23 July, 1945

/s/t/ Charles R. Sego, Pvt. GRG
Dental Corps, U. S. A.

*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
 (oval to include abutments)

	X	
--	---	--

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

8452

27 Jan 45

UNKNOWN AMERICAN SOLDIER X-40

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jermiah H. Daily, Leyte Gulf,			12 Nov 1944	KIA 2nd Reg	burns, severe
(Place of death)	Leyte, P. I.		(Date of death)		shrapnel wounds, result
1000 hrs 15 Nov 1944	USAF Cemetary, Tacloban # 1,			enemy bombing,	
(Time and date of burial)	(Name of cemetery) Tacloban, Leyte, P. I.			(Name or co-ordinates of location)	

355

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

Religion

Report of interment buried in bottle with remains.

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

Fingerprints unobtainable due to condition of remains.

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

Body buried on RIGHT	UNKNOWN AMERICAN SOLDIER, X-41				356
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Body buried on LEFT	UNKNOWN AMERICAN SOLDIER X-39				354
	(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

Incl 34

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.

Henry P. Morrison
T/Sgt Henry P. Morrison GRS

(Signature of officer or other person reporting burial)

Roy T. Sulzbacher
ROY T. SULZBACHER, Lt, QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
10 JAN 1945