

FILE IDENTIFICATION TOPPER

FILE NUMBER

295 Cont. Septe #1 X-127

SUBJECT

Also - Manila News. X-3281

AIRMAIL
RESTRICTED

QMGMT 293
GRS Far East

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 "
" X-3651	"	"	"	"	Unk. X-119 "
" X-3262	"	"	"	"	Unk. X-121 "
" X-3281	"	"	"	"	Unk. X-127 "
" X-3410	"	"	"	"	Unk. X-128 "
" X-3420	"	"	"	"	Unk. X-179 "

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

Dissler, Frederick E.		T/5	32069191
Klatte, Richard L.	T/5	36205716	
Mathews, Walter L.	T/5	34665190	
Nute, Kenneth H.	T/4	36013715	
Pawlowicz, Leo C.	T/5	36608077	
Piatchek, Joseph	T/5	37385478	
Shopiro, Barnett I.	T/5	12201720	
Walker, Eugene S.	T/5	38282215	

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.

ALL

QMCMT 293

GRS Far East

SUBJECT: Identification of World War II Deceased

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RESTRICTED

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of Unknown X-3260 as Deck Engineer Carroll S. Larson, Z-369261, Merchant Marine associated with the same incident, was rescinded per letter to your headquarters 9 September 1949.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

REB

TEC

J.E.Ball:lrc

Salser

JW

cc--Administrative Section
cc--Cincfe

AIRMAIL

R, L, W

/hce

/bpa

1

Interred 31 Jan 1950
A 9 57 Ft. McKinley

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00149

DATE
15 05 48
DAY MONTH YEAR

NAME *292* SERIAL NUMBER **UNKNOWNX-000127** RANK ARM **1** DATE OF DEATH

CEMETERY **USAF CEMETERY LEYTE NO 1** DISPOSITION OF REMAINS **7701 80**
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
3209 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-127** SERIAL NUMBER: **UNK X-3281 (MAUSOLEUM)** RANK: DATE OF DEATH: DATE DISTINTERRED: **27 Sept '48**
IDENTIFICATION TAG ON: REMAINS ORGANIZATION: **UNKNOWN** RELIGION: IDENTIFICATION VERIFIED BY: **PERRY E. WHITE**
 MARKER NAME AND TITLE: **Embalmer**

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-3281.**

REMAINS PREPARED AND PLACED IN CASKET
DATE: **27 Sept '48** BY: **PERRY E. WHITE**

CASKET SEALED BY: **PERRY E. WHITE** EMBALMER (Signature): *Perry E. White*
PERRY E. WHITE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY: **TEOFILO M. AMUTAN, 1st Lt., Inf.**
DATE: **27 Sept 48** by **HORACE L. ALLISON, Sgt, Inf**

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

Teofil M. Amutan
TEOFILO M. AMUTAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

NEEDS OF GOVERNMENT INSURED

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>Calcraft</i>	DATE JAN 31 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 CIVILIAN ORDER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WILEY HUFFELINE FOBI MC KINLEY CEMETERY	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

F. S. 21 14 1001
PROPERTY OF THE U.S. GOVERNMENT

B. P. 111

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- 127, Flot _____,
Row _____, Grave 3209, 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:


W. L. McNEWMAN
Captain, QMC
Chief, Records Branch

Atch: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3281 (Formerly UNK X-127 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	
	813	H	2448	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'1 3/8"	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"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
See Remarks			B			S	P	5	5			See Remarks		cavity	
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Attrition															
Side Views								Side Views							
See Remarks														↑	B
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
See Remarks								See Remarks							

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."

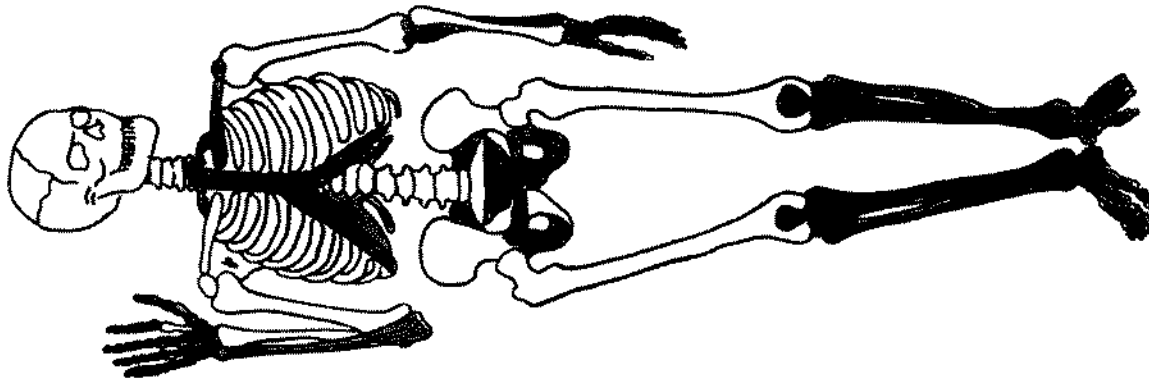
REMARKS: L15 has a portion of its MOL surfaces chipped away. R13 has its facial surface chipped away. R14 has sections of its D of surfaces missing. Portion of facial cusp of R15 is chipped away. R7 has entire lingual surface chipped away. L5 and L6 have their entire facial surfaces chipped off. L7 has a portion of facial cusp chipped off. Cannot determine if all this happened before or after death.

"UNIDENTIFIABLE"

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 3/4 lbs.

Circumference of skull - 20 1/8 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

SIGNATURE

PAUL R NICHOLS
 Chief, Identification Section

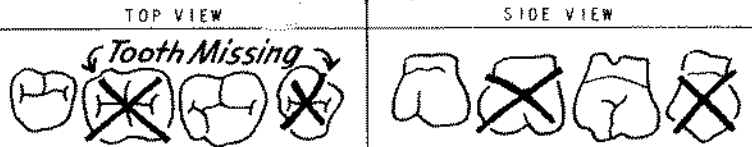
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3281 (Formerly UNK X-127, USAF Cemetery Leyte #1, Leyte, P.I.)						2. DATE OF REPORT 8 January 1948		
3. NAME OF CEMETERY AGRS Mausoleum, Nichols Field, Manila, PI				4. PLOT 813	5. ROW H	6. GRAVE 2448	7. DATE OF DISINTERMENT 10 Dec 47	DATE OF REINTERMENT 10 Jan 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'1 3/8"		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								
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? See Block 21						
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								

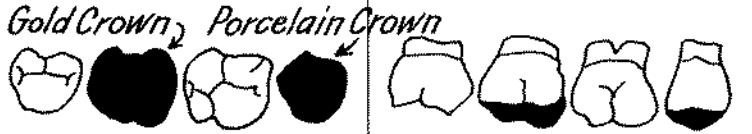
18.

TOOTH CHART

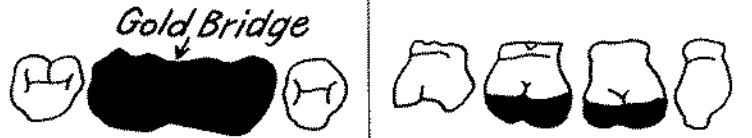
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



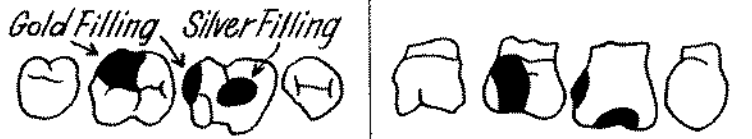
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



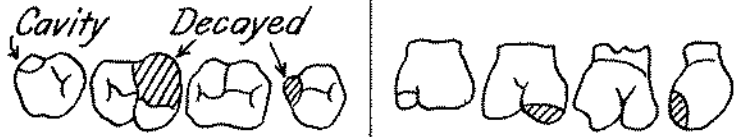
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
	See Remarks			D		S	D	S	S			See Remarks	See Remarks	See Remarks	Cavity	
Side Views															Side Views	
Top Views															UPPER	
															LOWER	
Side Views																
	See Remarks	See Remarks	See Remarks				See Remarks							See Remarks	D	
	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."

L15 has a portion of its MOL surfaces chipped away. R13 has its facial surface chipped away. R14 has sections of its D of surfaces missing. Portion of facial cusp of R15 is chipped away. R7 has entire lingual surface chipped away. L5 and L6 have their entire facial surfaces chipped off. L7 has a portion of facial cusp chipped off. Cannot determine if all this happened before or after death.

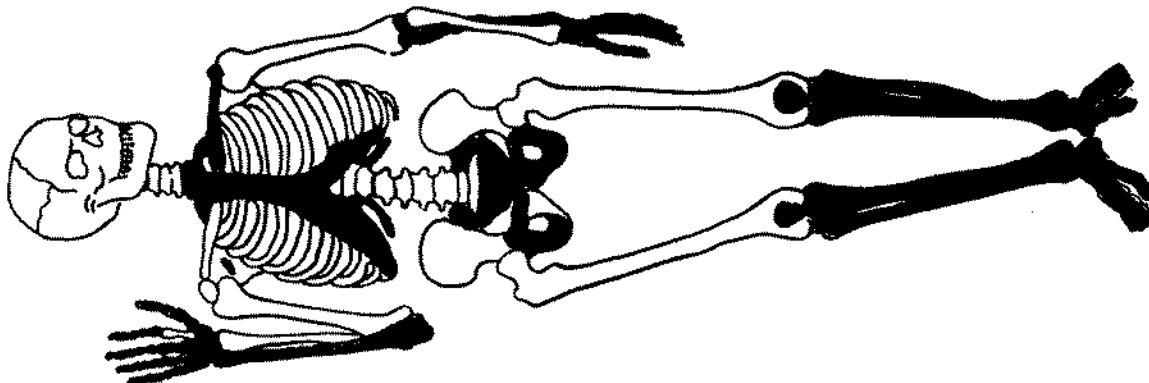
A CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA

J. H. Bennett

19. BACK OUT PARTS OF BODY NOT RECOVERED



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, personal effects or burial bottle found with remains. Circumference of skull in inches --20 1/8. Estimated weight of remains approximately: -3 3/4 lbs.

According to previous ROI, body had suffered 2nd degree burns however, no evidence of bones being charred at the time of processing.

A 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

SIGNATURE

/p/ G. H. BROWN - Embalmer Sr.
 CIF LABORATORY, MANILA, P.I.

/s/ G.S. Brown

IDENTIFICATION DENTAL CHART

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

12 December 1946
DATE

<u>UNKNOWN X-127</u>			
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Aboard SS Jeremiah H. Dally</u>		<u>USAF Cemetery Leyte #1</u>	<u>3209</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																		TYPE
LOCATION																		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																		TYPE
LOCATION																		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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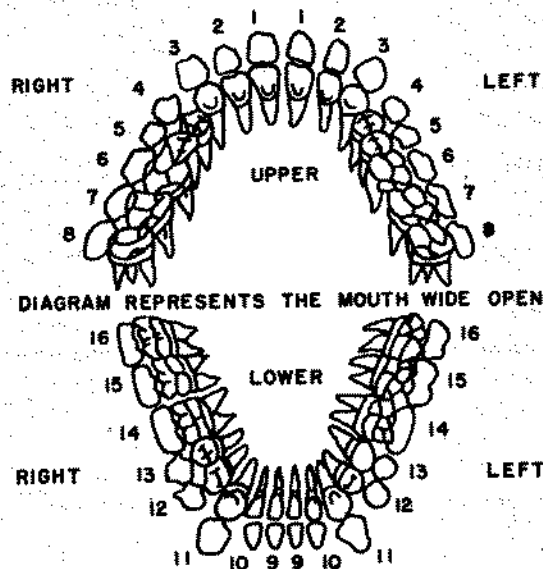
INSTRUCTIONS:

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, **CG**, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 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 M. Phelan
VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

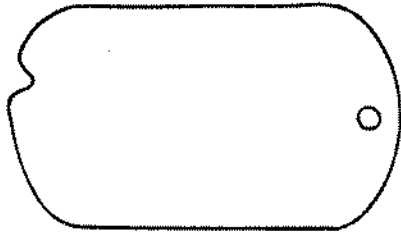
12 December 1946
DATE

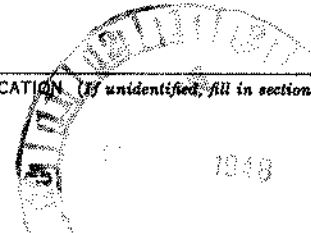
/sam

APR 28 1948

RESTRICTED

8449

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 13 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-3281 (Formerly UNK X-127, 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 KIA-2nd degree burns, body mangled			DATE OF DEATH 12 Nov. 1944
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.							
DATE OF BURIAL STORAGE 10 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. H	GRAVE No. 2448	
WAS THIS A REBURIAL? (Yes or no) STORED 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. 3209	
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) UNKNOWN X-3283			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2450	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3278			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2446	
SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPLO, 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.							



Serial 1490

RESTRICTED

Section 2 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


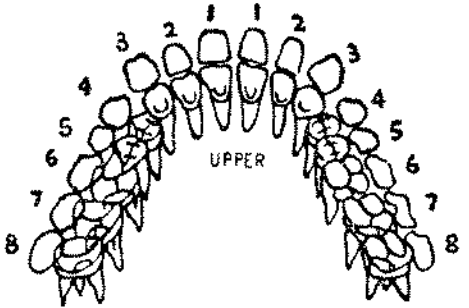




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

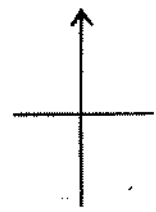
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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:

QMC Form No 1044, 1044-A and 1044-B accomplished.

2 MAR 1948

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

27 Jan 45

8449

UNKNOWN AMERICAN SOLDIER X-37

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily, Leyte Gulf,			12 Nov 1944	KIA 2nd Deg Burns, body mangled,	
(Place of death)	Leyte, P.I.		(Date of death)	result enemy bombing	(Cause of death)
0900 hrs 15 Nov 1944		USAF Cemetary, Tacloban // I,		Leyte, P.I.	(Name or co-ordinates of location)
(Time and date of burial)		(Name of cemetery)			

352

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
Disposition of identification tags: Buried with body	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Attached to marker
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Religion

Report of interment buried (III 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-38				353
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER X-36				351
	(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

4/1/51

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 : Skull, mandible bone is tooth chart attached 2. No
(If possible, have medical personnel take a tooth chart) shattered, unable to
take 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 E. SULZBACHER
ROY E. SULZBACHER, Lt. MC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
1.0 JAN 1945

RIGHT HAND

RESTRICTED

RE-
REPORT OF INTERMENT

8449

(TM 10-630 AND AR 30-1815)

UNKNOWN AMERICAN SOLDIER X-127

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily, Leyte Gulf,			12 Nov 1944	KIA-2 ^o	burns, body
(Place of death)	Leyte, P.I.	(Date of death)		(Cause of death)	mangled.
1400 hrs 24 July 1945		USAF Cemetery Leyte #1, P.I.			
(Time and date of burial)		(Name of cemetery)			(Name or co-ordinates of location)

3209

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 (X) Attached to marker Yes () No (X)

Religion

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 352 (X-37)

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	UNKNOWN AMERICAN SOLDIER X-128	3210
(Name)	(Serial number)	(Grave number)
Body buried on LEFT	GORDON, Thomas	3208
(Name)	(Serial number)	(Grave number)
	34 401 290 Pvt 164 Port Co	
	(Serial number)	(Rank)

(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

529

IF DECEASED UNIDENTIFIED

TAKE FIN. PRINTS OF BOTH HANDS (W.D. Cir. No. ; 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, skull crushed.
(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., GRC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

gw1 RESTRICTED

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

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

AT TRUE COPY:
George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Infantry

UNKNOWN AMERICAN SOLDIER X-127

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jermiah H. Daily, Leyte Gulf, 12 Nov 1944			KIA-2 ^o burns, body		
(Place of death)	Leyte, P.I.		(Cause of death)		
1400 hrs 24 July 1945			USAF Cemetery leyte, #1, P.I.		
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

3209

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

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 352 (X-37)
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	UNKNOWN AMERICAN SOLDIER X-128	3210
	(Name)	(Grave number)
Body buried on LEFT	GORDON, Thomas	3208
	(Name)	(Grave number)
	(Serial number)	(Rank)
	34 401 290	Pvt 164 Part Co
	(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

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 ? No, skull crushed

(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.

/s/t/ John E. Bobis, S/Sgt., GRS
 (Signature of officer or other person reporting burial)

/s/t/ FRANCIS M. SIMON, 1st Lt., OMC.
 (Verified by Army GRS Officer)

LEFT HAND

RIGHT HAND

4	
3	
2	
1	
THUMB	

4	
3	
2	
1	
THUMB	