

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Walk-Leyter #1 (misc)  
X-163 X-165 X-166 X-167 X-168

SYNOPSIS AND DATES  
X-171 X-172 X-173 X-174 X-175 X-176  
X-178

NEW CLASSIFICATION misc filed  
293 Walk-Leyter #1 X-163

# RECLASSIFICATION SHEET

|   |  |                            |                                |  |
|---|--|----------------------------|--------------------------------|--|
| /ebc<br>1 ✓                                       | Interred 30 January 1950<br>A 15 32 Ft. McKinley<br><i>Carl R. Mark</i><br>CARL R. H. MARK |                            | <b>DISINTERMENT DIRECTIVE</b>  |  |
|   | Cemetery Superintendent<br>SECTION A - NAME AND BURIAL LOCATION OF DECEASED.               |                            | DIRECTIVE NUMBER<br>7740 00184 |  |
| NAME<br>292<br>UNKNOWN X-000165 0                 |  | SERIAL NUMBER<br>RANK<br>0 |                                | DATE<br>15 05 48<br>DAY MONTH YEAR                           |
| CEMETERY<br><del>USAF CEMETERY (LEYTE NO 1)</del> |  | ARM<br>0                   |                                | DATE OF DEATH<br>DAY MONTH YEAR<br>7701 80<br>CODE DIST. PT. |
| PLOT<br>ROW<br>GRAVE<br>3739                      | COUNTRY<br>PHILIPPINE ISLANDS  |                            | CAUSE OF DEATH<br>6            |  |

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

|   |                         |      |               |  |
|---|-------------------------|------|---------------|--|
| NAME<br>U.I. X-3327 (Maus)<br>U.I. X-165  | SERIAL NUMBER           | RANK | DATE OF DEATH | DATE DISTINTERRED<br>27 Sept 1948  |
| IDENTIFICATION TAG ON<br><input checked="" type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | ORGANIZATION<br>UNKNOWN |      | RELIGION      | IDENTIFICATION VERIFIED BY<br>JOSEPH W. GESUSE<br>Embalmer<br>NAME AND TITLE |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

|                                  |                                  |
|----------------------------------|----------------------------------|
| NATURE OF BURIAL<br>Shelter Half | CONDITION OF REMAINS<br>Skeletal |
|----------------------------------|----------------------------------|

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two (2) Identification Tags show U.I. X-3327 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48 BY JOSEPH W. GESUSE

|                                      |   |
|--------------------------------------|---|
| CASKET SEALED BY<br>JOSEPH W. GESUSE | EMBALMER (Signature)<br><i>Joseph W. Gesuse</i><br>JOSEPH W. GESUSE |
|--------------------------------------|---|

|  |   |
|--|---|
| CASKET BOXED AND MARKED<br>DATE 27 Sept 48 BY FORAGE L. ALLISON, Sgt. I.T. | SHIPPING ADDRESS VERIFIED BY<br>ECTORIO V. AURELIO, 1st Lt., I.T. |
|--|---|

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

*Ectorio V. Aurelio*  
 ECTORIO V. AURELIO, 1st Lt., I.T.  
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|                                    |      |  |                            |
|------------------------------------|------|--|----------------------------|
| FROM<br><b>AGRS Mausoleum</b>      |      | TO<br><b>Fort McKinley Military Cemetery</b> |                            |
| KIND OF CONVEYANCE<br><b>Truck</b> |      | NAME OF CONVOYER                             |                            |
| SIGNATURE OF SHIPPER               | DATE | SIGNATURE OF RECEIVER<br><i>Carol Ann...</i> | DATE<br><b>JAN 30 1950</b> |

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

16  
FILE UNDER NO. 293 - Unknown P.I. X-165 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

5th Ind.

17 Feb. 1947

FROM: OCMG  
TO: CO, Amer. GRS Area, Command, Pacific Theater, APO 707, c/o  
San Francisco, Calif.

RE: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown P.I. (Misc) (Leyte #1)

rtb

FILE UNDER NO: 293 - Unknown X-165 P.I. (Leyte #1)

INDEX SHEET  
SYNOPSIS

Memo

10 April 1946

FROM: WAGO  
TO: World War II Records WAGO, St. Louis, Mo.

RE: Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Leyte #1)

bm

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

2 Dec 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 165, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3739, 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:

  
R. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 30 Dec 1949 OQMG  
Not identifiable from  
information presently 5 Jan. 1950  
available PA Kaye

Incl 4'

**IDENTIFICATION DATA**

|   |         |        |          |                                 |             |
|---|---------|--------|----------|---------------------------------|-------------|
| 1. REMAINS OF UNKNOWN<br>UNKNOWN X-3327 (Formerly UNK X-165 Leyte #1) |         |        |          | 2. DATE OF REPORT<br>9 Dec 1949 |             |
| 3. NAME OF CEMETERY<br>AGRS Mausoleum, Manila, P.I.                   | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF                      |             |
|   |         |        |          | DISINTERMENT                    | REINTERMENT |

PHYSICAL DESCRIPTION

|                              |                                   |                            |                     |
|------------------------------|-----------------------------------|----------------------------|---------------------|
| 8. ESTIMATED WEIGHT<br>U T D | 9. ESTIMATED HEIGHT<br>5' 11-5/8" | 10. COLOR OF HAIR<br>U T D | 11. RACE<br>Unknown |
|------------------------------|-----------------------------------|----------------------------|---------------------|

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

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

*Incl 4<sup>a</sup>*

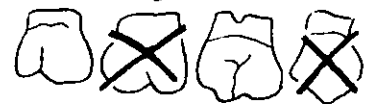
18.

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:

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity Decayed



| RIGHT      |    |    |    |    |    |    |   | LEFT       |    |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|
| 8          | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1          | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
|            |    |    |    |    |    | R  | R | R          | R  | R  |    |    |    |    |    |
| Side Views |    |    |    |    |    |    |   | Side Views |    |    |    |    |    |    |    |
| UPPER      |    |    |    |    |    |    |   | UPPER      |    |    |    |    |    |    |    |
| LOWER      |    |    |    |    |    |    |   | LOWER      |    |    |    |    |    |    |    |
|            |    |    |    |    |    | R  | R | R          | R  | R  |    |    |    |    |    |
| 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."

*Paul R. Nichols*

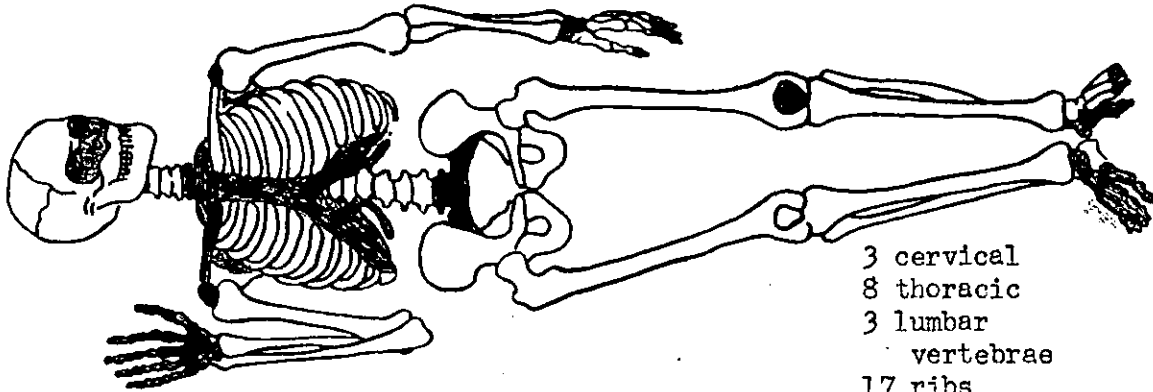
PAUL R. NICHOLS  
Chief, Identification Sec

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



19. BLACK OUT PARTS OF BODY NOT RECOVERED



3 cervical  
8 thoracic  
3 lumbar  
vertebrae  
17 ribs  
present

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 - 5½ lbs.  
Circumference of skull - 20½ 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 Sec

SIGNATURE

*Paul R. Nichols*

## IDENTIFICATION DATA

|   |                       |                    |                         |                                      |   |
|---|-----------------------|--------------------|-------------------------|--------------------------------------|---|
| 1. REMAINS OF UNKNOWN<br><b>X-3327, (Formerly UNK X-165, USAF Cem Leyte #1, P.I.)</b> |                       |                    |                         | 2. DATE OF REPORT<br><b>9 Jan 48</b> |   |
| 3. NAME OF CEMETERY<br><b>AGRS Mausoleum, Manila, P.I.</b>                            | 4. PLOT<br><b>813</b> | 5. ROW<br><b>I</b> | 6. GRAVE<br><b>2812</b> | 7. DATE OF                           |   |
|   |                       |                    |                         | DISINTERMENT<br><b>8 Dec 47</b>      | REINTERMENT<br><b>STORAGE<br/>12 Jan 48</b> |

## PHYSICAL DESCRIPTION

|                     |   |                   |          |
|---------------------|---|-------------------|----------|
| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT<br><b>5'11 5/8"</b> | 10. COLOR OF HAIR | 11. RACE |
|---------------------|---|-------------------|----------|

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 Due to condition of remains

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

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

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

| 18. TOOTH CHART   |  | TOP VIEW                            | SIDE VIEW |
|---|--|-------------------------------------|-----------|
| <p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> |  |                                     |           |
| <p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>                                 |  | <p>Gold Crown, Porcelain Crown</p>  |           |
| <p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>  |  | <p>Gold Bridge</p>                  |           |
| <p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>                                    |  | <p>Gold Filling, Silver Filling</p> |           |
| <p><b>CARIES (Cavities):</b> 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  |
|            |    |    |    |    |    | Ⓟ  | Ⓟ | Ⓟ          | Ⓟ  | Ⓟ  |    |    |    |    |    |
| Side Views |    |    |    |    |    |    |   | Side Views |    |    |    |    |    |    |    |
| Top Views  |    |    |    |    |    |    |   | Top Views  |    |    |    |    |    |    |    |
| UPPER      |    |    |    |    |    |    |   | UPPER      |    |    |    |    |    |    |    |
| LOWER      |    |    |    |    |    |    |   | LOWER      |    |    |    |    |    |    |    |
| Side Views |    |    |    |    |    |    |   | Side Views |    |    |    |    |    |    |    |
|            |    |    |    |    |    | Ⓟ  | Ⓟ | Ⓟ          | Ⓟ  | Ⓟ  |    |    |    |    |    |
| 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."

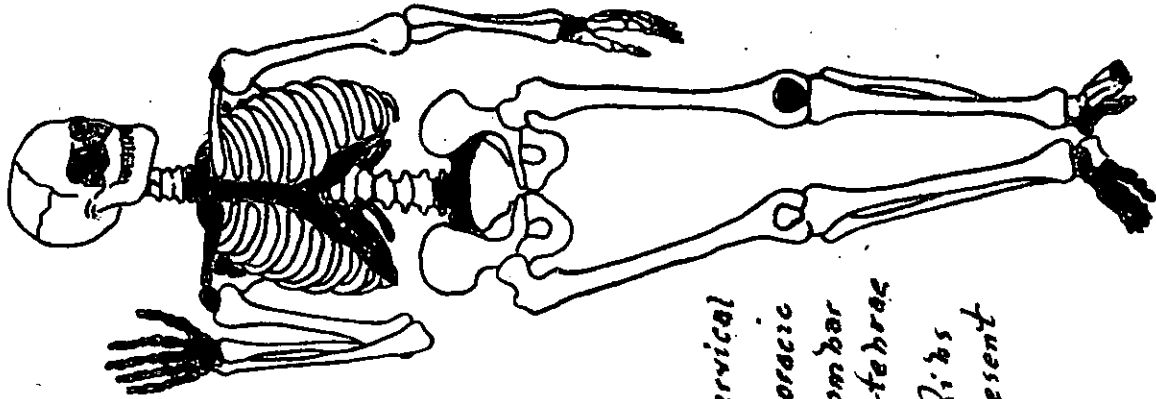
A CERTIFIED TRUE COPY:  
*A. S. Gamboa*

G T GAMBOA  
 2d Lt MSC

/s/ Alexander P. Pettice

/s/ John H. Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECOVERED



3. Cervical  
8. Thoracic  
3. Lumbar  
Vertebrae  
17. Ribs  
Present

1.2

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

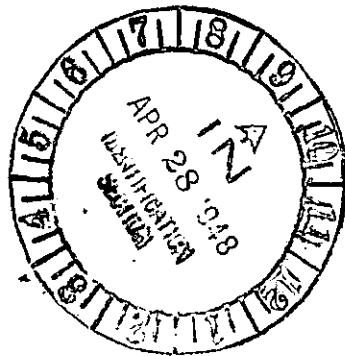
No I. D. tags or burial bottle found with remains. No other means of identification. Circumference of skull 20 1/2 inches. Weight of remains is approximately 5 1/2 lbs.

A CERTIFIED TRUE COPY:  
*A. P. 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/ ALEXANDER P. PETTICE SP-6,  
CIP LABORATORY AGRS MANILA, P.I.

SIGNATURE  
/s/ Alexander P. Pettice



~~RESTRICTED~~

0439

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

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

17 FEB 1945

~~CONFIDENTIAL~~

Unknown Soldier X-19

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

Abrd SS DEADY, Tacloban, Leyte, P.I. 3 Nov 1944 KIA 3rd degree burns

(Place of death) (Date of death) (Cause of death)

1400 4 Nov 1944

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

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Tooth chart attached, fingerprints could not be taken.

212

6

2

Reg V-Marker

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

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

Religion

Duplicate report of interment buried with the body. Info painted on 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 Soldier X-20 213  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Unknown Soldier X-18 211  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

(21) Quilt #38

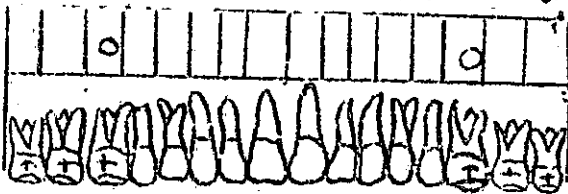
none  
Incl 77



REPORT OF DENTAL SURVEY

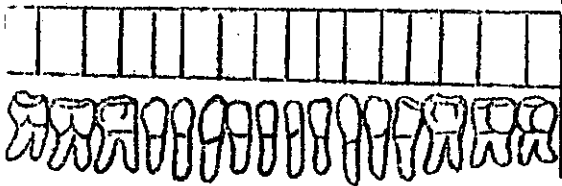
UPPER TEETH

8 7 6 <sup>Right</sup> 5 4 3 2 1 1 2 3 4 5 6 7 8 <sup>Left</sup>



LOWER TEETH

16 15 14 <sup>Right</sup> 13 12 11 10 9 9 10 11 12 13 14 15 16 <sup>Left</sup>



X-19

L-6-CAVITY

R-6-CAVITY



RE-  
 REPORT OF INTERMENT

9439

9439

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN SOLDIER X-165

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Aboard SS Deady, Leyte, P.I.

3 Nov 1944

KIA-3<sup>o</sup> burns

(Place of Death) (Date of Death) (Cause of Death)

1300 hrs 31 July 1945

USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

3739

Reg. Cross

Buried with body   
 Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Metal tag buried with remains and attached to marker.

Protestant   
 Catholic   
 Hebrew

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 212 (X-19)

Other pertinent data to enable grave to be located.  
 (Where necessary sketch to locate grave should be furnished)

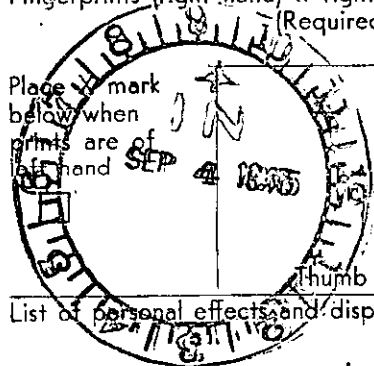
(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints-of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25e (2)  
TM 10-630)

Place mark  
below when  
prints are  
of  
left hand

|   |   |   |   |   |
|---|---|---|---|---|
|  | 1 | 2 | 3 | 4 |
|   |   |   |   |   |

List of personal effects and disposition of same  
None

Tooth chart attached.

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— 166  
UNKNOWN SOLDIER X-~~3740~~ 3740

On Left— UNKNOWN AMERICAN SOLDIER X-164 3738

*John E. Bobis*  
John E. Bobis, S/Sgt, GRS  
Signature of Officer or other person reporting Burial.

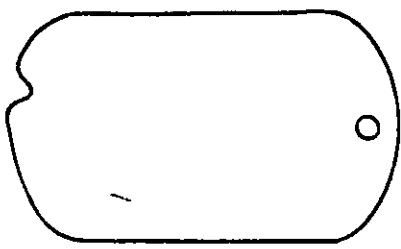
*Francis M. Simon*  
FRANCIS M. SIMON, 1st Lt., QMC  
Verified by Army G.R.S. Officer.

Prepare in triplicate—I copy to Army G.R.S. Officer—I copy to Chief, G.R.S.—Original to the Q.M.G.

|   |   |                             |
|---|---|-----------------------------|
| WD QMC<br>(Rev. 1 Apr. 48)<br>(Supersedes GRS Form 1) | <b>REPORT OF INTERMENT</b><br>(AR 30-1810 and AR 30-1815) | DATE OF REPORT<br>17 Jan 48 |
|---|---|-----------------------------|

APR 28 1948

STORAGE

|  |   |                         |   |
|--|---|-------------------------|---|
| Imprint Identification Tag If Possible.<br>DO NOT TYPE<br> | Section 1.—IDENTIFICATION.  |                         |   |
|  | NAME (Last, first, middle initial)<br>UNKNOWN X-3327 (Formerly UNK X-165,<br>USAF Cem Leyte #1, P.I.) | SERIAL No.<br>Unknown   |   |
|  | GRADE<br>Unknown  | ORGANIZATION<br>Unknown | BRANCH OF SERVICE<br>Unknown                      |
|  | RACE<br>Unknown   | RELIGION<br>Unknown     | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |

|   |  |                           |
|---|--|---------------------------|
| PLACE OF DEATH<br>Aboard SS Deady,<br>Leyte, P.I. | CAUSE OF DEATH<br>KIA-Third degree burns | DATE OF DEATH<br>3 Nov 44 |
|---|--|---------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

|  |  |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br>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)<br>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<br>12 Jan 48 | STORAGE<br>RESTORED | HOUR<br>1300 | BURIED IN (Shroud, blanket, or name of other)<br>STORED<br>Casket | TYPE OF GRAVE<br>MARKER<br>None | PLOT No.<br>813 | ROW No.<br>I | GRAVE No.<br>2812 |
|-----------------------------|---------------------|--------------|---|---------------------------------|-----------------|--------------|-------------------|


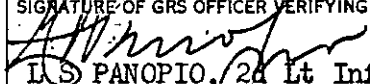
|  |   |          |         |                   |
|--|---|----------|---------|-------------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br>Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>USAF Cemetery Leyte #1, P.I. | PLOT No. | ROW No. | GRAVE No.<br>3739 |
|--|---|----------|---------|-------------------|

|                               |                                |  |
|-------------------------------|--------------------------------|--|
| TYPE OF RELIGIOUS<br>CEREMONY | PERSON CONDUCTING BURIAL RITES | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND<br>CONTAINERS BURIED WITH BODY |
|-------------------------------|--------------------------------|--|

|   |   |
|---|---|
| IDENTIFICATION TAG BURIED WITH<br>BODY (Yes or no)<br>STORED<br>Yes | IDENTIFICATION TAG ATTACHED TO<br>MARKER (Yes or no)<br>Yes |
|---|---|

|  |      |            |              |                            |
|--|------|------------|--------------|----------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>STORED<br>UNKNOWN X-3329 | RANK | SERIAL No. | ORGANIZATION | GRAVE No.<br>CRYPT<br>2814 |
|--|------|------------|--------------|----------------------------|

|   |      |            |              |                            |
|---|------|------------|--------------|----------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>STORED<br>UNKNOWN X-3326-A | RANK | SERIAL No. | ORGANIZATION | GRAVE No.<br>CRYPT<br>2810 |
|---|------|------------|--------------|----------------------------|

|  |   |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT<br><br>V. G. AQUINO T/5 QMC | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><br>I. S. PANOPIO, 2d Lt Inf |
|--|---|

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Handwritten notes: 1192

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


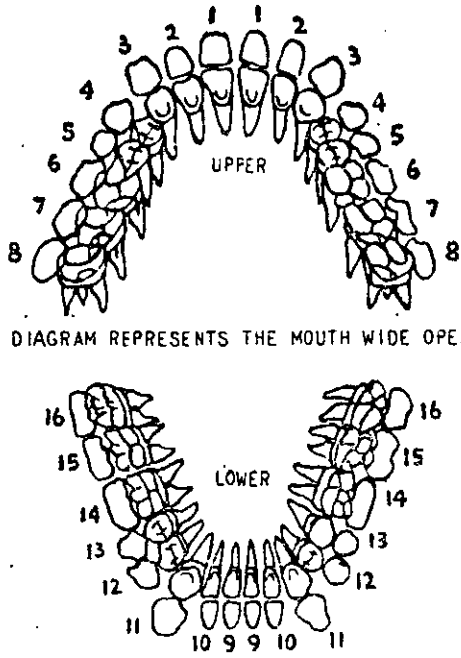

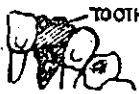


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

|                       |               |                                |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|                       |               |                                |

**OTHER IDENTIFICATION CLUES**

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

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.

**9 MAR 1948**