

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Walk-Leyte #1 (misc)

X-163 X-165 X-166 X-167 X-168 X-171 X-172

X-173 X-174

## SYNOPSIS AND DATES

X-175 X-176 X-178

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

# RECLASSIFICATION SHEET

rgb

*Mark*

/bpm

Interred 30 J 1950  
A 5 32 Ft. McKinley

**DISINTERMENT DIRECTIVE**

1

*Carl R. Mark*

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00191

DATE

15 | 05 | 48  
DAY | MONTH | YEAR

NAME

*293*

SERIAL NUMBER

UNKNOWNX-000173

RANK

0

ARM

0

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

USAF CEMETERY (LEYTE NO. 1)

0

DISPOSITION OF REMAINS

7701 | 80  
CODE | DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

3827 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME

UNK X-3333 (Maus)  
UNK X-173

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

27 Sept 1948

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

JOSEPH W. GESUSE  
Embalmer

NAME AND TITLE

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two (2) Mausoleum Tags - UNK X-3333

REMAINS PREPARED AND PLACED IN CASKET

27 Sept 1948

JOSEPH W. GESUSE

DATE  
CASKET SEALED BY

JOSEPH W. GESUSE

EMBALMER (Signature)

*Joseph W. Gesuse*  
JOSEPH W. GESUSE

CASKET BOXED AND MARKED

HORACE L. ALLISON  
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY

HONORIO V. AURELIO, 1st Lt., Inf

DATE 27 Sept 48

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

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery,</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Marks</i>	DATE <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 (LIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY 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

FILE UNDER NO. 293 - Unknown P.O. X-173 (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:  
TO:

OQAG  
CO, Amer. GRS Area, Command, Pacific Theater, APO 707, c/o MI  
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

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

rcb

FILE UNDER NO: 293 - Unk own X-173 P.I. (Leyte #1)

I N D E X S H E E T  
S Y N O P S I S

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- 173, Flot       ,  
Row       , Grave 3827, 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 *Ed Kaye*

*File*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3333 (Formerly UNK X-173 Leyte #1)</b>				2. DATE OF REPORT <b>9 Dec. 1949</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>813</b>	<b>I</b>	<b>2817</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 7 5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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? <b>3rd degree burns</b>
---	--

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

**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**

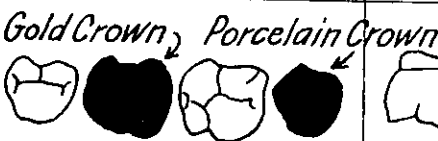
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Handwritten signature*

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



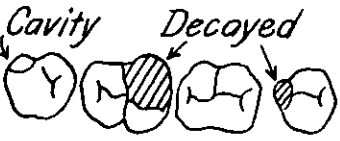
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	H	H	H	P	P		P	P			H				
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
MAXILLA								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See remarks

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

REMARKS: Maxilla fractured between R4 and R3. L2 signs of attrition are present. L3 chipped off on its facial, incisal and lingual surface.

Mandible missing from R10 thru R9 and L9 thru L16, no mandibular teeth found. R11 is UTD whether it is X or PX due to its mandible partly decomposed and sockets missing.

Paul R. Nichols

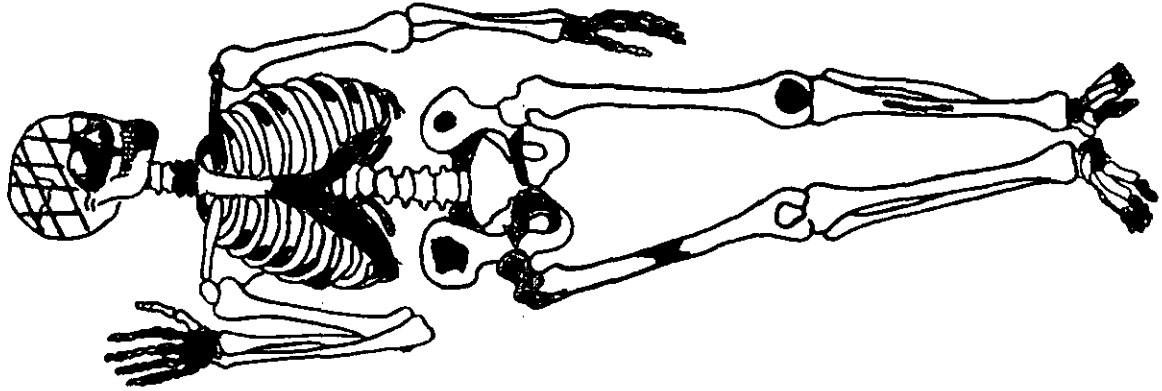
PAUL R NICHOLS Chief, Identification Section

"UNIDENTIFIABLE"

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 - 5 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
Chief, Identification Section

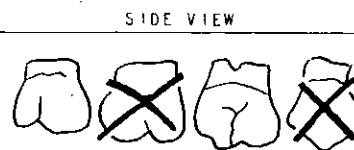
SIGNATURE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3333 (Formerly UNK X-173 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 9 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW HANGER BAY I	6. GRAVE CRYPT 2817	7. DATE OF DISINTERMENT 8 Dec 47	REINTERMENT STORAGE 12 Jan 48
<b>PHYSICAL DESCRIPTION</b>						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 7-5/8"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">U T D</p>						
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Due to KIA, 3rd Degree - burns.				
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  <p style="text-align: center;">U T D</p>						
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)  <p style="text-align: center;">N O N E</p>						

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:



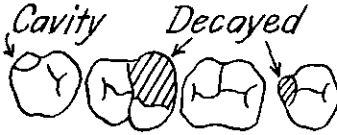
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
P	A	A	A	P	P		P	P			A				
	o	o	do								do				
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
A	A	A	P	o											
of	of	o	P	o											
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
								← MAXILLA MISSING →							

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

**REMARKS:** Maxilla fractured between R4 and R3. L2 signs of attrition are present. L3 chipped off on its facial, incisal and lingual surface.

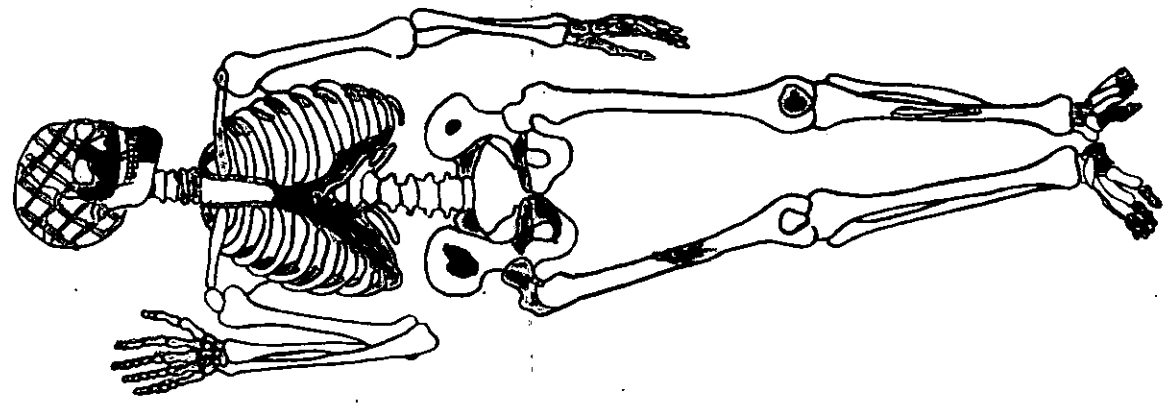
Mandible missing from R10 thru R9 and L9 thru L16, no mandibular teeth found. R11 is UTD whether it is P or X due to its mandible partly decomposed and sockets missing.

CERTIFIED TRUE COPY  
*G. T. Gamboa*  
 G. T. GAMBOA  
 2d Lt. MSC

s/ John H. Bennett Jr.

X-3333

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

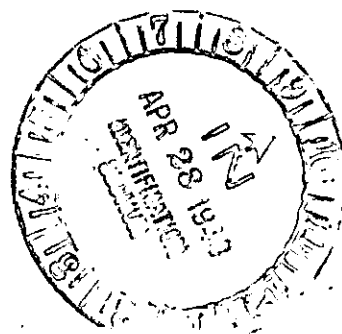
No ID tags, personal effects found with remains.  
Circumference of skull in inches; unobtainable, due to fractured skull.  
Estimated weight of remains five (5) lbs.

CERTIFIED TRUE COPY:  
*G. T. Gamboa*  
G. T. GAMBOA  
2d Lt., MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
p/ G. H. BROWN Emb Sr  
CIP Laboratory, Manila, P.I.

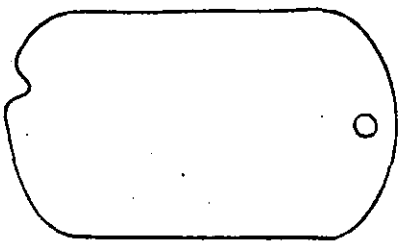
SIGNATURE  
s/ G. H. Brown



APR 28 1948

/acm RESTRICTED 94-7

9427

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 16 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3333 (Formerly UNK X-173 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 Deady, Leyte, P. I.		CAUSE OF DEATH KIA-3rd Degree burns			DATE OF DEATH 2 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 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL STORAGE 12 Jan 48		HOUR 1300		BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813
ROW No. I	GRAVE No. 2817					
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED		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. 3827			
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes STORED		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3335-A				RANK	SERIAL No.	ORGANIZATION
GRAVE No. CRYPT 2819						
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3331				RANK	SERIAL No.	ORGANIZATION
GRAVE No. CRYPT 2815						
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pfc				SIGNATURE OF GRS OFFICER VERIFYING REPORT Lt. S. PANOFIO, 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

Nov 11 96

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


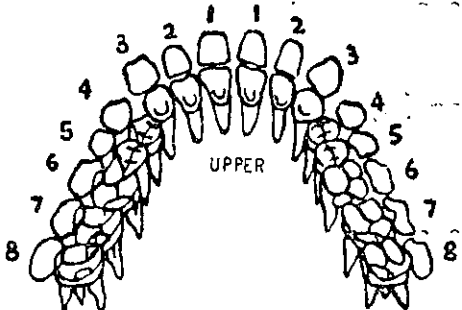




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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

9 MAR 1948

RE  
 REPORT OF INTERMENT

9427. 9427.

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

(Par. 21d - TM 10-630)

**UNKNOWN SOLDIER X-173**

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

**Aboard SS DEADY, Leyte, P.I. 2 November 1944 KIA. 3rd Deg Burns.**

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

**1600 hrs 1 August 1945 USAF Cemetery, Leyte #1, P.I.**

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

**3827**

**Reg Cross**

Buried with body

Attached to marker

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

**Disinterred from USAF Cemetery, Tacloban #1, Leyte, P.I. grave 194  
 Unknown Soldier X-9**

Protestant

Catholic

Hebrew

**Metal Tag buried with remains and attached to marker**

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 X mark  
below when  
prints are of  
left hand

Thumb	1	2	3	4

List of personal effects and disposition of same

NONE

**Tooth chart attached to previous report**

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

On Right— UNKNOWN SOLDIER X-174

3828

On Left— UNKNOWN X-172

3826

*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., GMC

Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

17 FEB 1945

9427

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

## REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~

Unknown Soldier X-9

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Abrd USS DEADY, Tacloban, Leyte, P.I. 2 Nov 1944

(Place of death)

(Date of death)

KIA 3rd Degree Burns

(Cause of death)

3 Nov 1944 1500

(Time and date of burial)

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

(Name of cemetery)

(Name or co-ordinates of location)

Tooth Charts attached, fingerprints could not be taken.

194

(Grave number)

6

(Row number)

1

(Plot number)

Reg V-Marker

(Type of marker—Regulation V-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-10

(Name)

(Serial number)

(Rank)

(Organization)

195

(Grave number)

Body buried on LEFT Unknown Soldier X-8

(Name)

(Serial number)

(Rank)

(Organization)

193

(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 # 32**None Incl 65*

**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 : (6-2 1/2)                      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.**

*Otto H. Kaufmann*  
Otto H Kaufmann, Sgt., 48th GRS  
(Signature of affiant or other person reporting burial)

*Alger G. Johnson*  
ALGER G JOHNSON, 1st Lt., GRC  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RECEIVED  
JAN 19 1945  
3

4

3

2

1

THUMB

RIGHT HAND

1957  
1958

9 7 6 5 4 3 2 1


LOWER TILES

16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1


LOWER TILES

ON KNOWN X-9  
TRACED BY #1

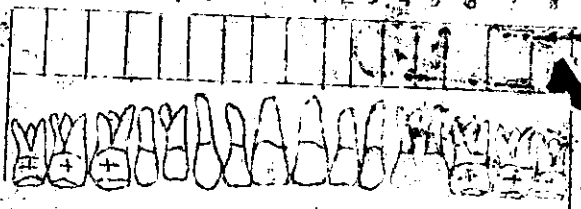
REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

8 7 6 5 4 3 2 1 17 2 3 4 5 6 7 8

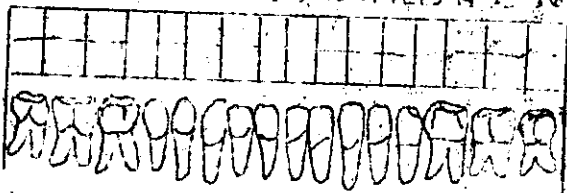


LOWER TEETH

Right

Left

16 15 14 13 12 11 10 9 8 10 11 12 13 14 15 16



Lower Jaw Missing  
Upper Teeth Good

ON KNOWN X-9

TACLOBAN #1