

1 /ebc

Interred 6 March 1950
N 7 85 Ft. McKinley
Carl P. H. Mark
CARL P. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00192

DATE
15 05 48
DAY MONTH YEAR

NAME: UNKNOWN X-000174 RANK: 0 ARM: Q
SERIAL NUMBER: UNKNOWN X-000174

CEMETERY: USAF CEMETERY LEYTE NO 1
DISPOSITION OF REMAINS: 0 7701 80
CODE DIST. PT.

PLOT: 3828 COUNTRY: 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
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-3334 (Maus) UNK X-174
SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 31 Sept 1948

IDENTIFICATION TAG ON: 2 REMAINS 1 MARKER
ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: JOSEPH E. GEGUSE
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-3334

REMAINS PREPARED AND PLACED IN CASKET
DATE: 31 Sept 1948 BY: JOSEPH E. GEGUSE

CASKET SEALED BY: JOSEPH E. GEGUSE
EMBALMER (Signature): JOSEPH E. GEGUSE

CASKET BOXED AND MARKED: HORACE L. ALLISON
DATE: 3-1-49 Sent by WEYMAN E. MCGUIRE, SGT, MC SHIPPING ADDRESS VERIFIED BY: PAUL E. HEINEMAN, 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.

Francis V. Aurelio P. H.
FRANCIS V. AURELIO, 1st Lt., Inf.
PAUL E. HEINEMAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

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 Mack</i>	DATE 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 AGRS Mausoleum		TO	
KIND OF CONVEYANCE USA VEHICLE (MILITARY ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR THE DIRECTOR GENERAL	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM AGRS Mausoleum		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

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Harb. - Leyte #1 (misc)

X-163 X-165 X-166 X-167 X-168 X-171
X-172 X-173 SYNOPSIS AND DATES X-176 X-178
X-174 X-175

NEW CLASSIFICATION misc filed
293 Harb. - Leyte #1
X-163

RECLASSIFICATION SHEET

198
FILE INDEX NO. 293 - Unknown P.I. X- 174 (Leyte #1)

INDEX SHEET

SYNOPSIS

5th Ind.

17 Feb. 1947

FROM:
TO:

OQMG
CO, Amer. CRS Area, Command, Pacific Theater, APO 707, c/o FM
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

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

END

FILE UNDER NO: 293 - Unknown X-174 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-174 _____, Flot _____,
Row _____, Grave 3828, 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:



H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 30 Dec 1949 QMG
Not identifiable from
information presently 5 Jan 1950
available

Ea Kamp

Jan 19

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3334 (Formerly UNK X-174 Leyte #1)			2. DATE OF REPORT 9 Dec. 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	813	I	2818	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 3/8"	10. COLOR OF HAIR U T D	11. RACE Unknown
-------------------------------------	---------------------------------------	-----------------------------------	----------------------------

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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"

Incl 92

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:			

MAXILLA MISSING

RIGHT LEFT

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								
Side Views								Side Views								
⊗	A S m	X	A do		S mi	Q d						⊗	A do	A do	A do	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."

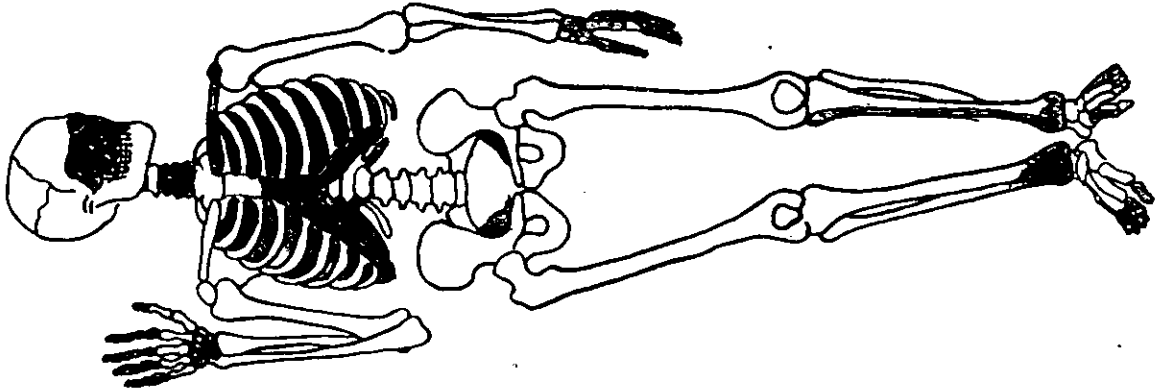
REMARKS: Maxilla missing, maxillary tooth R4 found loose with remains.

Paul R. Nichols

"UNIDENTIFIABLE"

PAUL R NICHOLS
Chief, Identification Section

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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 - 10 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-3334 (Formerly UNK X-174 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 9 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 815	5. ROW HANGER BAY I	6. GRAVE CRYPT 2818	7. DATE OF DISINTERMENT 8 Dec 47 REINTERMENT STORAGE 12 Jan 48	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6' 3/8"		10. COLOR OF HAIR UTD		11. RACE Unknown
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;">UTD - Skeletal and tooth chart attached.</p>						
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?				
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">N O N E</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

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

Maxilla Missing

	RIGHT							LEFT									
	8	7	6	5	4	-3	2	1	1	2	3	4	5	6	7	8	
	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	X	A o m	X	A do		S mi	O d					X	A do	A do	A dof	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: Maxilla missing, maxillary tooth R 4 found loose with remains.

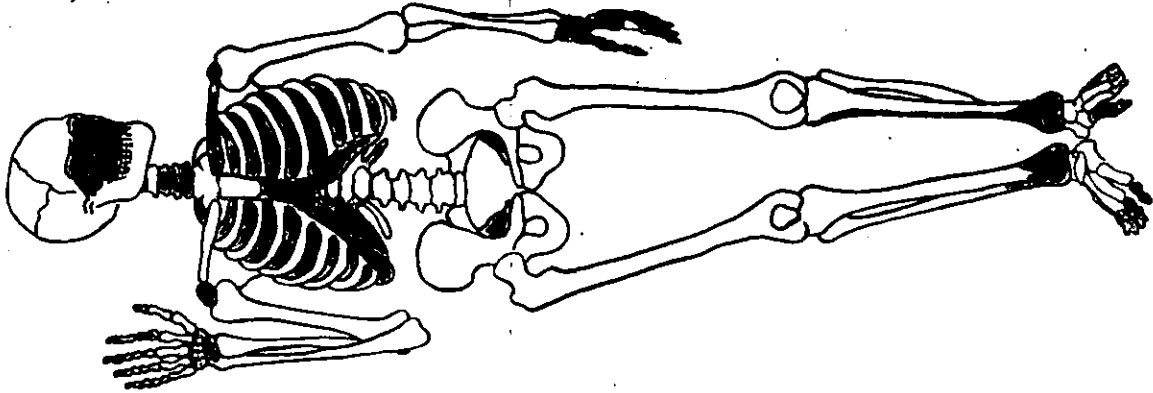
CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2d Lt., MSC

e/ John H. Bennett Jr.

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

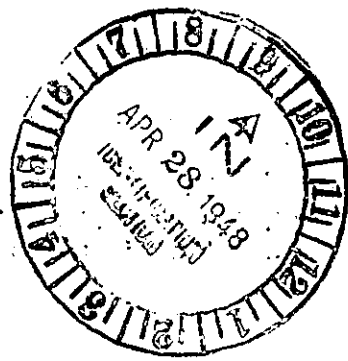
No ROI bottle, ID tags, personal effects, or other means of identification received with remains. Estimated weight of remains ten (10) lbs. Skull received fractured. The physical height is approximately 6 ft and 3/8".

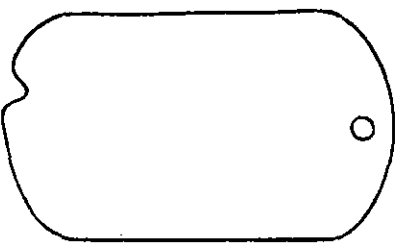
CERTIFIED TRUE COPY
G. T. Gamboa
G. T. GAMBOA
2d Lt., MSC

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/ CLEMENT G. SWAN Emb Sr C-064862
CIP Laboratory, Manila, P.I.

SIGNATURE
s/ Clement G. Swan



WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 16 Jan 48		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-3334 (Formerly UNK X-174 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 1300Z	BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. ROW No. GRAVE No. 813 I 2818	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					
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-3335-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2820	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3332			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2816	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pfc				SIGNATURE OF GRS OFFICER VERIFYING REPORT L. 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.							

1199

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


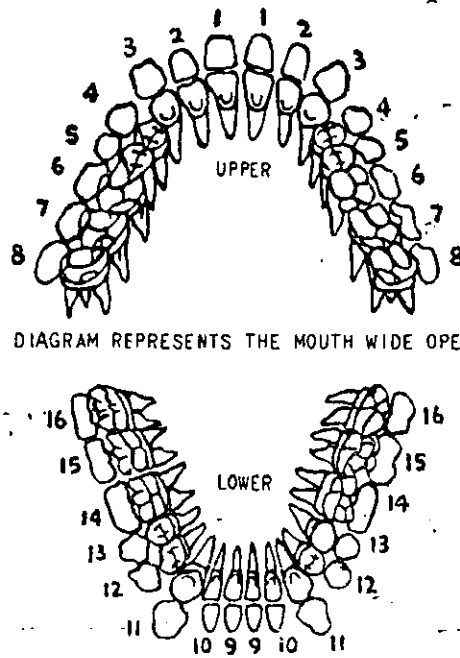



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d - TM 10-630)

UNKNOWN SOLDIER X-174

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

Aboard SS DEADY, Leyte, P.I.

2 November 1944

KIA #rd 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)

3828

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 193

Unknown Sol. X-8

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)

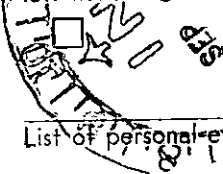
(Name and address of legal next of kin)

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 X-175

3829

On Left— UNKNOWN SOLDIER X 173

3827

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.

RESTRICTED

17 FEB 1948

9426

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

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

~~CONFIDENTIAL~~

Unknown Soldier X-8

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Abrd SS DEADY Tacloban, Leyte, P.I. 2 Nov 1944 KIA 3rd degree burns
(Place of death) (Date of death) (Cause of death)

1500 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

193 5 2 Reg V-Marker
(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

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-9 (Name) (Serial number) (Rank) (Organization) (Grave number) 191

Body buried on LEFT Unknown Soldier X-7 (Name) (Serial number) (Rank) (Organization) (Grave number) 192

(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)

Drift #31

None Incl 64

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.

Otto H. Kaufmann
Otto H Kaufmann, Sgt., 18th GRS

(Signature of officer or other person reporting burial)

Alger E. Johnson
ALGER E. JOHNSON 1st Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RECEIVED
SERIALIZED

4

3

2

1

THUMB

RIGHT HAND

UNKNOWN X-8

TACLOBAN #1

REPORT OF DENTAL SURVEY

UPPER TEETH

Right						Left									
3	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9

LOWER TEETH

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

UR 1-4 - Gold Filling - 5-7-8 Cavity
 L 1-4 - Gold Filling - 5 Silver Filling
 R 13-16 - Cavity - 14 Extracted
 L 13 Gold Filling - 12-14-15-16 Cavity

UNKNOWN X-8

TACLOBAN #1