

FILE IDENTIFICATION TOPPER

FILE NUMBER

295 unkl. layout #, X-18

SUBJECT

also maus maids X-3721

QMGMT 293
GCS Far East
SUBJECT: Unidentifiable Remains

1st Ind.

Department of the Army, OCMG, Washington 25, D. C. 27 April 1949

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

Subject cases have been reviewed and this Office approves the classification of the following Unknowns, now stored at AGRS Mausoleum, Manila, P.I., as unidentifiable:

X-3253	(formerly X- 16, Leyte #1, P.I.)
X-3314	(formerly X-193, Leyte #1, P.I.)
X-3350	(formerly X-229, Leyte #1, P.I.)
X-3721	(formerly X- 18, Leyte #1, P.I.)
X-3755	(formerly X- 91, Leyte #1, P.I.)
X-3787	(formerly X- 95, Leyte #1, P.I.)
X-3943	(formerly X-185, Finsch. #3, N. G.)

FOR THE QUARTERMASTER GENERAL:

7 Incls: w/d

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

B. Venezky:lrc
Salser
JW
cc--Administrative Section

REB

NJS

KW MEM

1

Interred 10 Oct 1949
D 4 92 Ft McKinley

Carleton Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00039

DATE
15 | 05 | 48
DAY | MONTH | YEAR

NAME
292
UNKNOWN X-000018

SERIAL NUMBER
RANK
0

ARM
DATE OF DEATH
DAY | MONTH | YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 | 80
CODE | DIST. PT.

PLOT
ROW
GRAVE
COUNTRY
496 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNK X-18
UNK X-3721 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
27 Sept. '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ALBION H. McLELLAN JR.
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
2 Mausoleum tags show UNK X-3721

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48
CASKET SEALED BY
ALBION H. McLELLAN JR.

BY
ALBION H. McLELLAN JR.
EMBALMER (Signature)
Albion H. Mclellan Jr.
ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF

SHIPPING ADDRESS VERIFIED BY
CHARLES R. BATES, 1st Lt., USAFR

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Handwritten Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>	DATE 10 Oct 1949

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 (LA VONIMIGI... CODE)		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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3721 (Formerly Unk X-18 Leyte # 1)				2. DATE OF REPORT 23 March '49		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE 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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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"

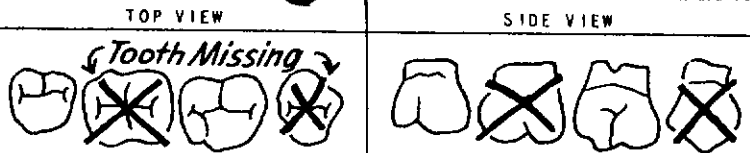
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Received 22 April 1949 OQMG
 Not identifiable from
 information presently
 available 25 April 1949, Venerky

Incl # 4

TOOTH CHART

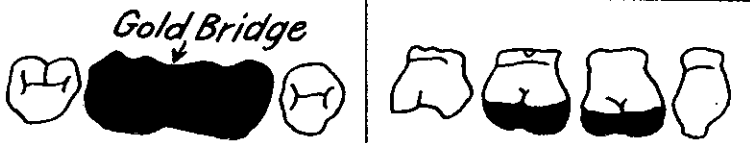
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



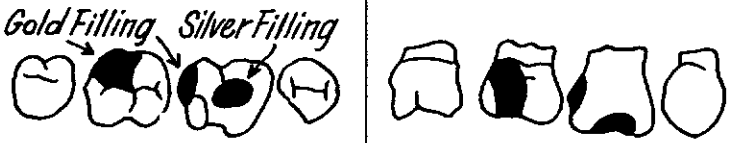
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



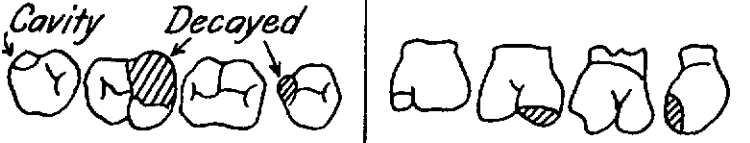
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MAXILLA								MISSING							
Side Views															
UPPER															
LOWER															
MANDIBLE								MISSING							
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."

Maxilla and mandible missing. No maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

J. J. McDermott

J. J. McDERMOTT

Laboratory Officer, CIP

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 - 1 1/2 lbs.

"UNIDENTIFIABLE"

DEPARTMENT OF THE ARMY

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
JAMES J. McDEFMOTT
Laboratory Officer, CIP

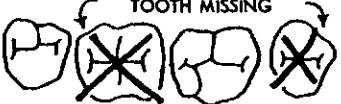

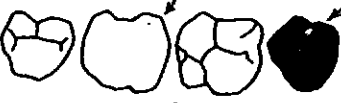






SIGNATURE
James J. McDefmott

IDENTIFICATION DATA

1. REMAINS OF LINKKNOWN X-3721 (Formerly UNK X-18, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT BANGER BAY	5. ROW V	6. GRAVE CRYPT	7. DATE OF
		812	V	5591	DISINTERMENT 22 Dec 47
REINTERMENT STORAGE 12 Feb 48					
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</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 chart and dental 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;">NONE</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;">NONE</p>					

18.

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS															
UPPER															
LOWER															
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."

REMARKS: No maxillary and mandibular teeth found with remains.

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

/s/ John J. Connors

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 burial bottle, I. D. tags, personal effects or other means of identification received with remains. Estimated weight 1 1/2 lbs. No teeth received. Unable to determine the physical height due to the condition of remains.

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. UNG C-064862
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Clement G. Swan

X-3721

REPORT OF DISINTERMENT FOR IDENTIFICATION

8 January 1948

1. Remains of (Name)

Serial Number

UNKNOWN X-18

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

496

2. Date of Disinterment

NEXT TO KIN: -

24 December 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in shelter halve burial. Tag on marker coincides with ROI on file. Major bones missing.

4. What Identification Found at Time of Disinterment: On Marker

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

James H. Jackson
JAMES H. JACKSON, Major, TC.

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown
Gold Crown

Bridgework

Gold & Porcelain Bridge
Gold Bridge

Fillings

Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed
Decayed Decayed

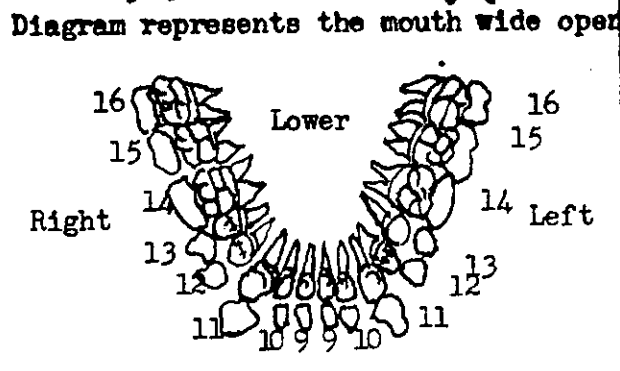
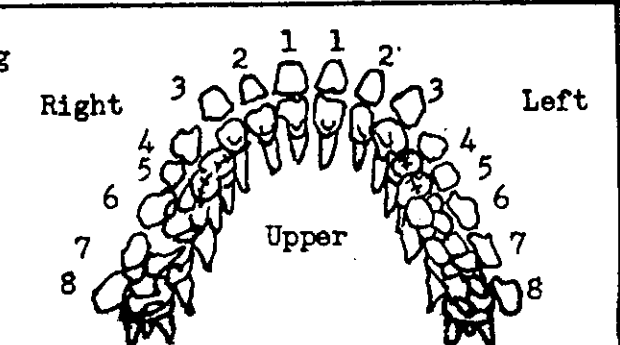
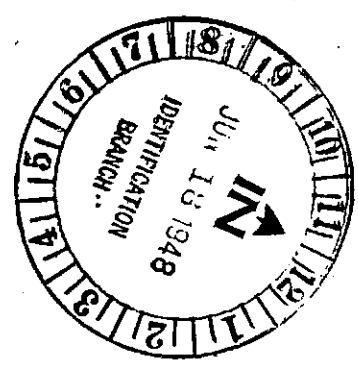


Diagram represents the mouth wide open

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



IDENTIFICATION DENTAL CHART

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

9 December 1946

DATE

UNKNOWN X-18

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Palo Area, Leyte P.I.

USAF Cemetery Leyte #1, P.I.

496

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE						A	A		⊗	⊗	A	⊗	⊗	A			TYPE						
LOCATION						○	○		⊗	⊗	m	⊗	⊗	○	○		LOCATION						

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE									⊗	⊗	⊗	⊗	⊗		A	A	A	TYPE	
LOCATION									⊗	⊗	⊗	⊗	⊗		○	○	○	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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Smith

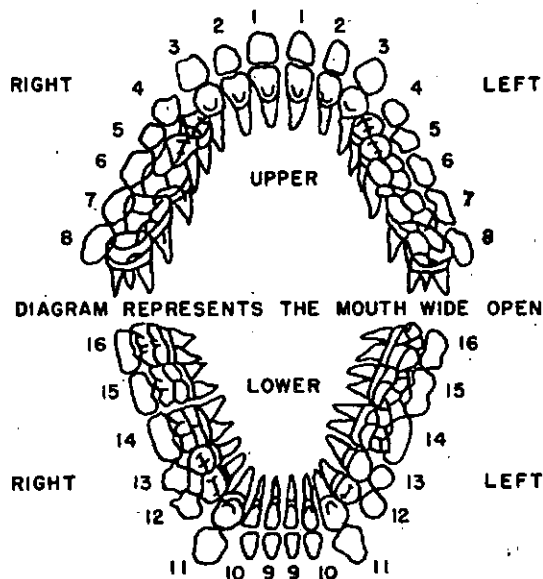
INSTRUCTIONS:

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, *e.g.*, 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., CAG
NAME AND RANK TYPED OR PRINTED

9 December 1946
DATE

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

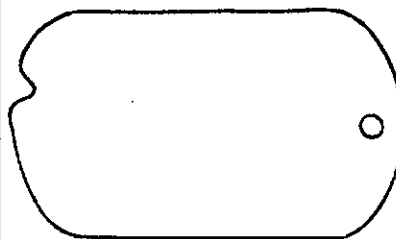
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

25 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

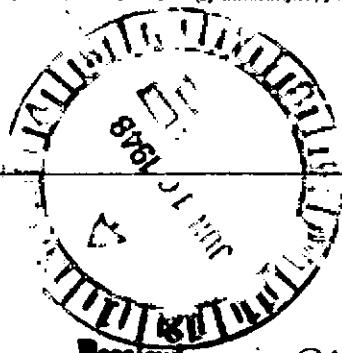
NAME (Last, first, middle initial) UNKNOWN X-3721 (Formerly UNK X-18, USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Pale Area, Leyte, P.I.	CAUSE OF DEATH KIA-burned	DATE OF DEATH 27 Oct 44
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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 12 Feb 48	STORAGE	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5591
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WAS THIS A REBURIAL? (Yes or no) RESTORED	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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-3722	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5592
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-3720	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5590
--	------	------------	--------------	--

SIGNATURE OF PERSON PREPARING REPORT <i>V C Aquino</i> V C AQUINO T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L S Panopig</i> L S PANOPIG 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.

101 321

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


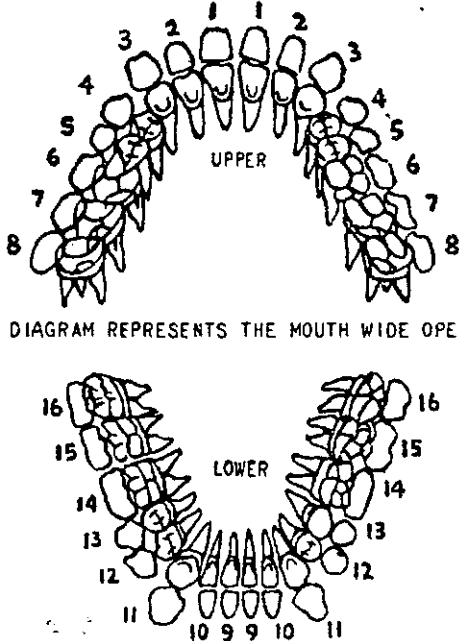




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

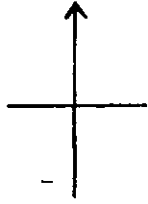
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



REMARKS:

QMC Form 1044, 1044 A and 1044 B accomplished.

19 MAY 1948

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE

RESTRICTED

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

90-3687

UNKNOWN X-18

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Palo Area, Leyte, P.I.			27 October 1944		KIA-burned-not further clarified on EMT
(Place of death)	(Date of death)				
1400 hrs 9 June 1945	USAF Cemetery Leyte #1, P.I.				
(Time and date of burial)	(Name of cemetery)			(Name or coordinates of location)	

496			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

Disinterred from USAF Cemetery Palo #5, Leyte, P.I. Grave 29 (X-6)

Metal tag buried with body and attached to marker.

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

				Religion
(If no identification tags, but identity definitely established, give particulars)				
Body buried on	RIGHT MESSLEY, Eddie V.	37 044 627	S/Sgt	Hq Co, 3 Bn 19 Inf. 497
	(Name)	(Serial number)	(Rank)	(Organization) (Grave number)
Body buried on	LEFTORR, Richard E.	20 151 594	Pfc	Co 1 19th Inf. 495
	(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

121
(9)

RESTRICTED

RESTRICTED

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**
 (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. OMC
 (Verified by Army. GRS Officer)

RECEIVED
 2 SEP 1945

LEFT HAND

RIGHT HAND

THUMB

THUMB

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

27 Jan 45 - 3687

UNKNOWN X-6
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Palo Area, Leyte Island, P.I. 27 October 1944 KIA - Burned, not further clarified
 (Place of death) (Date of death) (Cause of death) On EMT:

0805-27 October 1944 USAF Cem. Palo No. 5, P.I. (Temp) (57.2-51.3)
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Map 4544-I-SE Kabalawan St., Leyte Province, P.I.

29 1 Regulation V-shaped
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion Report containing available information, as indicated hereon, (on reverse side), enclosed in identification bottle buried with body. Same data indicated 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** Orr, Richard E. 20 151 594 Pfc Co I 19th Inf. 30
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** UNKNOWN X-5 IRegt 28
 (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

222 72

Jan 27 45

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 : Not determin. Apparent nationality : Not determin.

Weight : Not determin. Laundry marks : None

Color of eyes : Not determin. Number of rifle : No Rifle

Color of hair : Not determin. Wear glasses ? Not determin.

Race : Not determin. Is tooth chart attached ? No.

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

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Body so severely burned as to make identification impossible. Fingerprints and dental chart not practicable.

Note below any identifying clues found, such as letters, photographs, -probable organization of deceased, etc. : Unidentified-No Information on EMT except: KIA-burned. Date: 27 October 1944.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Chris J. Berlo

(Signature of officer or other person reporting burial)

apl., CHRIS J. BERLO, 19th Inf

George Summers
Verified by Army GRC Officer
GEORGE SUMMERS, 1st Lt., QMC

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RECEIVED
13 JAN 1945