

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Leyt # 1 X-180

SUBJECT

also manila man X-3421

GMC FORM 1121  
1 Aug 45

*293 unk P.A. (Miss) Maus Munkles*  
*See list below*

FORM 205  
 15 FEB 1950

3 February 1950

*Em*

SUBJECT: Identification of body or remains deceased

TO: Commanding Officer  
 American Graves Registration Service  
 Wilson Lane  
 APO 900, c/o Postmaster  
 San Francisco, California

1. Reference is made to the following unknown remains now stored at the APO Mausoleum, Manila, P.I.:

Unknown	X-3200, (formerly X-110, Leyte #1)
"	X-3421 " " X-180, " "
"	X-3313 " " X-187, " "
"	X-3418 " " X-202, " "
"	X-3381 " " X-206, " "
"	X-3365 " " X-215, " "
"	X-3269 " " X-218, " "
"	X-3339 " " X-220, " "
"	X-3390 " " X-227, " "
"	X-3400 " " X-230, " "
"	X-3722 " " X-308, " "
"	X-3338 " " X-308, " "
"	X-773, Leyte #1, (formerly LY88, A.)
"	X-4440, APO Mausoleum Manila, P.I.
"	X-4804, " " " " "
"	X-5100, " " " " "
"	X-3405, (formerly X-350, Leyte #1)

2. Subject cases have been reviewed and this Office approves the classification of the above listed unknowns as unidentified.

R. Miller:lrc  
 balcer  
 JA  
 cc--Administrative Section  
 cc--Cincfe

L. R. ...  
 Lt. Colonel, ...  
 Material Division

*X 293 unk P.A. X-180 (RUBEN)*

REB  
 TEC

GRPZ 293

APO 900  
5 January 1950

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMI 293, GRS (Far East ), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-733 Leyte #1	UNKNOWN X-3405-A AGRS Mslm
X-3260 AGRS Mslm	X-3418 " "
X-3289 " "	X-3421 " "
X-3313 " "	X-3782 " "
X-3338 " "	X-4105 " "
X-3339 " "	X-4440 " "
X-3361 " "	X-4864 " "
X-3365 " "	X-5001 " "
X-3399 " "	X-5100 " "
X-3400 " "	

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above mentioned Unknowns.

FOR THE COMMANDING OFFICER:

19 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

R E S T R I C T E D

SPQYG 293  
Unknown 7920, P.I.

25 June 1945

SUBJECT: Identification of Unknown Deceased

TO : Commanding General  
USAF in the Far East  
APO 501, c/o Postmaster  
San Francisco, California  
FOR: The Quartermaster

1. The fingerprints submitted on the Report of Burial for Unknown X-2, USAF Cemetery Tacloban #1, Leyte, P.I., Plot 1, Row 2, Grave 45 have been found identical with those of William Ernest DUTRO, 886-27-41, S-1/cl. USN.
2. Records of your headquarters as well as the marking of the grave should be corrected accordingly and this office advised upon completion.
3. Attention is invited to a Report of Burial received in this office for William E. Dutro, 886-27-41, in the same Cemetery, Plot 1, Row 2, Grave 42. How the identity was established was not noted on the form. Information is therefore requested as to this identification and also if there are definitely the remains of two persons.

FOR THE QUARTERMASTER GENERAL:

H. A. BARNES  
Brig. General, QMC  
Deputy The Quartermaster General

COPY FOR: Army Effects Bureau, Kansas City Quartermaster Depot  
601 Hardesty Avenue, Kansas City 1, Missouri.

For information.

R E S T R I C T E D

*12th*

/drs <b>1</b>	Interred 8 February 1950 D 15 20 Ft. McKinley <i>Lease mark</i>		
	<b>DISINTERMENT DIRECTIVE</b>		
Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00199	DATE 15   05   48 DAY   MONTH   YEAR
NAME UNKNOWN		SERIAL NUMBER X-000180	RANK O

ARM 0	DATE OF DEATH DAY   MONTH   YEAR 7701   80 CODE   DIST. PT.
CEMETERY USAF CEMETERY LEYTE NO 1	
DISPOSITION OF REMAINS 0	

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		4081	PHILIPPINE ISLANDS	6

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

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME UNK X-180 UNK X-3421 (M <sub>3</sub> us)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> 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 /

Two (2) Mausoleum Tags show - UNK X 3421

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 1948 BY ALBION H. McLELLAN JR.

CASKET SEALED BY ALBION H. McLELLAN JR.

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

CASKET BOXED AND MARKED HORACE L. ALLISON  
DATE 27 Sept 48 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.

*24 Feb 50*  
*J. W. K.*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS Mausoleum	TO Fort McKinley Military Cemetery
KIND OF CONVEYANCE Truck	NAME OF CONVOYER <i>[Signature]</i>
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE FEB 8 1950

## 2. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

## 3. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

## 4. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

## 5. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

## 6. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

## 7. SHIPPED

FROM <i>[Faint text]</i>	TO <i>[Faint text]</i>
KIND OF CONVEYANCE <i>[Faint text]</i>	NAME OF CONVOYER <i>[Faint text]</i>
SIGNATURE OF SHIPPER <i>[Faint signature]</i>	DATE <i>[Faint date]</i>

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Wuk-Leyte #1 (misc)  
X-90 X-180 X-181  
**SYNOPSIS AND DATES**

NEW CLASSIFICATION 293 Wuk-Leyte #1  
X-181

# RECLASSIFICATION SHEET

FILE UNDER NO. 293 - Unknown X-180 P.I. (Leyte)

I N D E X S H E E T

S Y N O P S I S

Letter

17 Sept. 1946

FROM: OJMG

TO: CO, Cp. Crowder, Mo.

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) (Leyte) P.I. (X-90,180,181)

rtb



293 - Unknown X-180 P.I. (Leyte #1)

INDEX  
SEARCHED

Memo

15 April 1946

FROM:  
TO:

OMC  
ACD, World War II Records Adm. St. Louis, Mo.

RE:

For necessary action.

DOCUMENT FILED UNDER NO.

293 - Unknown (Misc) P.I. (Leyte #1)

hm

HEADQUARTERS  
PHILCOB ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

4 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 180, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 4081, USMC Leyte #1, P.I., 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:


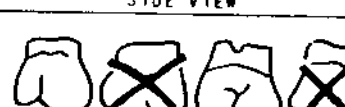








  
H. B. McNEELAR  
Captain, QMC  
Chief, Records Branch





Atch: Form 1044

Received Jan 20 1950 **0003**  
Not identifiable from  
information presently  
available *Robert W. Miller*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3421				(Formerly UNK X-180 USAF Cemetery Leyte #1, P.I.)		2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT 813	5. ROW J	6. GRAVE 3359	7. DATE OF DISINTERMENT 5 Dec 47
				REINTERMENT 14 Jan 48			
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'3-1/8"		10. COLOR OF HAIR UTD		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							

<p><b>MISSING TEETH:</b> 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><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

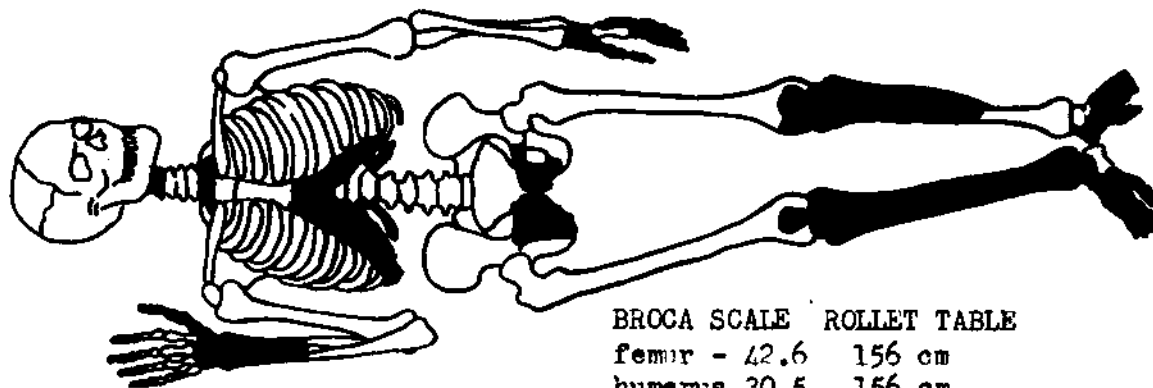
		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
								⊗	⊗	⊗								
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		
				⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			Decayed Cavity			X	
		16	15	14	13	12	11	10	9	9	10	11	12	13	OLM 8	15	16	

**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, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



BROCA SCALE ROLLET TABLE

femur	- 42.6	156 cm
humerus	30.5	156 cm
radius	24.0	166 cm
Ulna	26.2	168 cm
Average height		161 1/4 cm or 5' 3 1/8"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS 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.B. tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains 5 lbs.

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, Iden. Section

SIGNATURE

/bcd

### IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3421 (Formerly UNK X-180 USAF Cemetery Leyte #1, P. I.)</b>				2. DATE OF REPORT <b>12 Jan 48</b>		
3. NAME OF CEMETERY <b>AGRB Mausoleum, Manila, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>J</b>	6. GRAVE <b>3359</b>	7. DATE OF DISINTERMENT <b>5 Dec 47</b> REINTERMENT STORAGE <b>14 Jan 48</b>	

#### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'3-1/8"</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 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)

**No clothing nor personal effects found with remains.**

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:



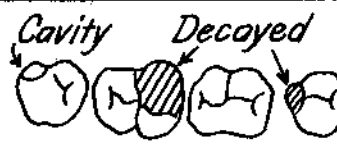
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
						D	D	D							
Side Views															
UPPER															
LOWER															
Side Views															
		X	P	P	P	P	P	P	P	P			Decayed Cavity	X	
													o/m.		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

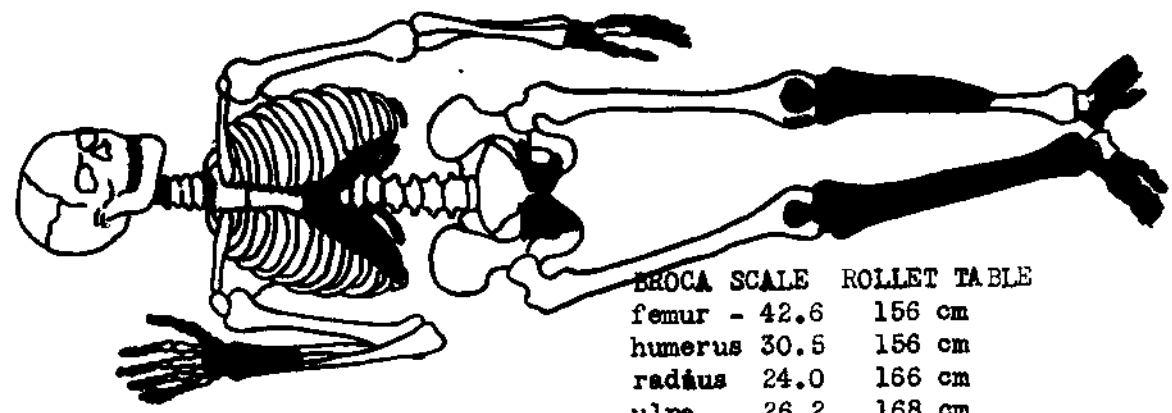
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

G. T. GAMBOA  
G. T. GAMBOA  
2d Lt., MSC

/s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



BROCA SCALE	ROLLET TABLE
femur - 42.6	156 cm
humerus 30.6	156 cm
radius 24.0	166 cm
ulna 26.2	168 cm
Average height 161 1/4 cm or 5' 3 1/8"	

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

Received:  
21 Ribs  
4 Cervical )  
11 Thoracic ) - Vertebrae  
5 Lumbar )  
Circumference of skull is 20 inches.  
Estimated weight of remains is 5 1/2 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/ FORREST G. BRADEN - Sr. Emb.  
CIP, Lab., Manila, P.I.

SIGNATURE  
/s/ Forrest G. Braden



RESTRICTED

QMC Form No. 1044  
1 September 1944

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Tacloban Cemetery #1

Date 20 July 1945

1. Remains of UNKNOWN X -64

Serial Number \_\_\_\_\_

Rank \_\_\_\_\_

Organization \_\_\_\_\_

2. Disinterred (date):

20 July 1945

From (give complete location):

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

By: Group \_\_\_\_\_

Unit Graves Registration Service, Base K

3. Reburied (date):

20 July 1945

In (give complete location):

Grave 42, USAF Cemetery, Tacloban #1, Leyte, P.I.

By: Group \_\_\_\_\_

Unit \_\_\_\_\_

Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment: Body badly decomposed when disinterred

5. (a) Identification tags: Buried with body? no On grave marker? no

(b) Other means of identification found upon disinterment, and general remarks: none- remains too far decomposed for any detail information.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) \_\_\_\_\_

(b) Weight (estimated) \_\_\_\_\_

(c) Hair-Color Black

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face-Color \_\_\_\_\_

Location \_\_\_\_\_

Quantity \_\_\_\_\_

(e) Permanent marks on body (old scars, peculiarities, or missing parts) \_\_\_\_\_

(f) Wounds or missing parts (received at time of casualty) MISSING

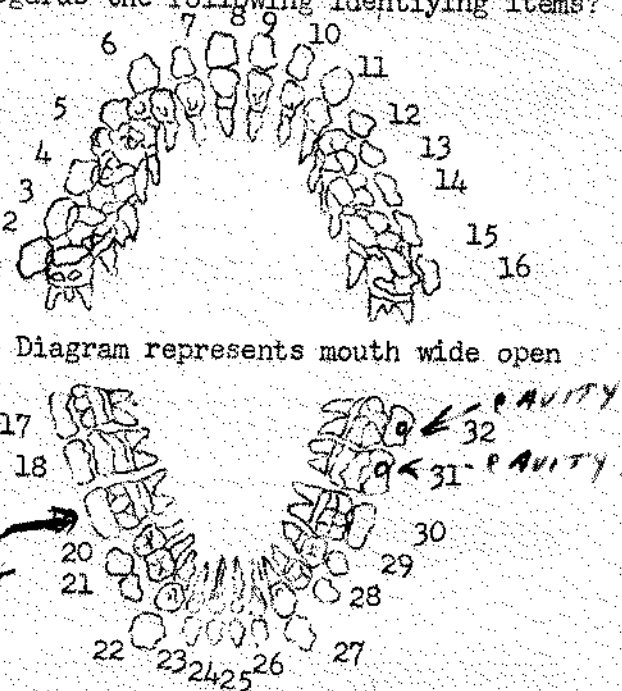


Diagram represents mouth wide open

7. Disinterment supervised by Sgt. Elgin R. Ashley

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) Graves Registration Officer

8. Reburial supervised by Sgt. Elgin R. Ashley

Approved: Francis M. Simon, 1st Lt., QMC  
(Title) Graves Registration Officer













RESTRICTED

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Teeth missing		Teeth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown		Porcelain crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge		Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling		Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity		Decayed
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".		Decayed		Decayed

7. Show name of person supervising the disinterment and the name and title of the person approving same.


8. Show name of person supervising the reburial and the name and title of the person approving same.

/acd

MAY 20 1948


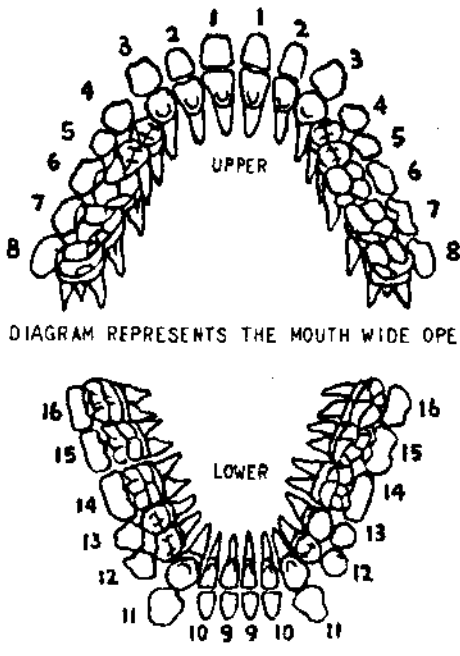





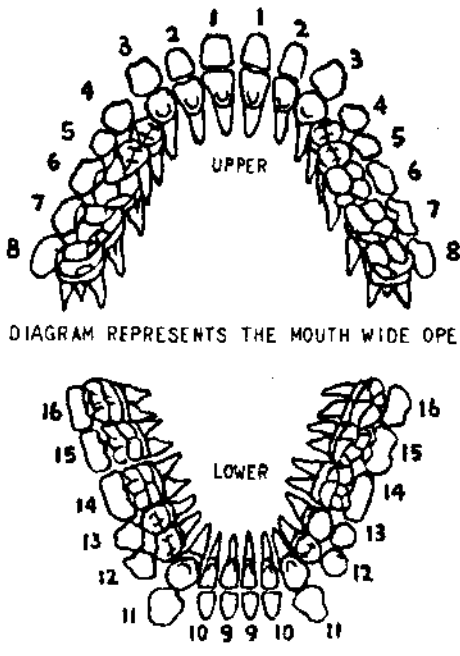





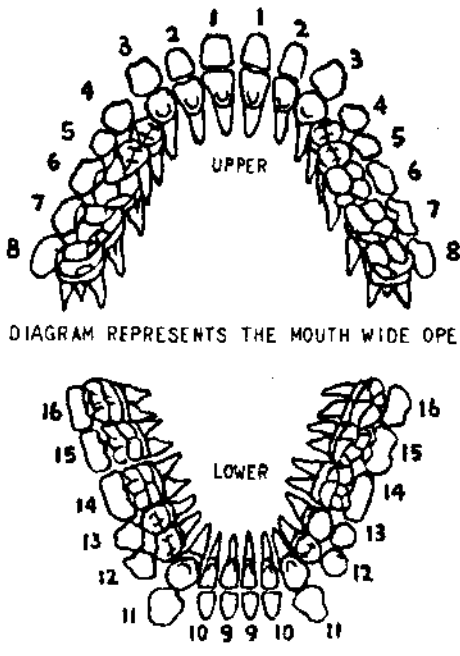




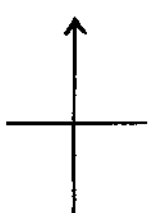
RESTRICTED

U64

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 21 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3421 (Formerly UNK X-180 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 Babatngon, Leyte, P.I.		CAUSE OF DEATH KIA-wounds, multiple, extreme			DATE OF DEATH 25 Oct 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 MAUSCLEUM, MANILA, P. I.						
DATE OF BURIAL 14 Jan 48	HOUR 11:00	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. 813	ROW NO. J	GRAVE NO. 3359
WAS THIS A REBURIAL (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 4081
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	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) AISLE			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 3357
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3415			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5			SIGNATURE OF GRS OFFICER VERIFYING REPORT Lt S. PANOPIC, 2d Lt., INF			

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RESTRICTED

LEFT LITTLE FINGER	<b>Section 3. UNIDENTIFIED REMAINS.</b>  <b>INSTRUCTIONS:</b> (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.																
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES  COLOR OF HAIR  BIRTHMARKS, SCARS, OR TATTOOS														
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS  WHERE BODY WAS BURIED OR FOUND														
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES																
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align: middle;">                  UPPER LOWER                   DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE			
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN															
CAVITIES	 CAVITY DECAYED																
MISSING TEETH	 TOOTH MISSING																
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN																
BRIDGE WORK	 GOLD BRIDGE																
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align:center;">  </div>																
RIGHT INDEX FINGER	REMARKS:																
RIGHT RING FINGER	QMC Form No. 1044, 1044-A and 1044-B accomplished.																
RIGHT LITTLE FINGER																	

**81 MAR 1945**

RESTRICTED

RESTRICTED

RE

REPORT OF INTERMENT

(TM 10-63 AND AN 30-1915)

UGA

UNKNOWN X- 180

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

**Babatngon, Leyte, P. I.** **25 Oct 1944** **KIA-wounds, mult., extreme**

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

**1300 hrs 4 Aug 1945** **USAF Cemetery Leyte # 1, P. I.**

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

4081

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 Grave 42, USAF Cemetery Tacloban # 1, Leyte, P. I.**

**(UNKNOWN X-64)**

**Metal tag buried with remains 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** **COOTEE, George H.** **293 17 56** **Flc USN** **LCI G-23** **4082**

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **BEGINNING OF ROW.**

(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** **RESTRICTED**

(9) 807

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)

**Tooth chart submitted with prior report.**  
In spaces below indicate any unusual features, such as the following: scars,  
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. Sobis*  
**S/Sgt John E. Sobis, GRS**

(Signature of officer or other person reporting burial)

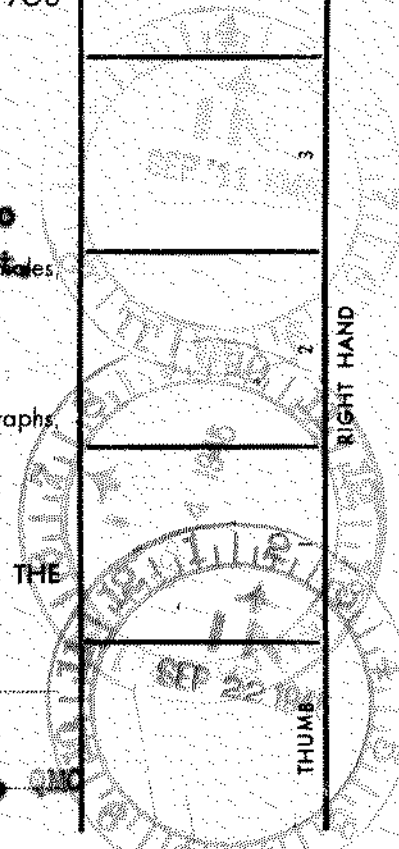
*Francis M. Simon*  
**FRANCIS M. SIMON, 1st Lt., GRC**  
(Verified by Army GRS Officer)

LEFT HAND

4  
3  
2  
1  
THUMB

RIGHT HAND

THUMB



DGK RESTRICTED CORRECTED

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-64

(Last name) Babatngon (First) (Initial) 25 October 1944 (Serial number) KIA, Wounds multiple, extreme (Rank) (Organization)  
(Place of death) (Date of death) (Cause of death)  
1000 hrs 26 Oct 44 (Time and date of burial) USAF Cemetery, Tacloban #1, Leyte, P.I. (Name or co-ordinates of location)

42

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

Religion

Duplicate report of interment (in bottle) buried with remains.

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

CORRECTED from DUTRO, William E., 886 27 41, Sic USN to UNKNOWN X-64 per ltr OCMG, Wash D.C.

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT HAMMACK, Charles D. 35 773 667 Pfc 695 OM Trk Co. 43  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
Body buried on LEFT GOOTEE, George H. 293 17 56 Pfc USN 41  
(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

RESTRICTED

LEFT HAND

4
3
2
1
THUMB

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W.D. Cir. No. 3/19/43).

If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

- Height: \_\_\_\_\_ Apparent nationality: \_\_\_\_\_
- Weight: \_\_\_\_\_ Laundry marks: \_\_\_\_\_
- Color of eyes: \_\_\_\_\_ Number of rifle: \_\_\_\_\_
- Color of hair: \_\_\_\_\_ Wear glasses? \_\_\_\_\_
- Race: \_\_\_\_\_ Is tooth chart attached? \_\_\_\_\_

(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.**

*Elmer N. Spain*  
 1st Lt. Elmer N. Spain, GRS  
 (Signature of Officer or other person reporting burial)

Francis M. Simon, 1st Lt., QMC  
 (Verified by Army GRS Officer)

RIGHT HAND

4
3
2
1
THUMB