

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 amb light / X-189

SUBJECT

also manila manila X-3312

QM QM 293
ORS Far East

27 April 1949

SUBJECT: Unidentifiable Remains

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

1. Reference is made to following Unknown remains now stored at
AGRS Mausoleum, Manila, Philippine Islands:

X-4960	(Formerly Vondrak, Gordon, Leyte #1, P.I.)	}
X-3787	(Formerly X-104, Leyte #1, P.I.)	
X-3312	(Formerly X-189, Leyte #1, P.I.)	
X-3234	(Formerly X- 70, Santa Barbara #1, P.I.)	
X-3236	(Formerly X- 72, Santa Barbara #1, P.I.)	
X-3360	(Formerly X-201, Leyte #1, P.I.)	
X-3761	(Formerly X-543, Leyte #1, P.I.)	

2. Subject cases have been reviewed, and this Office approves the
classification of the above listed Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

RBB

cc--Administrative Section
J. Tinberg: lrc
Salsar
JW

NJS

/drs 1 /gyc		Interred October 1949 H&V C 6 69 Ft. McKinley R. Mark DISINTERMENT DIRECTIVE CARL R. H. MARK Cemetery Superintendent					
SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 7740 00206		DATE 15 05 48 DAY MONTH YEAR	
NAME UNKNOWN X-000189			SERIAL NUMBER 0		RANK 0	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
		4338	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 UNKNOWN X-189 (Maus) UNKNOWN X-3312		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> 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-3312							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 27 Sept 48				BY JOSEPH W GESUSE			
CASKET SEALED BY JOSEPH W GESUSE				EMBALMER (Signature) <i>Joseph W Gesuse</i> JOSEPH W GESUSE			
CASCKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, Inf				SHIPPING ADDRESS VERIFIED BY HONORIO V AURELIO, 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. <i>Honorio V Aurelio</i> HONORIO V AURELIO, 1st Lt, Inf SIGNATURE OF GRS INSPECTOR							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. REMARKS: Unidentifiable - OQMG <i>Graves</i>							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AHS 1st Cavalry		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</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		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-3312 (Formerly UNK X-189 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 25 March '49	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 2 1/8"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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

UTD

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

UTD











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 21 Apr 49 OQMG
 Not identifiable from
 information presently
 available 27 Apr 49 - J. Limberg

18. 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:			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
															
															
															
															
M A N D I B L E								M I S S I N G							
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 and mandibular teeth found with remains.

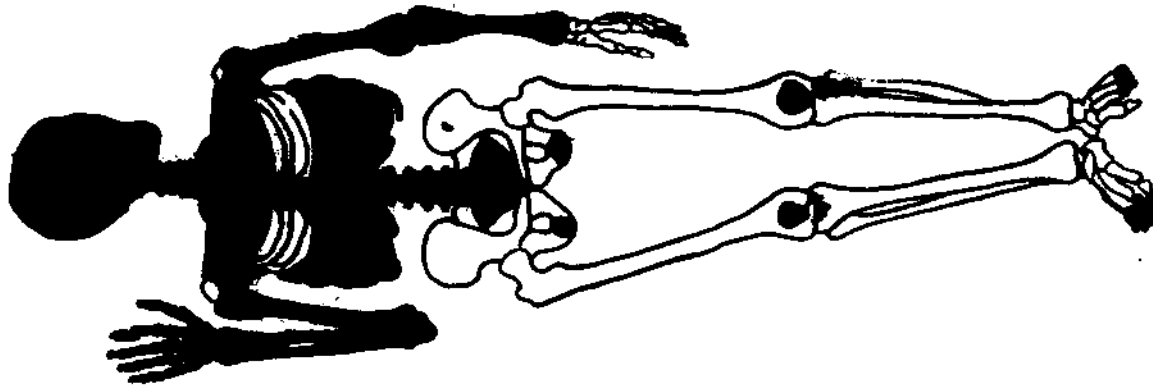
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott
J. J. McDERMOTT

Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED



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 Identification tags, personal effects or ROI in
bottle found with remains.
Estimated weight of remains approximately - 3 lbs.**

UNIDENTIFIED
"BY REASON OF LACK OF SUFFICIENT EVIDENCE"

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. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3312 (Formerly Unk X-189 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 9 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Nichols Field, Manila, P.I.	4. PLOT 813	5. ROW I	6. GRAVE CR-1P2 2793	7. DATE OF DISINTERMENT 4 Dec 47
				REINTERMENT STORAGE 12 Jan 48
PHYSICAL DESCRIPTION				
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 2 1/8"	10. COLOR OF HAIR UTD	11. RACE UTD	
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 UTD				
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 UTD				
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				

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:			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>M a x i l l a</i>								<i>M i s s i n g</i>							
<i>M a n d i b l e</i>								<i>M i s s i n g</i>							
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."

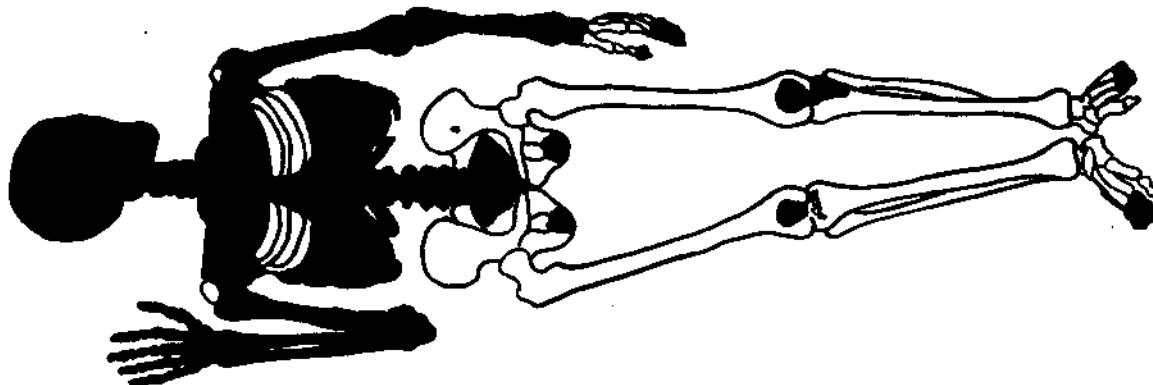
REMARKS: Maxilla and mandible missing, no maxillary and mandible teeth found with remains.

CERTIFIED TRUE COPY:
A. B. Laconico

G.T.GAMBOA
2d Lt MSC

/s/ John H. Bennett Jr. - Dental Technician
/s/ A. B. Laconico - Recorder

19. BLACK OUT PARTS OF BODY NOT COVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, personal effects or ROI in bottle found with remains.
Circumference of skull is unobtainable, due to no skull.
Estimated weight of remains 3 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 LAB., Manila, P.I.

SIGNATURE

/s/ G. H. Brown

RESTRICTED

10391

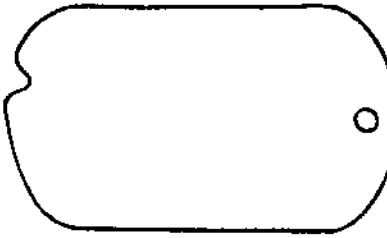
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

APR 28 1948

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

DATE OF REPORT
15 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3312 (Formerly Unk X-189
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
Unknown

CAUSE OF DEATH
Unknown

DATE OF DEATH
Unknown

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 5 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

LGRS MAUSOLEUM, MANILA, P.

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. YOUNGER 813	ROW No. BAY I	GRAVE No. CRYPT 2793
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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.	PLOT No. 49	ROW No. I	GRAVE No. 4338
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Received - Not identifiable from information presently available 27 Apr 49 J. Lindberg
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) UNKNOWN X-3314	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2795
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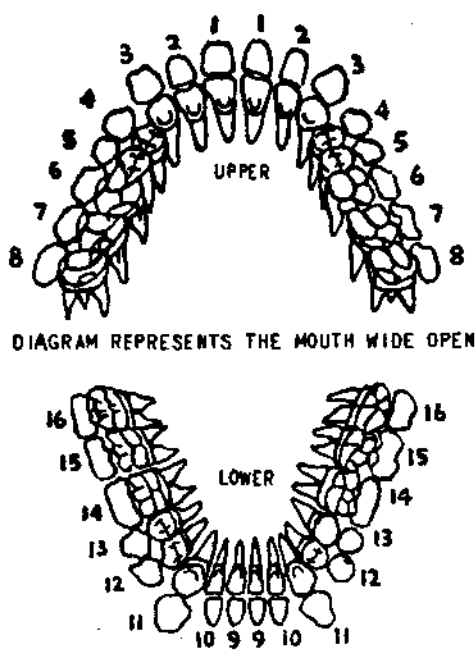




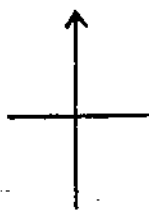
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3310	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2791
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SIGNATURE OF PERSON PREPARING REPORT
R. R. ACIERTO Pfc

SIGNATURE OF SGT OFFICER VERIFYING REPORT
L. E. PANOPLO 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 command.

RESTRICTED

LEFT LITTLE FINGER	<p>Section 3.—UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics found, 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.</p> <p>(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.</p>				
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	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> 		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	<p>CAVITIES</p> <p>CAVITY DECAYED</p> 				
RIGHT INDEX FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p> 				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> 				
RIGHT RING FINGER	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>				
REMARKS:					
9 MAR 1948	<p align="center">QMC Form No 1044, 1044-A and 1044-B accomplished.</p>				

RESTRICTED

RE-
REPORT OF INTERMENT
(TM 10-430 AND AR 30-1815)

74

10391

UNIDENTIFIED SOLDIER X-189

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

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

1300 hrs 10 Aug 1945

USAF Cemetery Leyte #1, P.I.

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

4338

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 San Jose #1, Leyte, P.I. Grave 435 (X-26)**

Metal tag buried with remains and attached to marker.

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

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

Religion

Body buried on **RIGHT MARINELLO, Carlo J.** **0-381 711** **Maj.** **52 Port Surg Hosp** **4339**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT KING, John H.** **38 282 081** **Tec 5** **382 Inf** **4337**
(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

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, no skull.**
(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. MC
(Verified by Army GRS or)

LEFT HAND

4

3

2

1

THUMB

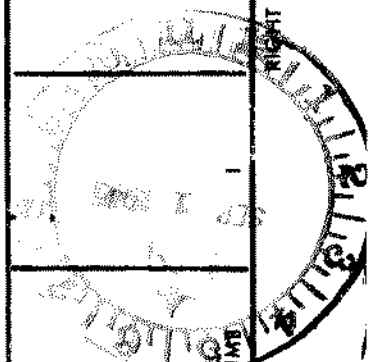
4

3

2

1

THUMB



CONFIDENTIAL

27 Mar 45

449

10391

Unidentified X-26 (Soldier)

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

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

~~Disinterred~~

RE 1500-2 January 1945 USAF Cemetery San Jose # 1 Leyte Is. P.I.

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

RE From 39.9-44.2-1000 yd Philippine Polyconic Grid 1:25,000

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

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

Burial Bottle

(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 King, John H. 38282081 T/5 Med. 382 Inf. 436
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Marinello, Carlo J. 0381711 Maj. Surg. Hosp. 434
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

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

NONE

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.:

Body too badly decomposed to obtain fingerprints or tooth chart.


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 LAND-MARKS. WILLIAM A. KAILUS S/Sgt. QMC

ROBERT C. MYE

2nd. Lt. Inf. (Signature of officer or other person reporting burial)

G.R.O.

8075 

(Signature of Robert C. Mye)
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

449

4

3

2

1

THUMB

22 FEB 1946