

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unkl Reyt #1 X-192

SUBJECT

also manila mouse X-3313

QNC FORM 1121
1 AUG 45

AIRMAIL

*Frank P. King, Miss Maudie
1000 1st Street
San Francisco, California*

POST 203
Per last

3 February 1950

Subject: Identification of Eric or if deceased

To: Commanding Officer
American Graves Registration Service
Hilsea Camp
APO 800, c/o Postmaster
San Francisco, California

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

Unknown	-3260, (formerly	X-110, (type 1)
"	X-3421	" X-180, " "
"	X-3313	" X-191, " "
"	X-3418	" X-202, " "
"	X-3381	" X-206, " "
"	X-3365	" X-215, " "
"	-3269	" X-218, " "
"	X-3330	" X-220, " "
"	X-3399	" X-227, " "
"	X-3400	" X-230, " "
"	-3752	" X-259, " "
"	X-3338	" X-300, " "
"	X-743, (type 1), (formerly	1388, A.)
"	X-4440, AAGRS Museum	Manila, P.I.
"	X-4864, " " " "	" "
"	X-6100, " " " "	" "
"	X-7405, (formerly	X-350, (type 1)

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

R. Miller:lrc
Salcer
Jr
cc--Administrative Section
cc--Cinofa

L. A. [unclear]
Lt. Colonel, [unclear]
Memorial Division

3B
TEC

AIRMAIL

X
1-192 (6-11)

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 QMGMU 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	Maim
X-3260	AGRS	X-3418	"	"
X-3289	"	X-3421	"	"
X-3313	"	X-3782	"	"
X-3338	"	X-4106	"	"
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

IRR

/bpm
 1
 /eye
 Interred 13 Feb 1950
 D# 15 24 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
 SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER
 7740 00208
 DATE
 15 | 05 | 48
 DAY | MONTH | YEAR

NAME
 UNKNOWN X-000192
 SERIAL NUMBER
 0
 RANK
 0
 ARM
 0
 DATE OF DEATH
 DAY | MONTH | YEAR

CEMETERY
 USAF CEMETERY (LEYTE NO 1)
 DISPOSITION OF REMAINS
 0
 7701 | 80
 CODE | DIST. PT.

PLOT
 ROW
 GRAVE
 COUNTRY
 4426 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
 UNKNOWN X-192
 UNKNOWN X-191
 (Maus) UNKNOWN X-3313
 SERIAL NUMBER
 RANK
 DATE OF DEATH
 DATE DISTINTERRED
 27 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER
 ORGANIZATION
 UNKNOWN
 RELIGION
 IDENTIFICATION VERIFIED BY
 JOSEPH W GESUSE
 Embalmer
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
 Shelter Half
 CONDITION OF REMAINS
 Skeletal

OTHER MEANS OF IDENTIFICATION
 MINOR DISCREPANCIES 1

One (1) identification tag shows UNK X-191
 Two (2) Mausoleum tags - UNKNOWN X-3313

REMAINS PREPARED AND PLACED IN CASKET
 DATE 27 Sept 48 BY JOSEPH W GESUSE

CASKET SEALED BY
 JOSEPH W GESUSE
 EMBALMER (Signature)
Joseph W Gesuse
 JOSEPH W GESUSE

CASKET 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.

Honorio V Aurelio
 HONORIO V AURELIO, 1st Lt, Inf
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leachmark</i>	DATE FEB 13 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		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

HEADQUARTERS
PRIMUM 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-192, Plot _____, Row _____, Grave 4426, USMC USAF Cem., 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:


W. S. MCNEMAR
Captain, CMC
Chief, Records Branch




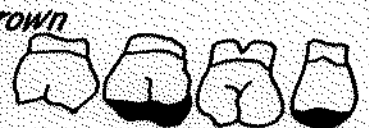

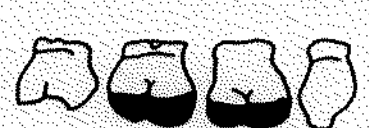




Atch: Form 1044

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-192 USAF Cemetery UNKNOWN X-3313 Leyte #1, P.I.)				2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY ACRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW I	6. GRAVE 2794	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10"	10. COLOR OF HAIR UTD		11. RACE UTD	
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 Fracture of left fibula.					
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					

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>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 Crown, Porcelain Crown</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> 	

See Remarks

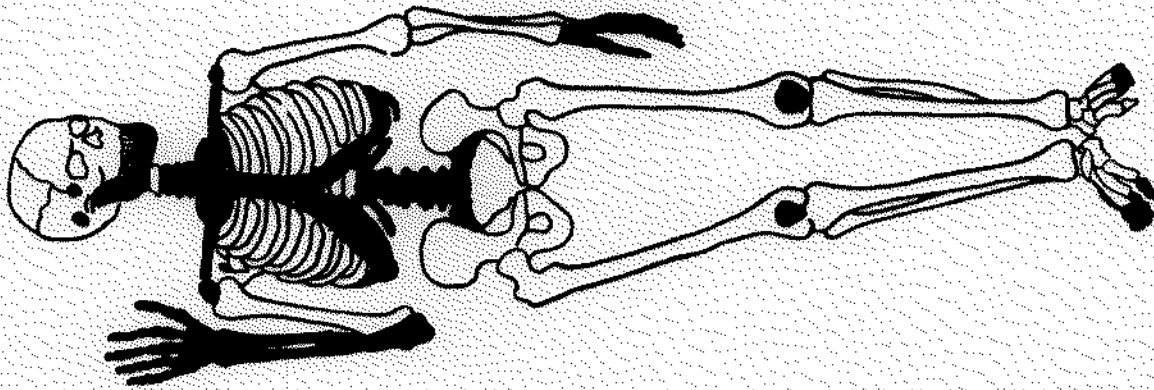
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						X	X					X			
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
M A N D I B L E M I S S I N G								M A N D I B L E M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

L5 fractured from the mesial side. Mandible and mandibular teeth missing.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains 8 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, Identification Section


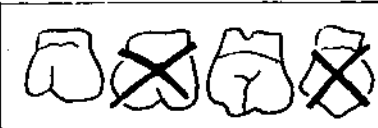






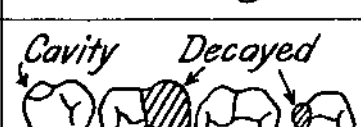

SIGNATURE

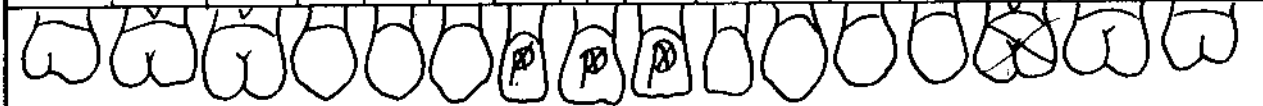



Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3313				(Formerly UNK X-192 USAF Cemetery Leyte #1, P.I.)		2. DATE OF REPORT 9 Jan 48	
3. NAME OF CEMETERY AGNS Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				813	HANGER BAY I	CRYPT 2794	DISINTERMENT 4 Dec 47
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT 5' 10"		10. COLOR OF HAIR		11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE FOUND WITH REMAINS							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTB - Due to condition of remains.							
14. WAS BODY BURNED ?		TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED ?		TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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							

X-33'2

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:			

30. Remarks															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						⊗	⊗	⊗					⊗		
Side View															Side View
Top View															UPPER
															LOWER
Side View															
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."

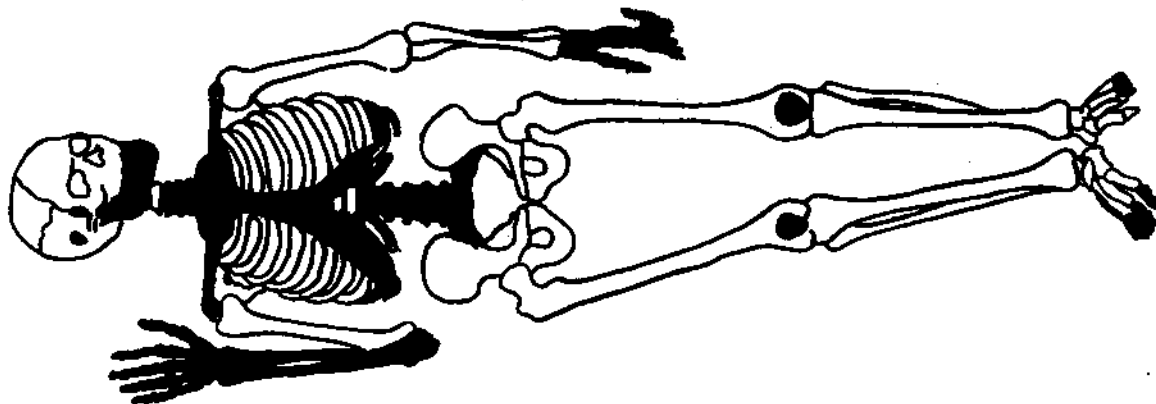
15 fractured from the mesial side. Mandible and mandibular teeth missing.

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

w/ Alexander P. Pettico

s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 ID tags or burial bottle found with remains. Estimated circumference of skull is about 22 inches. No other means of identification. Weight of remains is approximately 8 lbs. Left fibula fractured, believed to have been broken and healed prior to death.

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/ ALEXANDER P. PETTICE SP-6
CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Alexander P. Pettice

IDENTIFICATION DENTAL CHART

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

14 November 1946

DATE

Unknown X - 192

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

PLACE OF DEATH

USAF Com. Leyte #1, P.I.

PLACE OF BURIAL

PLOT

ROW

GRAVE NO. 4426

	8	7	6	RIGHT				5	4	3	2	UPPER TEETH			1	1	2	3	LEFT				4	5	6	7	8	
TYPE																												
LOCATION																												

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> C X D </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> X X X </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
---	--	---

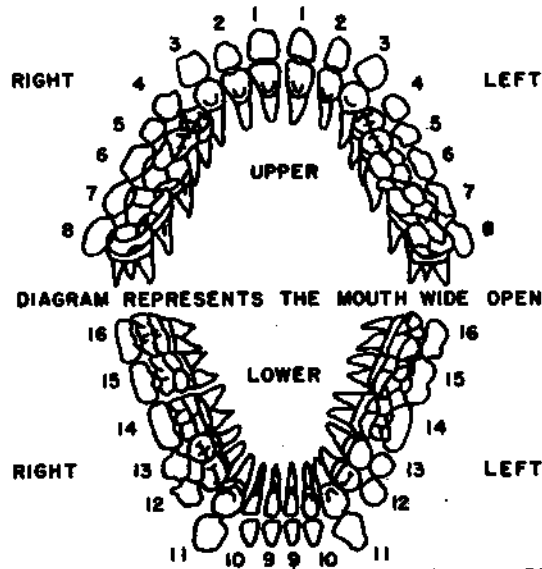
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ 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

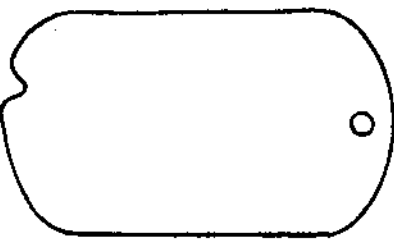

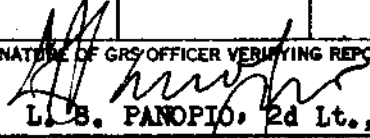
Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph M. Phelan
VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

14 November 1946
DATE

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (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-3313 (Formerly UNK X-192 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 Ormoc, Leyte, P.I.		CAUSE OF DEATH KIA-GSW- multiple			DATE OF DEATH 20 Dec 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 2:30 P.M.	BURIED IN (Shroud, blanket, or name of altar) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2794	
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.	ROW No.	GRAVE No. 4426
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) STORED UNKNOWN X-3315-A	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2796				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3311	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2792				
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERITO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 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.								

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


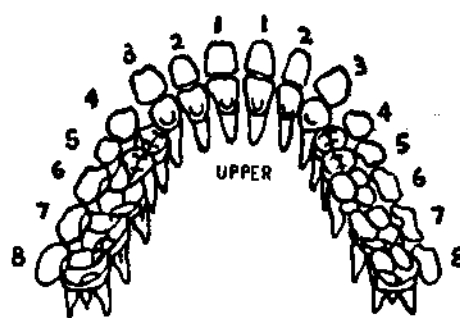
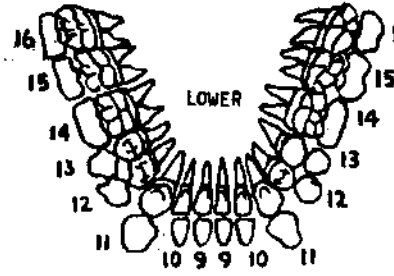





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

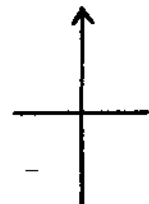
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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

9 MAR 1948

RIGHT
LITTLE FINGER

RIGHT
RING FINGER

RIGHT
MIDDLE FINGER

RIGHT
INDEX FINGER

RIGHT
THUMB

LEFT
THUMB

LEFT
INDEX FINGER

LEFT
MIDDLE FINGER

LEFT
RING FINGER

LEFT
LITTLE FINGER

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

08

US

UNKNOWN X-192

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Ormoc, Leyte, P. I. **20 Dec 1944** **KIA-GSW-multiple**
 (Place of death) (Date of death) (Cause of death)
1600 hrs 11 Aug 1945 **USAF Cemetery Leyte # 1, P. I.**
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

4426

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 186, USAF Cemetery Baybay # 1, Leyte, P. I.
Metal tag buried with remains and attached to Marker. (UNKNOWN X-8)
 (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 LEGGORE, Charles E.** **33 162 624** **Sgt** **Co F 307 Inf** **4427**
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT HAMILTON, Thomas P.** **33 282 559** **Pvt 1c1** **Co D 767 Tk Bn** **4425**
 (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**

1657

10/6/44

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)

Impossible to take tooth chart on disinterment.

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
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON 1st Lt., QMC

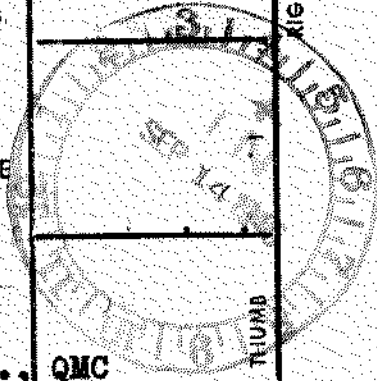
(Verified by Army GRS officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB



12 mar 45 U 8

Unknown X-8

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

Ormoc, Leyte Is. P.I. **20 December 1944** **KIA - GSW Multiple**

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

1700 24 December 1944 **USAF Cemetery BayBay #1** **BayBay, Leyte, P.I.**

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

186

12

1

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

Embossed Plate attached to Marker

Religion- Unknown

Embossed Plate Buried with Body

(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 Hamilton, Thomas P.** **33282559** **Pfc** **Co D, 767th** **Tk Bn 187**

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

Body buried on **LEFT Leggore, Charles E.** **33162624** **Sgt.** **Co F, 307th** **Inf 185**

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

?

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

81A

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

Incl 16'

NONE

#346

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.

George W. Howing
 (Signature of officer or other person reporting burial)

George W. Howing, S/Sgt

Philip G. Melti
 (Verified by Army G.I.S. floor)
 Philip G. Melti, 1st Lt., FA

8975 

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

Fingerprints not obtainable because of decomposed condition of Body

RECEIVED
 22 FEB 1945