

FILE IDENTIFICATION TOPPER

FILE NUMBER

993 Urk height #1 X-20

SUBJECT

also mass manila X-3657

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-3760, X-3659, X-3720, X-3657,
X-3709, thru X-3711, X-3748A
X-3750, X-2252, X-2282, X-2,
X-3819

QMOMT 293
GRS Far East

12 January 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following Unknown Deceased:

Unknown X-3766,	AGRS Maus. Manila, formerly	X-14,	USAF Cem. Leyte #1
" X-3709,	" " " "	X-15,	" " "
" X-3720,	" " " "	X-17,	" " "
" X-3657,	" " " "	X-20,	" " "
" X-3710,	" " " "	X-21,	" " "
" X-3658,	" " " "	X-22,	" " "
" X-3748-A,	" " " "	X-23,	" " "
" X-3659,	" " " "	X-24,	" " "
" X-3711,	" " " "	X-25,	" " "
" X-3750,	" " " "	X-242,	" " "
" X-2252,	" " " "	X-534,	" " "
" X-2282-A,	" " " "	X-594,	" " "
" X-2	" " " "	X-127,	USAF Cem. Finsch. #2, N. G.
" X-3819,	AGRS Mausoleum, Manila, P. I.		

2. Recommendations for unidentifiability have been approved by this Office. Request your records be amended accordingly.

3. Certificate of Unidentifiability, your headquarters, dated 9 December 1949, for Unknown X-5216, AGRS Mausoleum Manila has been suspended. The records of this Office indicate that QMC Form 1042 is not on file for this Unknown Deceased, therefore, it is requested that a Report of Storage be forwarded as soon as practicable.

FOR THE QUARTERMASTER GENERAL:

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

COPY: mfs

X 293 Unk. P. I. X-3657 (Maus. Manila)

1. FILE UNDER NO. 293 - Unk. Philippine Islands X- 3657 (Manila, Maus.)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **7 Oct 49**
4. FROM: **OQMG**
5. TO: **CG, Philippine Command, APO 707, San Francisco, Calif.**
6. SUBJECT: **Identification of World War II Deceased**

7. DOCUMENT FILED UNDER NO. **293 - GES, Far East** (C)

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

Interred 30 Jan 1950
A 3 24 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

DIRECTIVE NUMBER

DATE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

7740 00041

15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		MX-000020	0	0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY (LEYTE NO 1)					0
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		558	PHILIPPINE ISLANDS	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK X-20 UNK X-3657 (Maus)				27 Sept. '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		PERRY E. WHITE Embalmer	
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 Identification tags read Mausoleum UNK X-3657

REMAINS PREPARED AND PLACED IN CASKET	
DATE 27 Sept. '48	BY PERRY E. WHITE
CASKET SEALED BY	EMBALMER (Signature)
PERRY E. WHITE	<i>Perry E. White</i> PERRY E. WHITE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF	TEOFILO M. AMUTAN, 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.

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

FILE

3 27 SEP 1948

REPAIR SECTION
BRANCH
MAG. DIV.

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>Everton</i>	DATE JAN 30 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 <i>(S. M. ...)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(S. M. ...)</i>	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
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 20, Plot ,
Row , Grave 558, USMC USAF Cem. Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

[Handwritten Signature]

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

Attch: Form 1044

Received 3 Jan 1950 OQMG
Not identifiable from
information presently
available

10 Jan 1950
[Handwritten Signature]

Line 10'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3657 (Formerly UNK X-20 Loyte #1)				2. DATE OF REPORT 8 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	V	5419	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7-5/8"	10. COLOR OF HAIR U T D	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

U T D

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

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

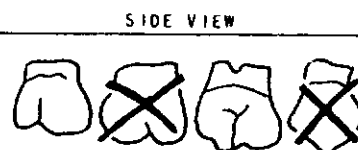
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Handwritten signature

18.

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:



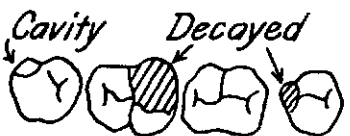
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

REMARKS: Both maxilla and mandible missing.
No maxillary and mandibular teeth found.

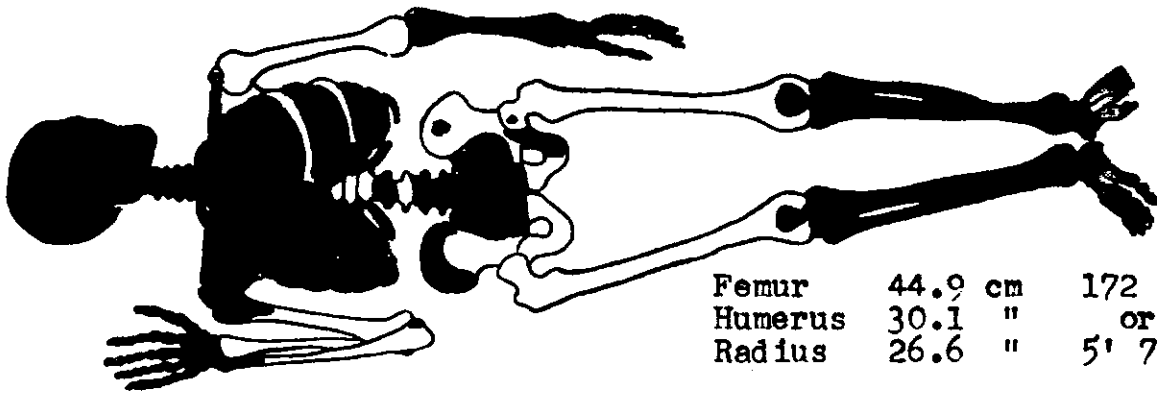
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 - 3 lbs.

BY REASON OF LACK OF POSITIVE IDENTIFYING DATA

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
 Chief, Identification Sec

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3657 (Formerly UNK X-20 USAF Cemetery) Leyte #1, P. I.			2. DATE OF REPORT 10 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5419	DISINTERMENT	REINTERMENT
				24 Dec 47	11 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 7-5/8"	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
---------------------------------	----------------------------------	-------------------------------	----------------------

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. - Skeletal Chart and Tooth Chart attached.

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

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	
	← <i>maxilla missing</i> →																
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	← <i>mandible missing</i> →																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

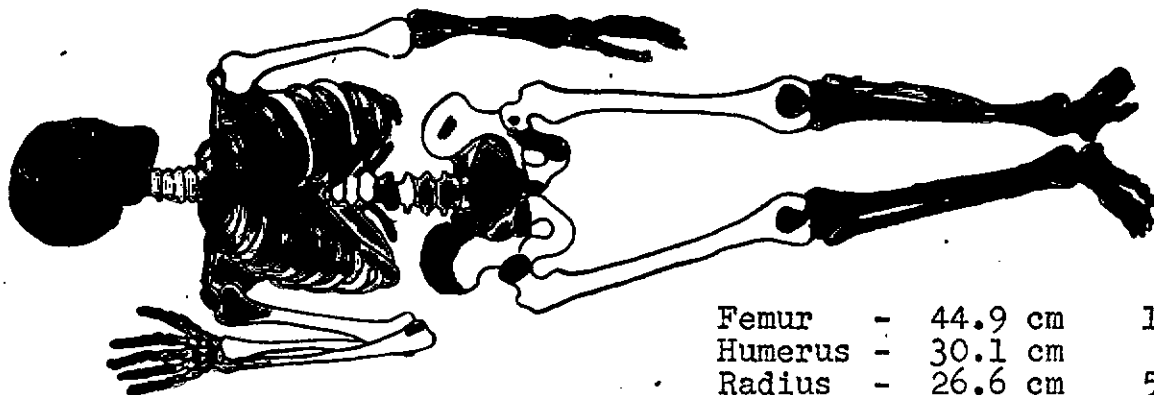
REMARKS: Both maxilla and mandible missing.
No maxillary and mandibular teeth found.

CERTIFIED TRUE COPY:

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

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECORDED



Femur	-	44.9 cm	172 cm
Humerus	-	30.1 cm	or
Radius	-	26.6 cm	5' 7-5/8"

101.6

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI bottle, I. D. tags, personal effects or other means of identification received with remains. Estimated weight of remains - 3 lbs. No skull nor teeth received. The physical height is - 5 ft. and 7-5/8 inches.

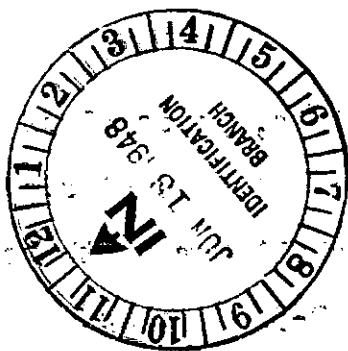
CERTIFIED TRUE COPY:

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 Laboratory, Manila, P.I.

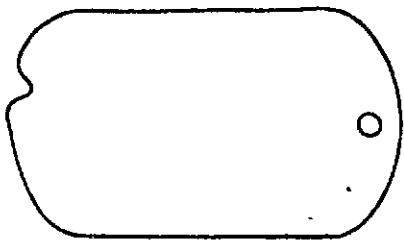
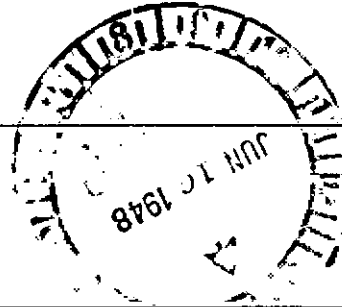
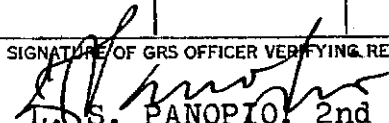
SIGNATURE
/s/ Clement G. Swan



RESTRICTED

JUN 12 1948


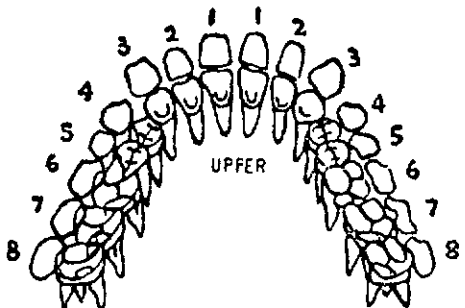
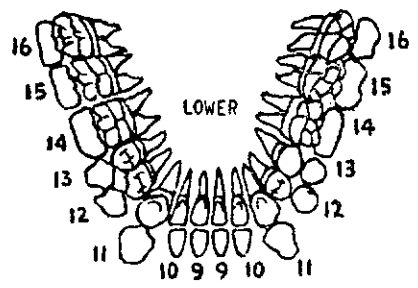




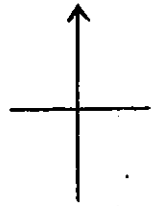
U 3396A

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 19 Feb 48
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial) UNKNOWN X-3657 (Formerly UNK X-20 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 San Pedro Bay, Leyte, P.I.		CAUSE OF DEATH KIA-bomb hit-decapitation body			DATE OF DEATH 27 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 MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. HANGER BAY CRYPT 5419	
WAS THIS A REBURIAL? (Yes or no) **STORED 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. 558	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3658			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5420	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3656			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5418	
SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5 QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT  L.O.S. PANOPIO, 2nd 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.							

RESTRICTED

File 292

RESTRICTED

	Section 1.—UNIDENTIFIED REMAINS.							
LEFT LITTLE FINGER	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.							
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	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER					
RIGHT THUMB	CAVITIES  CAVITY DECAYED							
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING							
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN							
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE							
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>							
RIGHT RING FINGER	REMARKS:							
RIGHT LITTLE FINGER	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
AT PRESENT TIME

gw1

RESTRICTED

RE-

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

8694

8694

104

UNKNOWN X-20

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

San Pedro Bay, Leyte, P.I.

27 October 1944

KIA-bomb hit-decapitation
body injuries.

(Place of death)

(Date of death)

1100 hrs 11 June 1945

USAF Cemetery Leyte #1, P.I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

558

(Grave number)

(Row number)

(Plot Number)

Reg. Cross

(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 53 (X-18)

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 UNKNOWN X-21

(Name)

(Serial number)

(Rank)

CO (Organization)

559 (Grave number)

Body buried on LEFT BARTON, Lee R.

(Name)

38 293 980

(Serial number)

Pvt

(Rank)

382 Inf

(Organization)

557 (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

4792

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, decapitation.

(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.

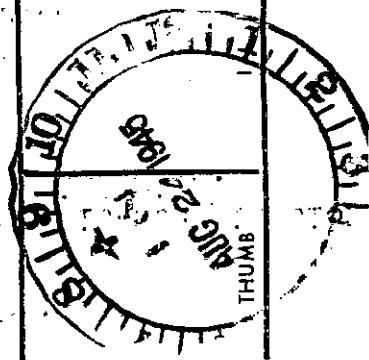
John E. Bobis
John E. Bobis, S/Sgt., GRS

(Signature of officer or other person reporting burial)

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

(Verified by Army GRS [initials])

QMC



LEFT HAND

THUMB

RIGHT HAND

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

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

29 Jan 45

8694

UNKNOWN X-18

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
San Pedro Bay, Leyte Island, P.I.			27 October 1944	KIA-Bomb hit	decapitation-
(Place of death)			(Date of death)	body injuries.	(Cause of death)
1640-27 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 SE, Leyte Province, P.I.					

53	2		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	Stolz, Jake, Jr.	37 462 277	S/Sgt	Co M 19th Inf.	54
	(Name)	(Serial number)	(Rank)	(Organization) Regt	(Grave number)
Body buried on LEFT	UNKNOWN X-17				52
	(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

(a)

Serial 81

CONFIDENTIAL

Serial 276

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. : **Death occurred as a result of bomb hit (possibly on USS LST #552). No information on EMT except: Unidentified-KIA-head missing-body injuries.**

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)

Chap. **CHRIS J. BERLO, 19th**

George Summers

(Typed name of reporting officer)
GEORGE SUMMERS, 1st Lt., QMC

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
13 JAN 1945