

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. Leyte # 1 - X-214

SUBJECT

Also Unk. Manila Maus. X-3364

And Unk. San Jose # 1 X-4

QMC FORM 1121  
1 AUG 45

AIRMAIL

at

293 unk P.I. (Manila Manila) X-3364

QCIN 293  
GRS Far East

22 June 1950

SUBJECT: Roster of Unknown Remains

293 unk Leyte #1. X-214

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

1. Reference is made to Unknown X-4, San Jose #1, Plot 1, Row 3, Grave 76, listed on Unit Roster 2, Page 56.

2. Record of Concentration of Remains into Leyte #1 shows that Unknown X-4, San Jose, Grave 76, was buried into grave 5355, Leyte #1. Form 1043 for Unknown X-3364, AGRS Mausoleum shows that the remains were formerly Unknown X-214, Leyte #1, grave 5355. Place of death and cause of death for Unknown X-4 San Jose and Unknown X-3364, AGRS Mausoleum (formerly X-214 Leyte #1) are in agreement.

3. Request information if your Office has a record to indicate that X-4 San Jose #1 and Unknown X-3364 AGRS Mausoleum (formerly X-214 Leyte #1) are one and same remains.

FOR THE QUARTERMASTER GENERAL:

ROBERT G. DAY  
Capt QIC  
Memorial Division

B. Venoskylak  
Saler

cc: Administrative Section

CC: CINCPAC APO 500

X-993. Unk. P.I. Manila Manila X-3364  
JV  
JNC

AIRMAIL

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Muk-Leyte #1 (misc)  
X-2-13    X-214    X-215    X-216

## SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed  
293 Prentice, Alfred  
0-1031506

# RECLASSIFICATION SHEET

10/3/50  
[Signature]

GRPZ 293 1st Ind.  
(22 June 1950)  
SUBJECT: Roster of Unknown Remains

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,  
APO 928

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

1. A review of available records in this Headquarters reveals that Unknown X-4 San Jose No. 1 and Unknown X-3364, AGRS Mausoleum (formerly X-214 Leyte No. 1) are one and the same remains.

2. For your further information and reference, submitted herewith are copies of Reports of Interment and Storage attesting to the above findings.

FOR THE COMMANDING OFFICER:

*Charles R. Whaylen*  
CHARLES R. WHAYLEN  
2d Lt., MC  
Assistant Adjutant

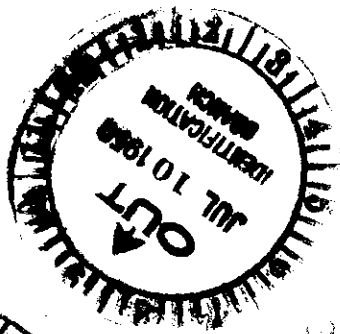
3 Incls

- 1. Cy, ROI (X-4 San Jose No. 1)
- 2. " " (X-214 Leyte No. 1)
- 3. " ROS (X-3364, AGRS Mslm)

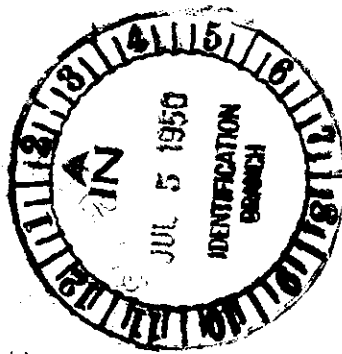
} *Withdrawn*

*File  
NA T  
mem Div  
copy to  
10/14/50*

*93666 10/14/50 (Mslm) X-3364*



1998



**AIRMAIL**

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMT 293  
GRS Far East

22 June 1950

SUBJECT: Roster of Unknown Remains


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

1. Reference is made to Unknown X-4, San Jose #1, Plot 1, Row 3, Grave 76, listed on Unit Roster 2, Page 36.

2. Record of Concentration of Remains into Leyte #1 shows that Unknown X-4, San Jose, Grave 76, was reburied into grave 5355, Leyte #1. Form 1042 for Unknown X-3364, AGRS Mausoleum shows that the remains were formerly Unknown X-214, Leyte #1, grave 5355. Place of death and cause of death for Unknown X-4 San Jose and Unknown X-3364, AGRS Mausoleum (formerly X-214 Leyte #1) are in agreement.

3. Request information if your Office has a record to indicate that X-4 San Jose #1 and Unknown X-3364 AGRS Mausoleum (formerly X-214 Leyte #1) are one and same remains.

FOR THE QUARTERMASTER GENERAL:

  
ROBERT G. LAY  
Capt QMC  
Memorial Division

**AIRMAIL**

AIRMAIL

293 unk PI (Manila Manila) X-3364

QCMT 293  
GRS Far East

22 June 1950

SUBJECT: Roster of Unknown Remains

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

1. Reference is made to Unknown X-4, San Jose #1, Plot 1, Row 3, Grave 76, listed on Unit Roster 2, Page 36.

2. Record of Concentration of Remains into Leyte #1 shows that Unknown X-4, San Jose, Grave 76, was reburied into grave S355, Leyte #1, Form 1042 for Unknown X-3364. AGRS Mausoleum shows that the remains were formerly Unknown X-214, Leyte #1, grave S355. Place of death and cause of death for Unknown X-4 San Jose and Unknown X-3364, AGRS Mausoleum (formerly X-214 Leyte #1) are in agreement.

3. Request information if your Office has a record to indicate that X-4 San Jose #1 and Unknown X-3364 AGRS Mausoleum (formerly X-214 Leyte #1) are one and same remains.

FOR THE QUARTERMASTER GENERAL:

ROBERT G. LAY  
Capt QMC  
Memorial Division

JW

UMN

B. Venezky:lak  
Salser

cc: Administrative Section

cc: CINCPAC APO 500



X-293 unk PI (San Jose) X-4  
293 G R L (Far East)  
AIRMAIL

1

Interred 29 Aug 48  
17 Ft. McKinley  
*Don L. Smathers*  
DON L. SMATHERS

DISINTERMENT DIRECTIVE

1st Lt., Inf., Cemetery Officer  
SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00221

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME  
*293*  
UNKNOWN X-000214

SERIAL NUMBER  
RANK  
ARM

DATE OF DEATH  
DAY | MONTH | YEAR

CEMETERY  
USAF CEMETERY LEYTE NO 1

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

PLOT ROW GRAVE COUNTRY  
5355 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  
*293 Unknown P.I. (San Jose) X-4*

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN X-214  
(Maus) UNKNOWN X-3364

SERIAL NUMBER  
RANK

DATE OF DEATH

DATE DISINTERRED  
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 /

Two (2) Mausoleum tags - UNK X-3364

NAT  
FILE  
RECORDS ANNOTATED  
DATE *29 Sept 48*  
NAME *Smathers*  
R & R MR.

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**

FROM		AGRS Mausoleum	
TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF RECEIVER		DATE	
NAME OF CONVOYER		29 AUG 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	
8. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF RECEIVER		DATE	

293 - Unk. P. I. (Misc) (Maus. Manila) (X-247, X-3364, X-3590)

QMGM 293  
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-247  
" X-3364 (formerly Unknown X-214, USAF Cemetery #1, Leyte)  
" X-3590

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY  
msb

*Handwritten note on right margin:*  
1003 [unclear] 1108, X-214 (Leyte #1)

OS GR 293.9

APD 707

SUBJECT: Unidentifiable Remains

10 AUG 1949

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

1. In accordance with the provisions of your letter, file QMGR 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-247	AGRS	Mslm	UNKNOWN X-3364	AGRS	Mslm
" X-1518	"	"	" X-3590	"	"
" X-1629	"	"	" X-4111	Manila #2	
" X-1921	"	"	" X-4642	AGRS	Mslm
" X-2407	"	"	" X-4656	"	"
" X-3035	"	"	" X-4689	"	"

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

FOR THE COMMANDING GENERAL:

12 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN M. WESTON JR  
1st Lt AGD  
Asst. Adj. Gen

293 - Unknown A-214 P.I. (Leyte #1)

Letter

31 May 1946

FROM:  
TO:  
ATTN:

WIKO  
AGU  
Officer's Records

SUBJ:

Information required for Graves Registration.

293 - Unknown (Misc) P.I.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

25 July 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 214, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5355, 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:

  
B. McNEMAR  
Captain, USMC  
Chief, Records Branch

Atch: Form 1044

Incl # 7

Classified 23 Aug 49 OQMG  
Not identifiable from  
information presently  
available  
30 Aug 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3364 (Formerly UNK X-214 Leyte # 1 )</b>				2. DATE OF REPORT <b>29 July 49</b>	
3. NAME OF CEMETERY		4. PLOT <b>813</b>	5. ROW <b>I</b>	6. GRAVE <b>2847</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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?
<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**

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

*Incl. # 72*

TOOTH CHART		TOP VIEW	SIDE VIEW
<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:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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 V E							
<del>Side View</del>															
<del>Top View</del>															
<del>Side View</del>															
<div style="display: flex; justify-content: space-around;"> <span>Remark</span> <span>Mandible Fractured</span> <span>Remarks</span> </div>															
X	A	A	A			D	D	D	D			chipped	A	A	X
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."

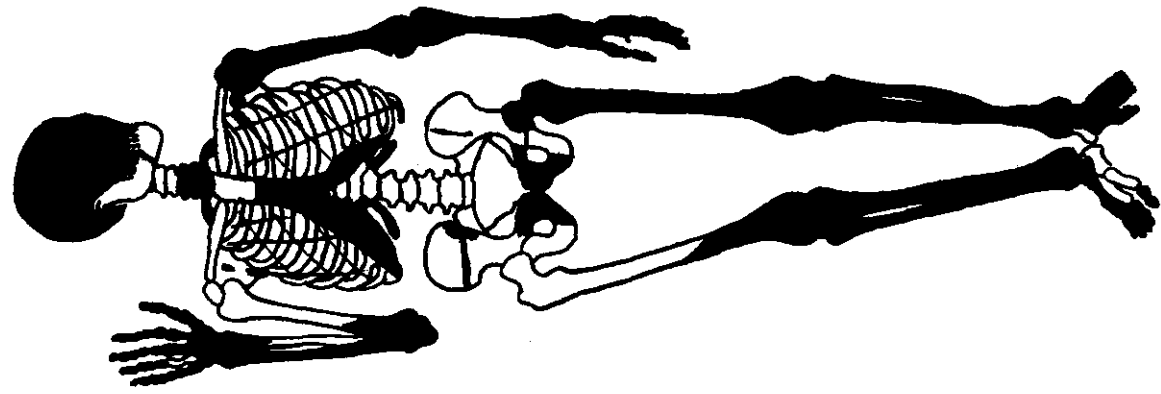
R-1 - 8 & L-1 - 8 teeth are missing. L-13, chipped on Lingual also R-13

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

*James J. McDermott*  
**JAMES J. McDERMOTT**  
 Laboratory Officer, CIB

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present 2 cervical vertebrae  
10 Thoracic "  
5 Lumbar "



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 - 4 lbs.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT 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  
  
JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE  
*James J. McDermott*



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-3364 (Formerly UNK X-214, USAF Cem Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>9 Jan 48</b>	
--	--	--	--	--------------------------------------	--

3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>			4. PLOT <b>813</b>	5. ROW <b>I</b>	6. GRAVE <b>2847</b>	7. DATE OF DISINTERMENT <b>26 Nov 47</b>	8. DATE OF REINTERMENT <b>12 Jan 48</b>
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PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE
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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

**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)

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

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
<del>MAXILLA</del> <del>MISSED</del>															
<del>Side Views</del>															
<del>UPPER</del>															
<del>Side Views</del>															
<del>LOWER</del>															
<del>Side Views</del>															
REMARKS → mandible fractured see remarks															
X	A	A	AV			⊗	⊗	⊗	⊗			chipped	A	A	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

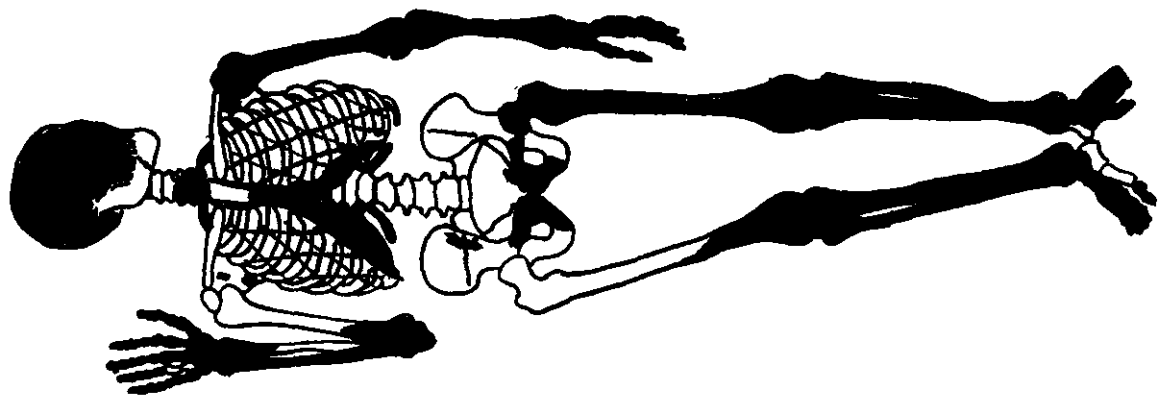
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R-1 - 8 & L-1 - 8 teeth are missing. L-13, chipped on Lingual also R-13

A 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



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

2 Cervical  
10 Thoracic Vertebrae  
5 Lumbar

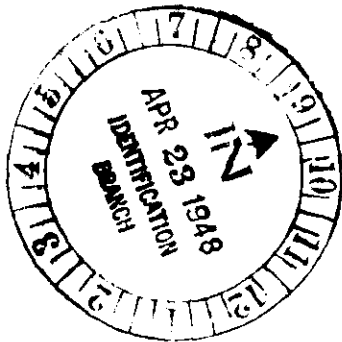
Rib fragments  
Estimated weight of remains is 4 lbs.

A 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 - Senior Embalmer  
CIP LABORATORY, MANILA, P.I.

SIGNATURE  
/s/ Forrest G. Braden



# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC 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 - 214  
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

PLACE OF DEATH USAR Gen. Leyte 79 P.T. PLACE OF BURIAL PLOT ROW GRAVE NO. 5355
















MAXILLA MISSING

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	X	A	A	A			P	P	P	P				A	A	X	TYPE
LOCATION		O	O	O										O	O		LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

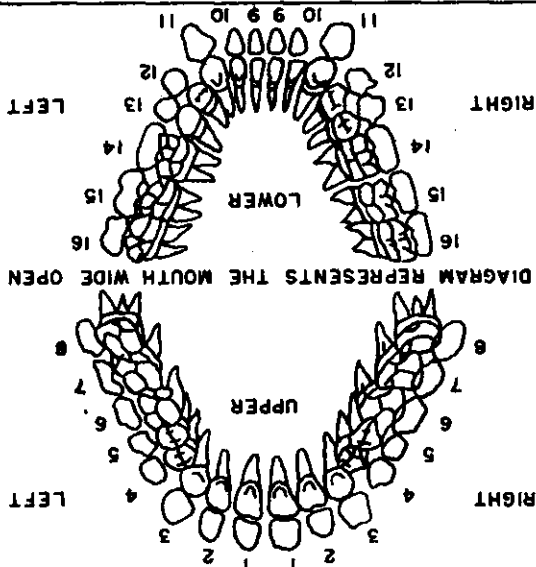
**INSTRUCTIONS:**

1 ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

USAF Cemetery Leyte No. 1

NAME AND RANK TYPED OR PRINTED

JOSEPH M. FHELAN, Capt., CAC

DATE

17 November 1976

VERIFIED BY GRS OFFICER

*Joseph M. Fhelan*

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

APR 23 1948 REPORT OF INTERMENT STORAGE DATE OF REPORT 17 Jan 48

(AR 30-1810 and AR 30-1815)

*Imprint Identification Tag If Possible. DO NOT TYPE*

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-3364 (Formerly UNK X-214, USAF Cem 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 Luan, Leyte, P.I.	CAUSE OF DEATH KIA- Decapitation	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 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.

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. JANGER 813	ROW No. BAY I	GRAVE No. CRYPT 2847
--	--------------	---	------------------------------	---------------------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IS 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. 5355
---	---	--	--	----------	---------	-------------------

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-3366	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2849
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3356	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2845
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPPIO, 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:**


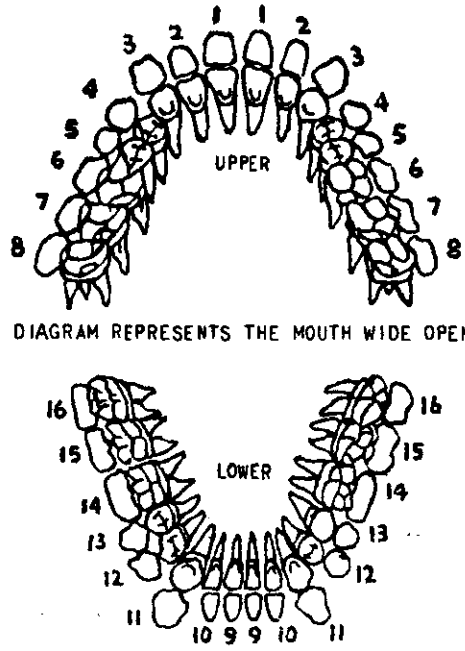




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

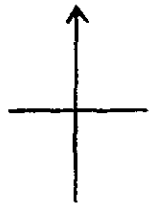
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

QMC Form No 1044, 1044-A and 1044-B accomplished.

9 MAR 1948



RESTRICTED

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

17 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3364 (Formerly UNK X-214,  
USAF Cem 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

Lawan, Leyte, P.I.

CAUSE OF DEATH

KIA- Decapitation

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 3 on reverse)

A TRUE COPY:

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

*H. B. McNEWMAR*  
H. B. McNEWMAR  
Capt., QMC

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Jan 48	1300	Casket	None	813	1	2847

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.
		5355

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)

UNKNOWN X-3366

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

2849

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN X-3356

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

2845

SIGNATURE OF PERSON PREPARING REPORT

s/t/ V. C. AQUINO, T/5, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

s/t/ 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.

RESTRICTED

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


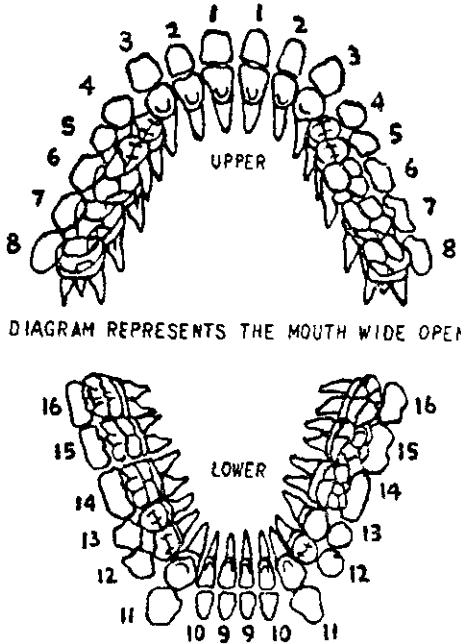




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

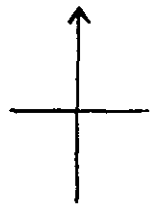
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS:

**QMC Form No 1044, 1044-A and 1044-B accomplished.**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

REPORT OF INTERMENT

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN X-214

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Luwan, Leyte, P.I.

KIA Decapitation

(Place of Death) (Date of Death) (Cause of Death)

1400 hrs 29 August 1945

USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

5355 Reg Cross

Buried with body

Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Protestant

Catholic

Hebrew

Metal tag buried with remains and attached to marker

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25e (2)

TM 10-630)

Place X mark  
below when  
prints are of  
left hand



1	2	3	4
---	---	---	---

List of personal effects and disposition of same

NONE

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— ALLISON, Norman A, 39 719 107 Pvt Co B, 383 Inf 5356

On Left— WICKLINE, Dennis Hill, 755 77 79 Cox USNR, Base Anch Sec 5354

*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., QMC  
Verified by Army G.R.S. Officer.

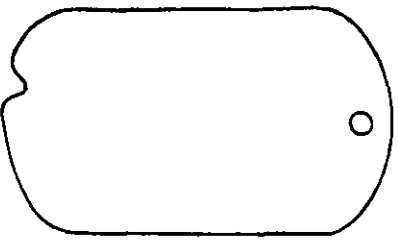

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

s/t/WILLIAM D ROGERS, 1st Lt.

RESTRICTED

1st

5355

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 43, which may be used.)		REP <b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 12 Dec 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>UNKNOWN X-214 , formerly X-4</b>				
GRADE -		ORGANIZATION -		SERIAL No. -		
RACE -		RELIGION -		BRANCH OF SERVICE -		
PLACE OF DEATH <b>Luwan, Leyte, P.I.</b>		CAUSE OF DEATH <b>KIA-Decapitation</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
DATE OF DEATH <b>?</b>		EMERGENCY ADDRESSEE (Name, relationship, and address) --				
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Unknown</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>		A TRUE COPY:  <b>H. B. McNEEMAR</b> <b>Capt., QMC</b>				
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>USAF Cemetery Leyte #1, P.I.</b>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Aug 45	1400	shelter halve	Reg Cross			5355
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cem. San Jose #1 Temp. Leyte, P.I.</b> <b>Oper. Sht # 13(6229-0) 1-25,000</b>			PLOT No.	ROW No.	GRAVE No.
				1	3	76
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
<b>WICKLINE, Dennis Hiss</b>		<b>Cox USNR</b>	<b>755 77 79</b>	<b>Base AS</b>	<b>5354</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
<b>ALLTSON, Norman A.</b>		<b>Pvt</b>	<b>39719107</b>	<b>383 Inf</b>	<b>5356</b>	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
s/t/ John E. Bobis, S/Sgt., GRS			s/t/ FRANCIS M. SIMON, 1st Lt., QMC			
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.

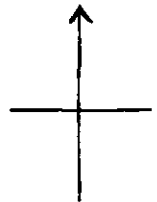
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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



REMARKS:

Fingerprints not obtainable.

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME



10 Feb 45

9130

Unknown X-4

*RESTRICTED copy of OR-1145*  
*cc: [unclear]*

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

Luwan- Leyte <sup>Is. P.I.</sup> ? K.I.A.- Decapitation

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

0900-10-28-44 USAF-San Jose # 1 Temp. Cem. Leyte <sup>Is. P.I.</sup>

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

Oper. Sheet # 13 (6229-0) 1-25,000

76 (Grave number) 3 (Row number) 1 (Plot number) Cross (Type of marker—Regulation V-shaped or other)

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

Burial Bottle With Body Embossed plate attached to marker

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

Knife With Initials E.N. found on Body

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

Body buried on RIGHT Hiser, Kenneth D. 0-540076 2nd. Lt. HQ#361 FA. 77  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Allison, Norman A. 39719107 Pvt. Co. B 383 Inf. 75  
(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

*Incl 8*

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Ctr. 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:

Weight:

Color of eyes:

Color of hair:

Race:

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

Is tooth chart attached?

Wear glasses?

Number of rifle:

Laundry marks:

Apparent nationality:

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Fingerprints Not Obtainable

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. Kallus S/Sgt. *ONE*

Robert C. Nye

2nd Lt. Inf.

G.R.S.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

7364 38A

4

3

2

1

THUMB

LEFT HAND

4

3

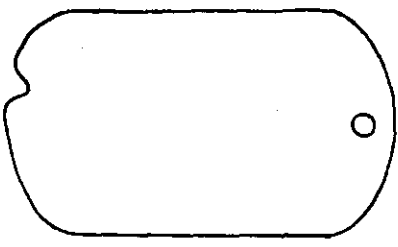

2

1

THUMB

RIGHT HAND

24 JAN 1945

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form J, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 12 Dec 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-4				
GRADE -		ORGANIZATION -		SERIAL NO. -		
RACE -		RELIGION -		BRANCH OF SERVICE -		
PLACE OF DEATH Luwan, Leyte, P.I.		CAUSE OF DEATH KTA-Decapitation		DATE OF DEATH ?		
EMERGENCY ADDRESSEE (Name, relationship, and address) --						
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) Unknown				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Knife with Initials E.N. found on Body						
A TRUE COPY:  H. B. McNEEMAR Capt., QMC						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery San Jose #1, Temp. Cem., Leyte, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10-26-44	0900	shelter halve	Reg Cross	1	3	76
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
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) ALLISON, Norman A.		RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) HISER, Kenneth D.		Pvt	39719107	383 Inf	75	
SIGNATURE OF PERSON PREPARING REPORT s/t S/Sgt William A Kallus, QMC		RANK 2nd Lt	SERIAL NO. 0-540076	ORGANIZATION 361 FA	GRAVE No. 77	
SIGNATURE OF GRS OFFICER VERIFYING REPORT S/t ROBERT G. NYE, 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.

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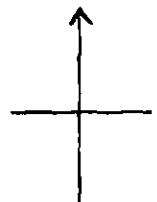
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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



REMARKS:

Fingerprints not obtainable

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER