

FILE IDENTIFICATION TOPPER



FILE NUMBER

293 Unt. Leyte # 1 Y-224

SUBJECT

Also Manila News. X-3369

QMC FORM 1121  
1 Aug 45

QUEST 298  
GNS Far East

24 January 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown	X-3369,	AGNS Maus. Manila, formerly <del>X-3369</del>	USAF Gen. Leyte #1
"	X-3370,	" " " " " "	" " " "
"	X-3795,	" " " " " "	" " " "
"	X-4820,	GNS Mausoleum Manila	
"	X-4909,	" " " " " "	
"	X-4937,	" " " " " "	
"	X-4938,	" " " " " "	
"	X-4940,	" " " " " "	
"	X-4941,	" " " " " "	
"	X-4942,	" " " " " "	

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

FOR THE QUARTERMASTER GENERAL:

E.A.Ksup;Lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cincfe

T. E. MEYER  
Lt. Colonel, GSC  
Memorial Division

HEB

TEC

GRPZ 293

APO 900  
6 January 1950

SUBJECT: Unidentifiable Remains

TO: 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-3369	AGRS	Mslm	UNKNOWN	X-4937	AGRS	Mslm
	X-3370	"	"		X-4938	"	"
	X-3795	"	"		X-4940	"	"
	X-4620	"	"		X-4941	"	"
	X-4809	"	"		X-4942	"	"

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

FOR THE COMMANDING OFFICER:

10 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

1. FILE UNDER NO. 293 - Unk P.I. X-224 Leyte #1

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 24 Jan 50  
4. FROM: OQMG  
5. TO: CO AGRS PZ APO 900 c/o FM San Francisco, Calif.  
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED  
UNDER NO.

293 - Unk P.I. (Misc) Maus. Manila X-3369 X-3370 X-3795 X-4620 X-4909 X-4937 X-4938 X-4940 thru X-4942

eb

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.

1  
/gyc

Interred 7 Feb. 50  
D 6 45 Ft. McKinley  
*Charles R. Bates*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

*M/K*

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00230

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME  
*999* UNKNOWN X-000224

SERIAL NUMBER  
0 *999* Q

RANK

ARM  
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  
5597 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN X-224  
(Maus) UNKNOWN X-3369

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
27 Sept 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
GEORGE SIMONEAU  
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) identification tags show (Mausoleum) UMK X-3369

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48

BY GEORGE SIMONEAU

CASKET SEALED BY  
GEORGE SIMONEAU

EMBALMER (Signature)  
*George Simoneau*  
GEORGE SIMONEAU

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

SHIPPING ADDRESS VERIFIED BY  
CHARLES R BATES, 1st Lt, USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Charles R Bates*  
CHARLES R BATES, 1st Lt, USAFR  
SIGNATURE OF GRS INSPECTOR

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

27 FEB 1950  
REPATRIATION  
BRANCH



HEADQUARTERS  
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-224 \_\_\_\_\_, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 5597 \_\_\_\_\_, USMC USAF Gen 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:

  
H. B. McNEMAR  
Captain, CMC  
Chief, Records Branch

Atch: Form 1044

19 Jan 1950  
Unidentifiable Remains  
Available for perusal  
available 20 Jan 1950  
Ed Kayup

3rd Plat. 601st QM CO. GR  
APO 705

Upon arrival at Labuan, Aug. 1st 1945, I was ordered by 1st Lt. Lagre, Plat. Leader, 3rd Plat., 601st QM CO. GR., to disinter at Labuan War Cemetery.

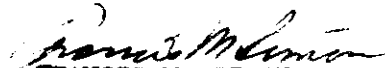
In one grave, were 3 bags of bones belonging to a number of bodies which three persons by the names of Lt. Cypret, Lt. Connely and Zuk were suppose to be among, according to Australian GRS at Labuan. The remains were located at Kuala Penyu, British North Borneo by the Australians. Inclosed is a Burial Return made by Hq. 9th Aust. Div.

At time of departure from Labuan, we were given 4 skulls with a few bones in four bags and the only information the Australians could furnish us was the fact that they were the bones of American personnel and were gotten on the main land of Borneo across from the island of Labuan. Only means of identification might be by a tooth chart.

This information was given me by 1st Lt. Lagre who instructed me to take these bodies and information to GRS at BASE K, Leyte, P.I.

Sgt. John J. Norsine. 19154424  
Section Chief, 3rd Plat. 3rd Sect.  
601st QM CO., GR.

Certified True Copy.

  
FRANCIS M. SIMON,  
Capt. Quartermaster.

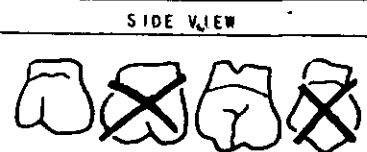


## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-224 UNKNOWN X-3369(USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 4 January 1950		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW 8	6. GRAVE 3276	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD		11. RACE Unk
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? <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)  NONE						

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:



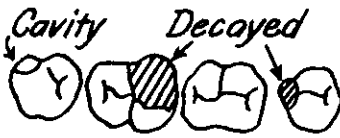
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
A	A	A	P	P	P				m	P	A	A	A	A	A
of	odf	o	z	d							o	l	o	o	o
Side Views								Side Views							
UPPER															
LOWER															
Side Views								Side Views							
A	A	A	A	A			P					A	A	A	A
of	o	modf	od	o								o	modf	o	f
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

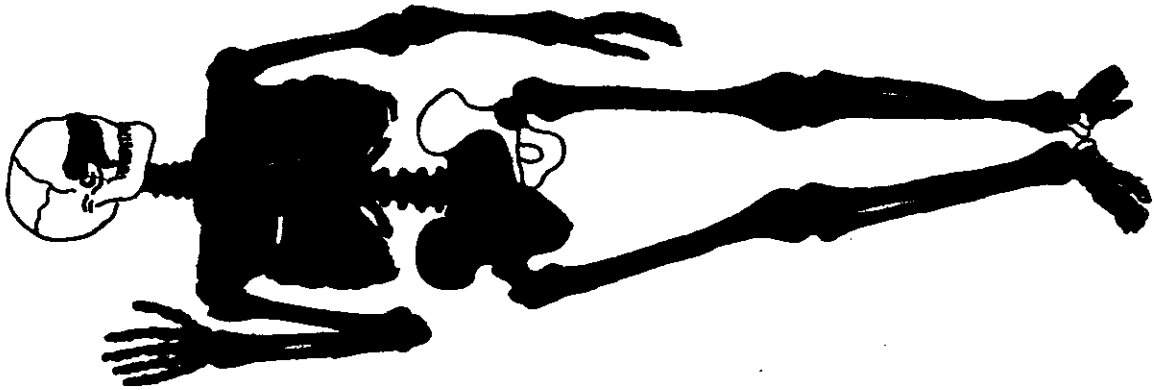
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla fractured in region between R 3 and R 5, but tooth sockets are distinct.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

19- CHECK 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 I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains - 3½ 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 <b>UNKNOWN X-3369 (Formerly UNK X-224 (USAF Cemetery Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>10 Jan 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>J</b>	6. GRAVE <b>3276</b>	7. DATE OF DISINTERMENT <b>25 Nov 47</b>
					REINTERMENT STORAGE <b>14 Jan 48</b>
<b>PHYSICAL DESCRIPTION</b>					
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR	
				11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>U.T.D. - Due to condition of remains.</b>					
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  <b>NONE</b>					
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)  <b>NONE</b>					

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	
F	F	F	F	F	F				F	F	F	F	F	F	F	
of	o	modf	of	of	of				o	of	of	of	of	of	of	
UPPER																
LOWER																
F	F	F	F	F			F					F	F	F	F	
of	o	modf	of	of			of					of	modf	of	o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

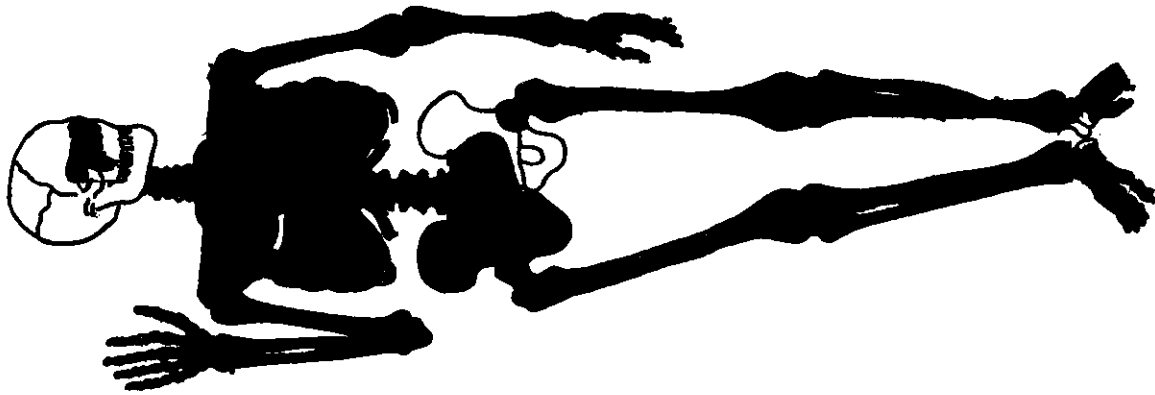
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:**  
 Maxilla fractured in region between R 3 and R 5, but tooth sockets are distinct.

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

/s/ John H. Bennett Jr.  
 /s/ Robert L. Lennon

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 I.D. tags or ROI bottle found with remains.  
Circumference of skull is 21½ inches. Height  
could not be determined due to condition of remains.  
Principal parts of remains missing. Approximate  
weight of remains is 3½ lbs.

CERTIFIED TRUE COPY

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

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
/p/ ALEXANDER P. PETTICE SP-6  
CIP Lab., AGRS Manila, P.I.

SIGNATURE

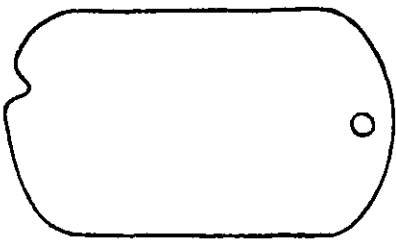

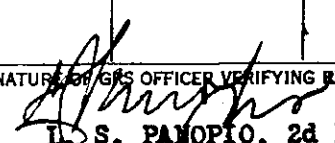
/s/ Alexander P. Pettice

/nar

RESTRICTED

JUN 18 1948

U-446

<b>WD QMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 19 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>					SERIAL NO. Unknown
	NAME (Last, first, middle initial) UNKNOWN X-3369 (Formerly UNK X-224 USAF Cemetery Leyte #1, P.I.)					BRANCH OF SERVICE Unknown
	GRADE Unknown	ORGANIZATION Unknown			IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
	RACE Unknown	RELIGION Unknown				
PLACE OF DEATH British North Borneo	CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	REBURIAL RECORDS BRANCH JUN 7 2 48 PM '48 HEADQUARTERS DIVISION					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2.—BURIAL.</b> 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 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 813	ROW No. BAY J	GRAVE No. CRYPT 3276
WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 5597
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-3371			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3278
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3363 -A			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3274
SIGNATURE OF PERSON PREPARING REPORT  V. S. AQUINO, T/5 QMC			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.						

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RESTRICTED

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


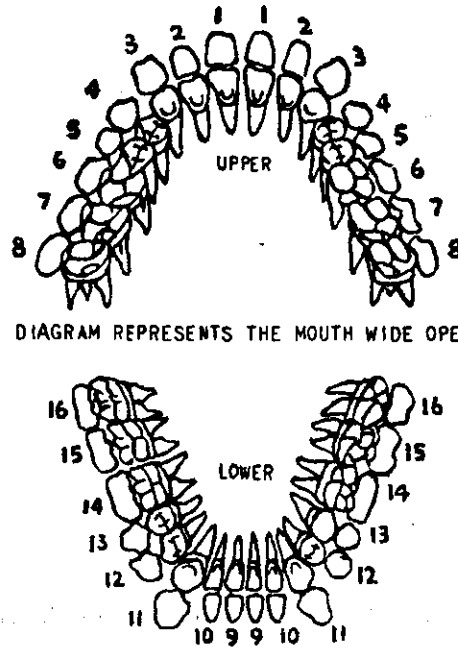




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

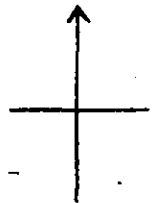
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

**American**

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>	

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

U 448

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

(Par. 21d - TM 10-630)

UNIDENTIFIED, American Skull

X-224

(Last Name)

(First)

(Initial)

(Serial No.)

(Rank)

(Organization)

British North Borneo

(Place of Death)

(Date of Death)

(Cause of Death)

1500 hrs. 4 October 45

(Time and Date of Burial)

USAF Cemetery Leyte #1, P.I.

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

5597

(Grave No.)

(Row No.)

(Plot No.)

Reg. Cross

(Kind Grave Marker)

Buried with body

Attached to marker

(Identification Tags)

Protestant

Catholic

Hebrew

Metal tag buried with skull and attached to marker.

Attention is invited to attached statement.

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)

*med 1134*

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



Thumb	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—Unidentified American Skull X-225 5598

On Left—Unidentified American Skull X-223 5596

*John E. Bobis*  
S/Sgt. John E. Bobis, GRS  
Signature of Officer or other person reporting Burial.

*William D. Rogers*  
WILLIAM D. ROGERS, 1st Lt., Inf.  
Verified by Army G.R.S. Officer.

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte #1, P.I.

Date 4 October 45

1. Remains of X-224 Serial Number \_\_\_\_\_  
Rank \_\_\_\_\_ Organization \_\_\_\_\_

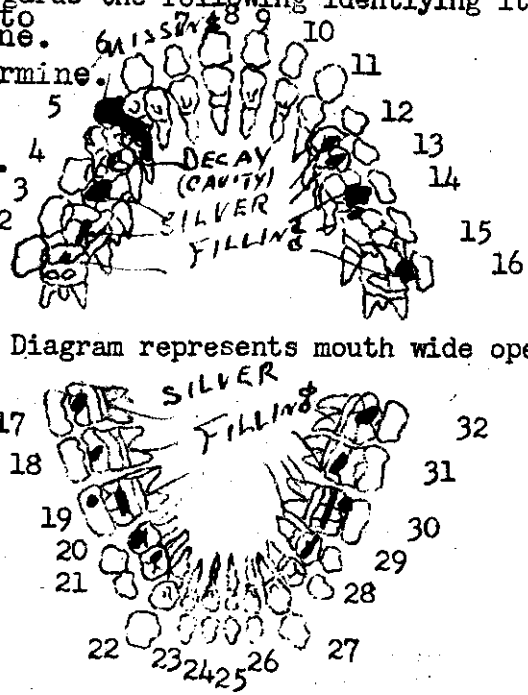
2. Disinterred (date): 4 October 45 From (give complete location): USAF Cemetery Leyte #1, P.I.  
By: Group Cpl Martin Napoli Unit GRS

3. Reburied (date): 4 October 45 In (give complete location): USAF Cemetery Leyte #1, P.I.  
By: Group Cpl. Martin Napoli Unit GRS Nature of reburial Blanket burial

4. Report as to nature of original burial and condition of body upon disinterment:  
Blanket burial, completely decomposed.

5. (a) Identification tags: Buried with body? X On grave marker? X  
(b) Other means of identification found upon disinterment, and general remarks: All parts of body missing except skull, femur, and tibia.

6. What does examination of body show as regards the following identifying items?  
(a) Height (actual measurement) unable to determine.  
(b) Weight (estimated) unable to determine.  
(c) Hair-Color Brown  
Quantity unable to determine.  
Characteristics \_\_\_\_\_  
(d) Hair on face-Color \_\_\_\_\_  
Location \_\_\_\_\_  
Quantity \_\_\_\_\_  
(e) Permanent marks on body (old scars, peculiarities, or missing parts) \_\_\_\_\_  
(f) Wounds or missing parts (received at time of casualty) \_\_\_\_\_






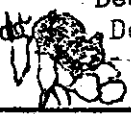


7. Disinterment supervised by Martin Napoli Approved: William D. Rogers  
Cpl Martin Napoli (Title) Graves Registration Officer.  
8. Reburial supervised by Martin Napoli Approved: William D. Rogers  
Cpl. Martin Napoli (Title) Graves Registration Officer.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, ect.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, ect. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".  
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing Tooth missing
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown Gold crown
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge Gold bridge
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling Gold filling
<b>CARIES (CAVITIES)</b>	Outline location and size of cavities, shade in thus:		Cavity Decayed Decayed
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".		

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

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