

FILE IDENTIFICATION TOPPER

FILE NUMBER

295 Unk. Leyte #1 X-229

SUBJECT

Also Manila Mass. X-3350

GMC FORM 1121
1 Aug 45

QMGMT 293

1st Ind.

GHS Far East

SUBJECT: Unidentifiable Remains

Department of the Army, OCMG, Washington 25, D. C. 27 April 1949

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

Subject cases have been reviewed and this Office approves the classification of the following Unknowns, now stored at AGHS Mausoleum, Manila, P.I., as unidentifiable:

X-3253	(formerly X- 16, Leyte #1, P.I.	}
X-3314	(formerly X-193, Leyte #1, P.I.	
X-3350	(formerly X-229, Leyte #1, P.I.	
X-3721	(formerly X- 18, Leyte #1, P.I.	
X-3755	(formerly X- 91, Leyte #1, P.I.	
X-3787	(formerly X- 95, Leyte #1, P.I.	
X-3943	(formerly X-185, Finsh. #3, W. G.	

FOR THE QUARTERMASTER GENERAL:

7 Incls: w/d

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

B. Venesky:lrc
Salsor
JW
cc--Administrative Section

REB

NJS

C 113

1 /fbp

Interred 11 Oct 48
B 6 A Ft. McKinley

Secretmark
CARL E. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00235

DATE
15 05 48
DAY MONTH YEAR

NAME
JK

SERIAL NUMBER
UNKNOWNX-000229

RANK
0 9/11/80

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
5622 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
UNK X-229
UNK X-3350 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
27 Sept '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
PERRY E. WHITE
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 Identification tags read - UNKNOWN X-3350, AGRS Mauseleum

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept '48 BY PERRY E. WHITE

CASKET SEALED BY
PERRY E. WHITE

EMBALMER (Signature)
Perry E. White
PERRY E. WHITE

CASKET BOXED AND MARKED
DATE 27 Sept '48 BY HORACE L ALLISON
Sgt Inf

SHIPPING ADDRESS VERIFIED BY
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

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

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE		Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER <i>Bartholomew</i>	
DATE			DATE 11 OCT 1949	
2. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
3. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
4. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
5. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
6. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
7. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3350 (Formerly Unk X-229 Leyte #1)				2. DATE OF REPORT 23 March 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 75/8"	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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

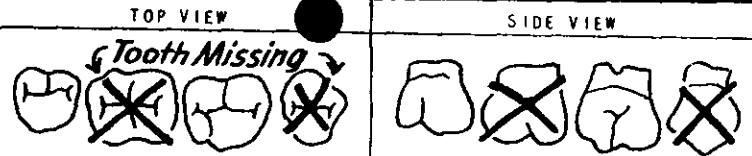
None

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Received 22 Apr 1949 OQMG
 Not identifiable from
 information presently
 available VENEZKY - 25 Apr 1949

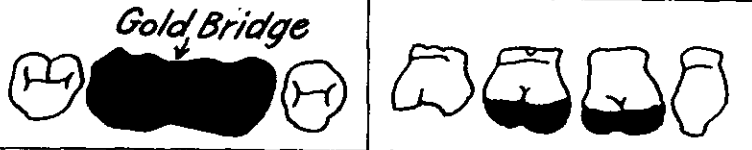
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



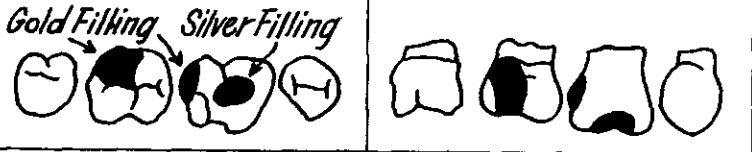
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



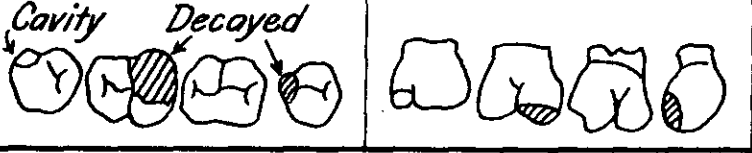
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 View								Side View							
Top View								Top View							
Side View								Side View							
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."

Maxilla and mandible missing. No maxillary

and mandibular teeth present with remains.

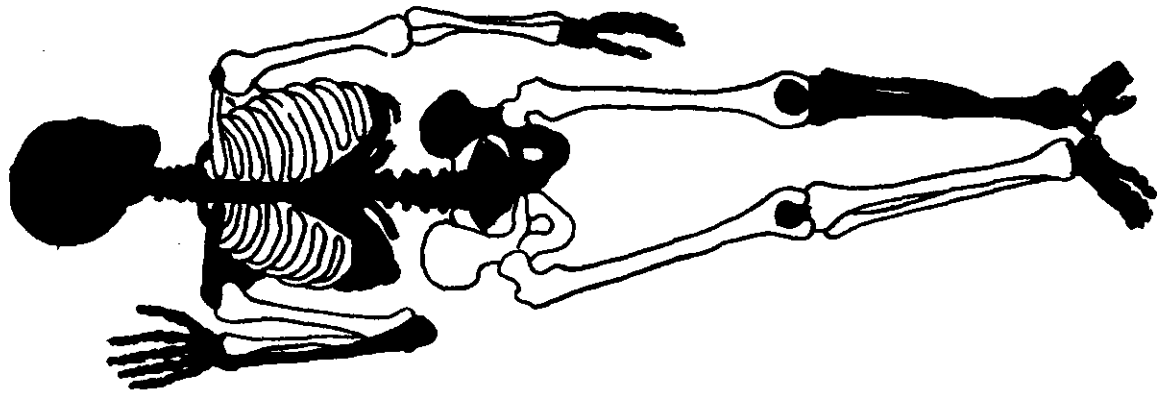
"UNIDENTIFIABLE"

J.J. McDerriott
J. McDERRIOTT

Laboratory Officer, CIP

"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 - 4½ 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

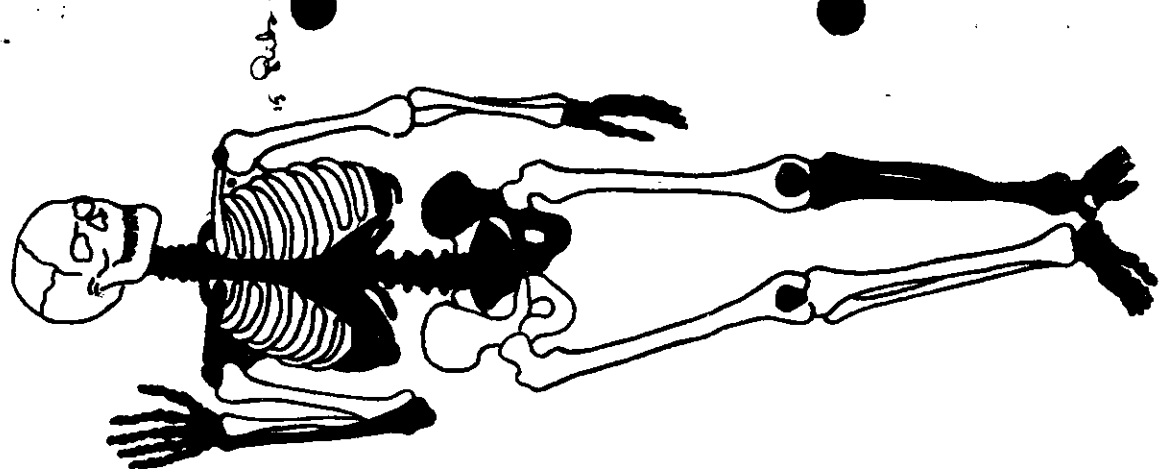
JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE
James J. McDermott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3350 (Formerly UNK X-229 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 10 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT WANGER	5. ROW BAY CRYPT J	6. GRAVE 3263	7. DATE OF DISINTERMENT 25 Nov 47	
				REINTERMENT STORAGE 14 Jan 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7-5/8"	10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS None					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None					
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					

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

Statement of 2d Lt THORSTON A. REIDINGER, F.A. states that Combat boots size (9½ or 10-D or E width) were found with remains. But shoes were not received at CIP. Subject remains was claimed with the 7th INF Div. and was also mentioned that Lt Col NELSON was one of the American Officers present.

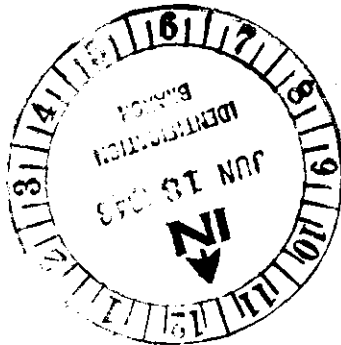
No I.D. tags, personal effects, burial bottle or other means of identification. Tooth chart impossible due to condition of remains. No skull. Estimated weight of remains 4½ lbs.

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/ VICTOR O. NIEMEYER

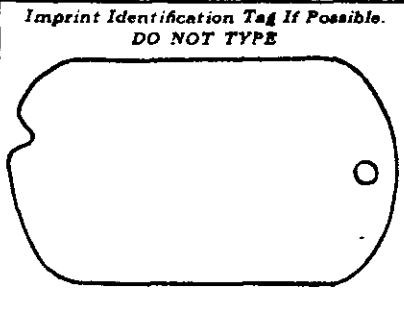
SIGNATURE
 /s/ Victor O Niemeyer



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

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

DATE OF REPORT
19 Jan 48



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3350 (Formerly UNK X-229 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 Mt. Catmon, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Dec. 1944
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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

REPARATION RECORDS BRANCH
 JUN 7 2 48 PM '48
 MEMORIAL DIVISION
 Received 22 April 1949
 Not identifiable from information presently available
 VENEZKY, 15 of 1949

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3263
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No. ROW No. GRAVE No. 5622
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-3353-2	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3265
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3344-D	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3261
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SIGNATURE OF PERSON PREPARING REPORT A. G. AQUINO, T/5	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. FANOFIO 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.

390

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


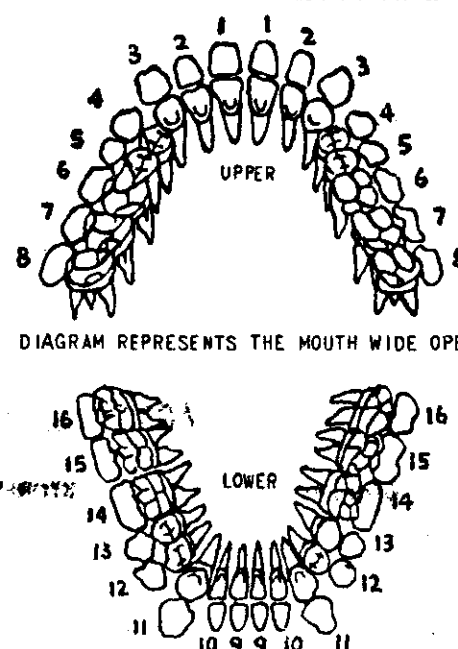




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



REMARKS:

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

12 MAY 1948

RE
REPORT OF INTERMENT

U-

10-491

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

(Par. 21d - TM 10-630)

UNKNOWN, X-229

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

Mt. Catmon, Leyte, P.I.

Dec. 1944

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

1130 hrs. 10 Oct. 45

USAF Cemetery Leyte # 1, P.I.

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

5622

Reg. Cross

Buried with body
Attached to marker

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

Protestant
Catholic
Hebrew

Disinterred from N.E. slope of Mt. Catmon, approx. due west of
Lubi, Leyte, P.I.

Metal tags buried with body 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)

558

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
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List of personal effects and disposition of same

None

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

On Right— UNKNOWN, X-230

5623

On Left— UNKNOWN, X-228

5621

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

William D. Rogers
WILLIAM D. ROGERS, 1st Lt. Inf.

Signature of Officer or other person reporting Burial.

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.