

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Seyte #1 X-327

SUBJECT

Also Manila Maus. X-3399

QNC FORM 1121
1 Aug 45

AIRMAIL

293 UNK P.I. (Mics) Maus Manila
February 1953
See list below
Em

SUBJECT: Identification of World War II Deceased

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

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

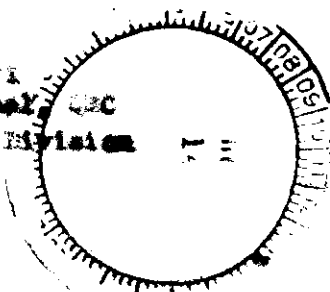
- | | |
|---|--|
| Unknown I-3260, (formerly I-110, Leyte I) | |
| " I-3421 " I-180, " " | |
| " I-3418 " I-192, " " | |
| " I-3418 " I-202, " " | |
| " I-3361 " I-206, " " | |
| " I-3358 " I-215, " " | |
| " I-3259 " I-228, " " | |
| " I-3330 " I-230, " " | |
| " I-3399 " I-237, " " | |
| " I-3400 " I-239, " " | |
| " I-3782 " I-240, " " | |
| " I-3328 " I-252, " " | |
| " I-723, Leyte I (formerly LY88, A.) | |
| " I-4460, AGRS Mausoleum, Manila, P.I. | |
| " I-4864, AGRS Mausoleum, Manila, P.I. | |
| " I-5100, " " " " | |
| " I-3408 (formerly I-336, Leyte I) | |

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

FOR THE ADMINISTRATIVE GENERAL:

Resilient
Salsar
Jd
cc-administrative section
cc-cinco

T. H. SMITH
Lt. Colonel, GRC
Memorial Division



X 293 UNK P.I. P-327 (Leyte I)

FORM 203

AGO 200
5 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the revisions of your letter, file GAGS 203, GAG (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Remains, the following Unknown Remains, presently stored at AGMS Museum, Manila P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-738	Lepto #1	UNKNOWN	X-3405-A	AGMS	Remain
	X-3280	AGMS		X-3418	"	"
	X-3289	"		X-3421	"	"
	X-3312	"		X-3728	"	"
	X-3324	"		X-4103	"	"
	X-3329	"		X-4440	"	"
	X-3361	"		X-4504	"	"
	X-3365	"		X-5001	"	"
	X-3369	"		X-5100	"	"
	X-3400	"				

2. Forwarded herewith, for your consideration, are new GAG forms 1044 for the above mentioned Unknowns.

FOR THE COMMANDING OFFICER:

19 Encls
GAG Form 1044 w/ certificates
of unidentifiability

J. M. BRYD LA
1st Lt., Infantry
Adjutant

rsc . **Interred 26 January 1950**
15 84 Ft. McKinley
George L. Mix
DISINTERMENT DIRECTIVE
CARL R. H. MARK
MIX

Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00323	DATE 15 05 48 DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK	ARM
	UNKNOWN X-000327		Q
CEMETERY			DATE OF DEATH
USAF CEMETERY LEYTE NO 1			0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY
		5847	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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-327				
UNK X-3399 (Maus)				27 Sept '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		GEORGE L. MIX 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 /

Mausoleum tag shows UNKNOWN X-3399

REMAINS PREPARED AND PLACED IN CASKET

DATE **27 Sept '48** BY **GEORGE L. MIX**

CASKET SEALED BY	EMBALMER (Signature)
GEORGE L. MIX	<i>George L. Mix</i> GEORGE L. MIX

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept '48 BY HORACE L ALLISON, Sgt Inf	CELESTINO E. ABELLAR, 1st Lt., FA

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

Celestino E. Abellar
CELESTINO E. ABELLAR, 1st Lt., FA
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS Kausoleum	TO	Fort McNinley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Bartholme</i>
DATE		DATE	JAN 26 1950

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	UNKNOWN	SIGNATURE OF RECEIVER	
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	FORT MCNINLEY CEMETERY	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	

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

4 Jan 50


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 327, Plot _____,
Row _____, Grave 5847, USMC Leyte #1, P.I. _____, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. B. McCREAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 0098
Not identifiable from
information presently
available *Robert W. Miller*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3399 (Formerly Unk X-327 USAF Cemetery Leyte #1, PI)				2. DATE OF REPORT 4 Jan 50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3319	7. DATE OF DISINTERMENT 21 Nov 47
				REINTERMENT 14 Jan 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNK
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Most long bones missing
---	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

UTD

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)

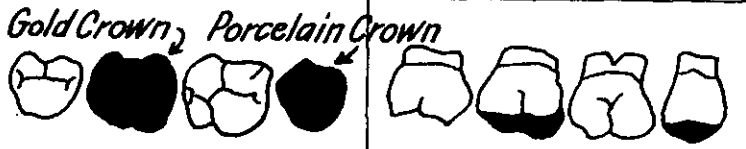
None

TOOTH CHART

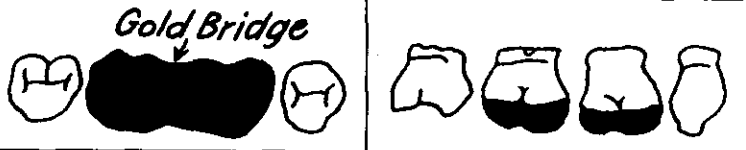
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



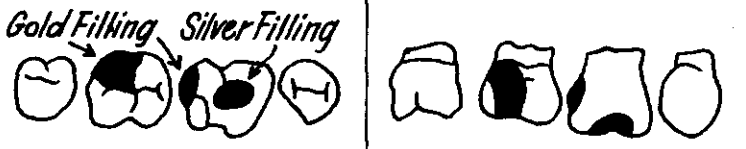
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



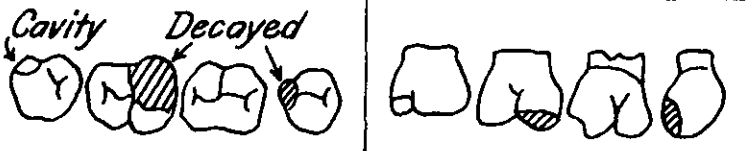
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



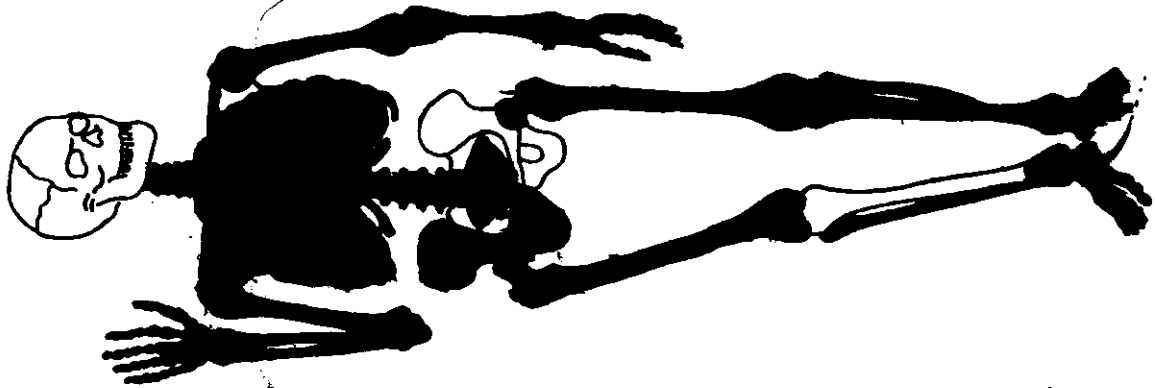
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Sect.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains 2 1/2 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 X-3399 (Formerly Unk X-327 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 10 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW J	6. GRAVE 3319	7. DATE OF	
				DISINTERMENT 21 Nov 47	REINTERMENT STORAGE 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT Most long bones missing UTD	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

Skeleton only - Skeletal 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 type="checkbox"/> NO	TO WHAT EXTENT ? Most long bones missing
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

UTD

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

18.

TOOTH CHART

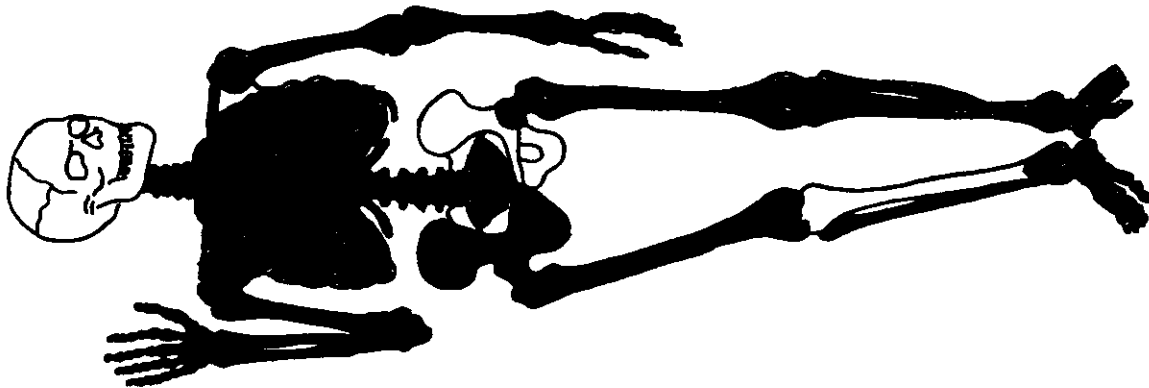
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																

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."

CERTIFIED TRUE COPY: *G. T. Galboa*
 G. T. GALBOA
 2d Lt., MSC s/ John J. Connors

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 personal effects found with remains. No burial bottle
 or I.D. tags received. Estimated weight of remains 2½ lbs.
 Circumference of skull in inches 21"

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

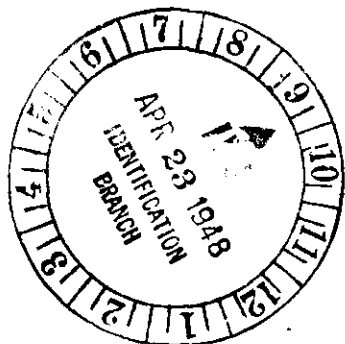
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

p/ JAMES M. THOMAS Sr. Emb.C-063286

CIP Laboratory, Manila, P.I.

SIGNATURE

s/ James M. Thomas



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.

18 December 1946
DATE

UNKNOWN X - 327

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

2 Mi S. of Culasian, Leyte

USAF Cemetery Leyte #1

5847

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT					
				13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE LOCATION	⊗	⊗	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	X	X	TYPE 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 (INCL. ADJUSTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

200128

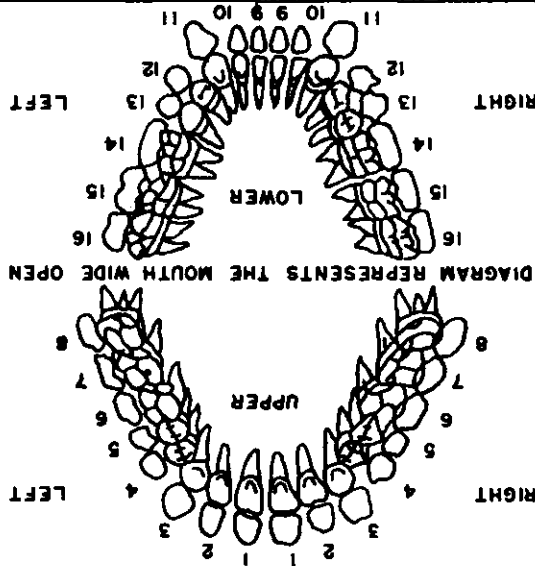
INSTRUCTIONS:

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, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols

NAME AND RANK TYPED OR PRINTED

Paul R. Nichols, Embalmer

USAF Cemetery Leyte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

Joseph M. Pheasant

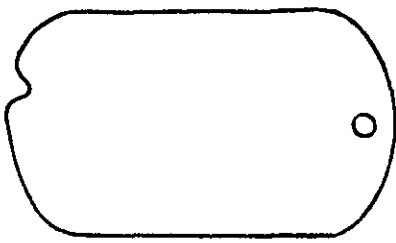
NAME AND RANK TYPED OR PRINTED

JOSEPH M. PHEASANT, Capt., CAC

DATE

18 December 1946

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE APR 23 1948 (AR 30-1810 and AR 30-1815)	DATE OF REPORT 19 Jan 48
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
NAME (Last, first, middle initial) UNKNOWN X-3399 (Formerly Unk X-327 USAF Gem 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 2 Miles S. Culasian, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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

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.


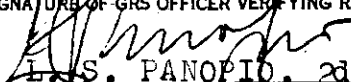
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 48	1300	Casket	None	813	J	3319

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. 5847
--	---	--

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-3401	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3321
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3398-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3317
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT  T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.

217 1536

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


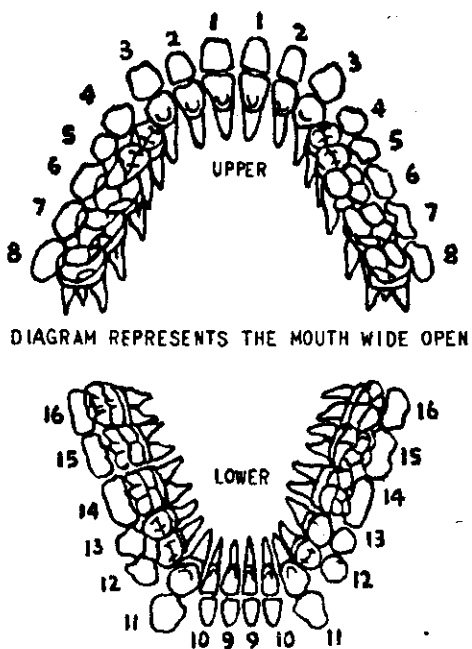




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

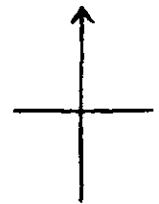
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

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

9 MAR 1948

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