

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Wak. Seyote #1 X-331

SUBJECT

Also Manila News. X-3430

QMC FORM 1121  
1 Aug 45

GROUP 208  
OSG Far East

1 November 1948

**SUBJECT:** Identification of World War II Deceased

**TO:** Commanding General  
Philippine Air Command  
APO Y4, c/o Postmaster  
San Francisco, California  
ATTN: AGFE, WILSON SCHE

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

Unknown	X-1488	(formerly	Box X-52,	DEAF Cemetery #2,	Finschhafen)
"	X-1505	"	"	X-76,	"
"	X-3323	"	"	X-219,	#1, Leyte
"	X-3127	"	"	X-44,	#2, Finschhafen
"	X-3129	"	"	X-128,	"
"	X-3225	"	"	X-68,	#1, Santa Barbara
"	X-3226	"	"	X-71,	"
"	X-3401	"	"	X-311,	Leyte
"	X-3405	"	"	X-327,	"
"	X-3420	"	"	X-331,	"

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

FOR THE QUARTERMASTER GENERAL:

T.A.Fields:lre  
Ball  
JW

T. J. RYAN  
Lie Colonel, QMG  
Memorial Division

REB

TEC

cc--Administrative Section  
cc--Cincfe

GSGR 293.9

APO 707  
12 OCT 1949

SUBJECT: Unidentifiable Remains

TO: The 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-136, Island Com.	UNKNOWN X-3401	AGRS	Mslm
X-700 AGRS Mslm	X-3403	"	"
X-1167 " "	X-3430	"	"
X-1887 " "	X-3956	"	"
X-1245 " "	X-4132	"	"
X-1493 " "	X-4133	"	"
X-1565 " "	X-4134	"	"
X-2323 " "	X-4427	"	"
X-3127 " "	X-4676	"	"
X-3130 " "	X-4799	"	"
X-3233 " "	X-4803	"	"
X-3235 " "			

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

FOR THE COMMANDING GENERAL:

23 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

Quail 293  
AGS War Post

24 August 1948

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board recommending that the remains of Unknowns X-3401 and X-3430, AGNS Mausoleum, Manila, P.I., Ranger 813, Bay J, Crypt 3321, Bay K, Crypt 3367 (formerly X-333 and X-331, USAF Cemetery Leyte #1, P.I.) be identified as a Group Burial, the recoverable remains of 1st Lt. Henry R. Corrales, 39151277 and Pvt. William R. Robinson, 37678567, are returned herewith disapproved for the following reasons:

a. No dental chart was possible for Unknown X-3401. Dental information for Unknown X-3430 is very meager and that which is available does not compare favorably with Army dental records for either 1st Lt. Corrales or Pvt. Robinson.

b. The height listed on Army records for 1st Lt. Corrales and Pvt. Robinson are 5' 9" and 5' 11 $\frac{1}{2}$ " respectively, whereas height listed on QMC Form 1044 for Unknown X-3401 is 5' 4 $\frac{1}{2}$ ".

2. It is requested that further investigation be conducted by your headquarters and findings forwarded upon completion thereof.

FOR INFO: AGS, WILSON ZONE

1 Incl  
5d Proceedings

1. 8. 4872  
Lt. Colonel, G. C.  
Memorial Division

**AIRMAIL**

/drs  
1  
/gyc

Interred 27 October 1949  
A 3 12 Ft. McKinley

M.K.

DISINTERMENT DIRECTIVE

*Caremark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00327

DATE  
15 05 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWN X-000331			Q		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
		5856	PHILIPPINE ISLANDS		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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME (Maus) UNKNOWN X-331 UNKNOWN X-3430	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ALBION H McLELLAN JR Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
(2) Mausoleum tags show - UNK X-3430

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY ALBION H McLELLAN JR

CASKET SEALED BY  
ALBION H McLELLAN JR  
EMBALMER (Signature)  
*Albion H. Mclellan Jr*  
ALBION H McLELLAN JR

CASKET BOXED AND MARKED  
DATE 27 Sept 48 BY 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.

RECORD OF CUSTODIAL TRANSFER

FROM		AGPS Mausoleum		TO		Fort McKimley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER		<i>[Signature]</i>	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM				TO			
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	

27 OCT 1949

*[Handwritten signature]*

*[Handwritten signature]*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

27 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 331, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5856, 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:



H. B. McNEEMAR  
Captain, GRC  
Chief, Records Branch

Attch: Form 1044

Received 25 Oct. 49  
Not identifiable from  
information presently  
available T. A. Gilder, FD  
27 Oct. 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3430 (Formerly UN X-331 Leyte #1)				2. DATE OF REPORT 29 Sept 1949	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	K	3367	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6'2"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

**"UNIDENTIFIABLE"**

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

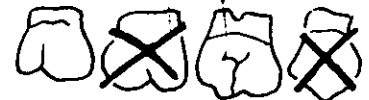


10. TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



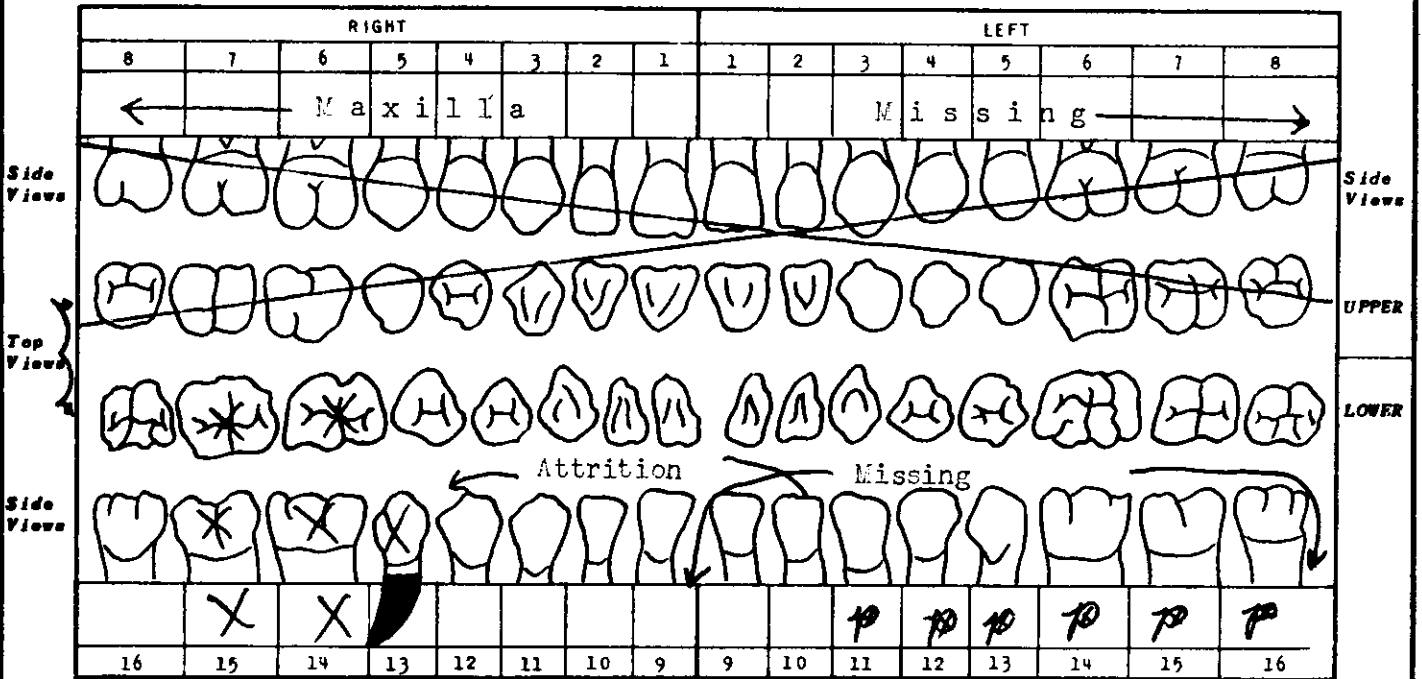
**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



**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: R13 crown broken off root tip present in alvsolar process. R9-10-11 also L9-10 attrition. Mandible missing from L9 to L16. Mandibular teeth L9 and L10 found loose with remains.

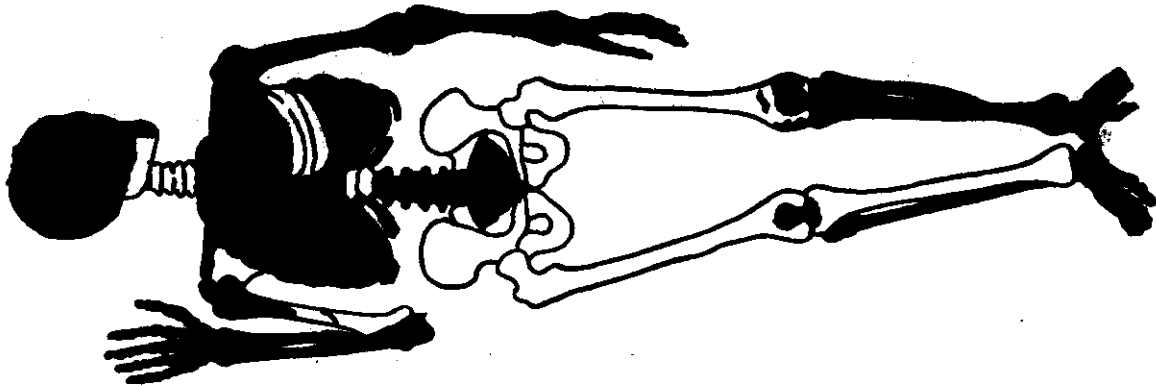
*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF 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 - 3½ 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

SIGNATURE

PAUL R NICHOLS  
Chief, Identification Section

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3430 (Formerly UNK X-331 (USAF Cem Leyte #1, P.I.)			2. DATE OF REPORT 12 Jan 48		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGER BAY 813	CRYPT K	3367	DISINTERMENT 21 Nov 47	REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT Due to 6' 2" Tibia & Femur	10. COLOR OF HAIR only 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 checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
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					

	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:	<i>Tooth Missing</i> 	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	<i>Gold Crown, Porcelain Crown</i> 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	<i>Gold Bridge</i> 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	<i>Gold Filling, Silver Filling</i> 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	<i>Cavity, Decayed</i> 	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>Maxilla</i>								<i>Missing</i>							
Side Views																
Top Views																
Side Views																
	<i>Attrition</i>								<i>Missing</i>							
	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."

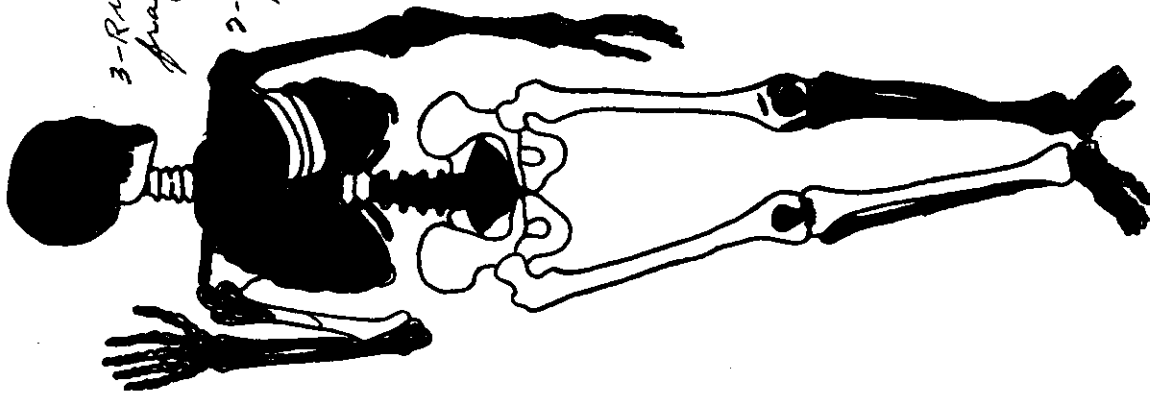
**REMARKS:** R-13 crown broken off root tip present in alveolar process. R-9-10-11 also L-9-10 attrition. Mandible missing from L-9 to L-16. Mandibular teeth L-9 and L-10 found loose with remains.

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

/s/ John J. Connors

19. BACK OUT PARTS OF BODY NOT RECOVERED

X-3430



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 burial bottle received with remains.  
No personal effects.

According to previous ROI this remains could be one of unidentified member of group name as follows:

CORRALES, Henry R. Pfc 39151277

ROBINSON, William R. Pvt. 37678567

Estimated weight of remains is 3½ lbs.

CERTIFIED TRUE COPY:

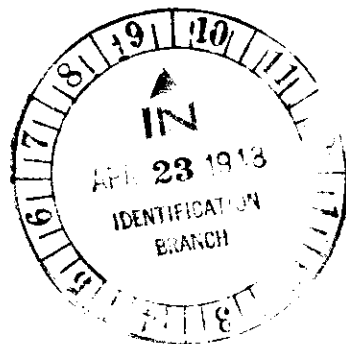
*G. T. Gamboa*

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/ JAMES M. THOMAS Emb. Sr.  
C-063286 CIP Lab. Manila, P.I.

SIGNATURE  
/s/ James M. Thomas



RESTRICTED

U 760

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

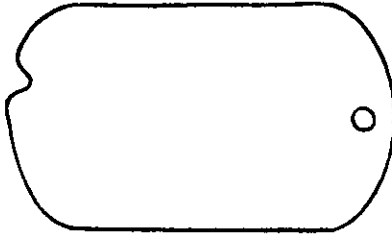
APR 23 1948

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

DATE OF REPORT

21 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-3430 (Formerly UNK X-331 USAF Cem Leyte #1, P.I.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Co C, 17th Inf, 7th Div.</b>	BRANCH OF SERVICE <b>Army</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Northwest of Lubi, Leyte, P.I.</b>	CAUSE OF DEATH <b>GSW</b>	DATE OF DEATH <b>Unknown</b>
---	------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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>See Remarks</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

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 <b>14 Jan 48</b>	STORAGE	HOUR <b>1100</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>813</b>	ROW No. <b>K</b>	GRAVE No. <b>3367</b>
------------------------------------	---------	---------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Leyte #1, P.I.</b>	PLOT No.	ROW No.	GRAVE No. <b>5856</b>
---	----------	--	----------	---------	--------------------------

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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-3433</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>3369</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-3427</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>3365</b>
--	------	------------	--------------	--------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>V. G. AQUINO T/5 OMC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>L. S. PANOPLO, 2d Lt., INF</b>
---	--

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

558

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


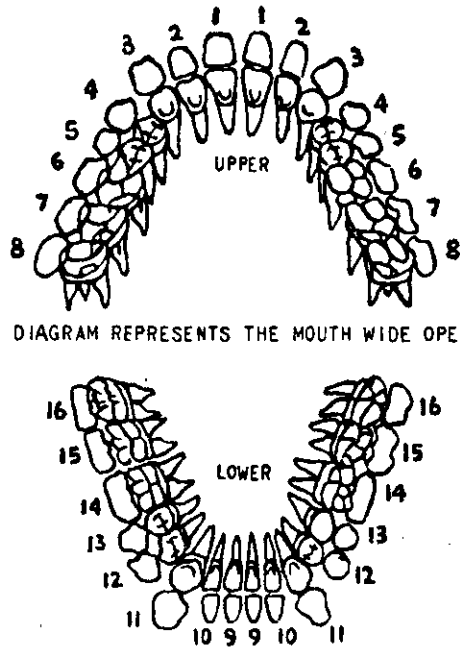




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

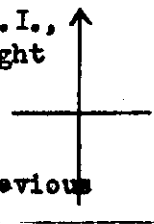
UNKNOWN X-3430 AGRS Mausoleum, Manila, P.I.,  
formerly UNK X-331 USAF Cemetery Leyte #1, P.I., might  
be anyone of the following:

- Pfc Corrales, Henry R. 39151277
- Pvt Robinson, William R. 37678567

both of Co. C, 17th Inf. 7th Div., according to previous  
Report of Interment.

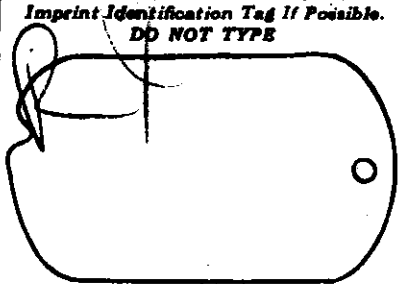
**REMARKS:**

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



9 MAR 1948



WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 24 Dec 45	
Imprint Identification Tag If Possible. DD NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-331				SERIAL NO. -	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Northwest of Lubi, Leyte, P.I.		CAUSE OF DEATH GSW			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) Location of burial submitted on overlay by 7th Div Unidentified member of group: CORRALES, Henry R., Pfc., 39151277 ROBINSON, William R., Pvt., 37678567 BOTH OF CO. C., 17th Inf., 7th Div.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Incl 746 None							
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 Leyte #1, P.I.							
DATE OF BURIAL 24 Dec 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5856
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map Cent. Phil., sheet 3 of 5 scale=1:250,000 Coord: 1331.3-1329.2					PLOT No.   ROW No.   GRAVE No. Isolated burial	
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Reinterment and identification tag buried in bottle.				
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-330				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5855
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-332				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5857
SIGNATURE OF PERSON PREPARING REPORT T/5 Charles W. Hallock, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT WILLIAM D ROGERS, 1st 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.							

**22 JAN 1946**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


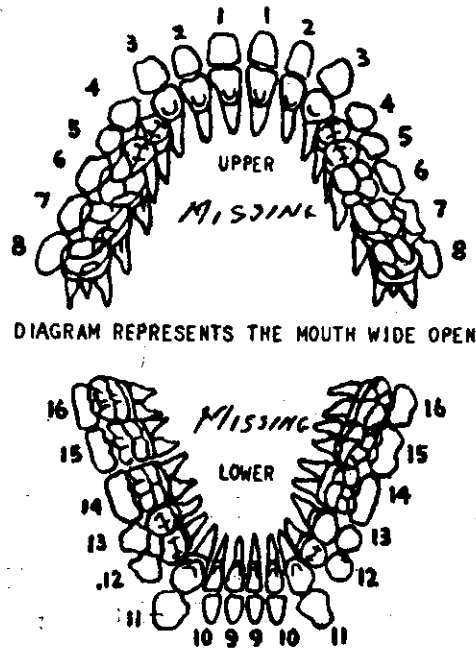




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

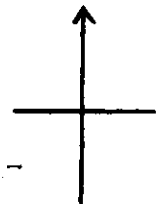
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No. —		LAUNDRY MARKS —		WHERE BODY WAS BURIED OR FOUND <b>Isolated burial NW of Lubi, Leyte, P.I.</b>

**OTHER IDENTIFICATION CLUES**

No other means of identification found on body.

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

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



**REMARKS:**

CONDITION OF BODY PRECLUDED FINGERPRINTING AND DENTAL CHARTING.

SKULL MISSING.