

FILE IDENTIFICATION TOPPER

| | |
|-------------|---------------------------|
| FILE NUMBER | 293 Unit. Repte II, X-332 |
| SUBJECT | Also Manila Maus X-3431 |

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk-Leyte #1 (misc)
X-228 X-328 X-332 X-335 X-337
X-340 X-362 SYNOPSIS AND DATES X-364

misc filed
NEW CLASSIFICATION 293 Unk-Leyte #1 X-228

RECLASSIFICATION SHEET

OMENT 293
GHS Far East

11 July 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1564 (formerly Unknown I-75 Finschhafen #2)
Unknown X-2230 (formerly Unknown I-629 Leyte #1)
Unknown X-2286 (formerly Unknown X-998 Leyte #1)
Unknown X-2289 (formerly Unknown X-601 Leyte #1)
Unknown X-2331 (formerly Unknown X-501 Leyte #1)
Unknown X-2441 (formerly Unknown X-576 Leyte #1)
Unknown X-3288 (formerly Unknown X-157 Finschhafen #2)
Unknown X-3431 (formerly Unknown X-332 Leyte #1)
~~Unknown X-3767 (formerly Unknown X-355 Leyte #1)~~
Unknown X-4253

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

FOR THE QUARTERMASTER GENERAL:

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

HEB

MJS

J. Miller:lrc
Salsar
JW

GSGR 293.9

SUBJECT: Unidentifiable Remains

9 June , 1949

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-621 | UNKNOWN X-3172 |
| " X-625 | " X-3258 |
| " X-630 | " X-3288 |
| " X-635 | " X-3422 |
| " X-1322 | " X-3431 |
| " X-1564 | " X-3767 |
| " X-1914 | " X-4253 |
| " X-2230 | " X-4096, Manila #2 |
| " X-2241 | (Formerly Unk X-1409, AGRS Mslm) |
| " X-2286 | " X-5141 (Formerly Unk X-327-E, AGRS Mslm) |
| " X-2289 | " X-5142 (Formerly Unk X-327-F, AGRS Mslm) |
| " X-2331 | " X-5145 (Formerly Unk X-327-I, AGRS Mslm) |

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

COPY

U.S.

M.K.

1

Interred 10 October 1949
C 12 69 Ft. McKinley

Carlethmark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00328

DATE
15 05 48
DAY MONTH YEAR

NAME
943 UNKNOWN X-000332

SERIAL NUMBER
X-000332

RANK
MSI

ARM
Q
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
5857 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-332
(Maus) UNKNOWN X-3431

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
27 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ALBION H McLELLAN JR
Embalmr 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 show - UNK X-3431

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.

REMARKS: Unidentifiable - OQMG

Graves

16
FILE UNDER NO. 293 - Unk. P.I. X- 332 (Loyte #1)

I N D E X S H E E T

XX 4th Ind

SYNOPSIS

3 Feb 47

FROM: OONG
TO: CO, AGRSAC, Pacific Theater, APO 707 San Francisco, Calif.

RE: Identification of Unkm. Deceased...

DOCUMENT FILED UNDER NO. 293 - Unkms. (Misc.) (Loyte #1) P.I.

JW

~~24~~
FILE NUMBER NO. 293 - Unknown I- 332 P.I. (Loyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

21 Aug. 1946

TO:
NO:

COMM:
AGC, WW II Records Admin., St. Louis, Mo.

RE:

Request - Dental Identification Record together with a list of all camps stationed in the U.S. prior to O/S service, including inclusive dates.

ENCLOSURE FILED UNDER NO. 293 - Unknown (Misc) P.I. (Loyte #1)

rtb

FILE UNDER NO: 293 - Unk. 332, P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

10 June 1946

FROM: OCMG
TO: CO, Camp Adair, Oreg.
ATTN: Post Surgeon

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO: 293 - Unk. (Misc.) P. I. (Leyte #1)

th

FILE UNDER NO. 293 - Unknown X-332 P.I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

14 May 1946

FROM: OCMG
TO: CO, Cp. Beale, Calif.

SUBJ: Identification of Unknown Deceased

293 -
DOCUMENT FILED UNDER NO. / Unknown (Misc) P.I. (Leyte #1)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

26 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 332, Plot _____,
Row _____, Grave 5857, USMC 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, QMC
Chief, Records Branch

Atch: Form 1044

21 June 1949 OQMG
Not identifiable from
information presently
available

11 July 1949

Encl # 17'

IDENTIFICATION DATA

| | | | | | |
|---|-----------------------|--------------------|-------------------------|---|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3431 (Formerly UNK X-332 Leyte # 1) | | | | 2. DATE OF REPORT 26 May 1949 | |
| 3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I | 4. PLOT 813 | 5. ROW K | 6. GRAVE 4368 | 7. DATE OF | |
| | RANGER BAY CRYPT | | | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|--|---|--------------------------------------|-----------------------------|
| 8. ESTIMATED WEIGHT U. T. D. | 9. ESTIMATED HEIGHT 5' 5 3/8" | 10. COLOR OF HAIR U. T. D. | 11. RACE UNKNOWN. |
|--|---|--------------------------------------|-----------------------------|

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"

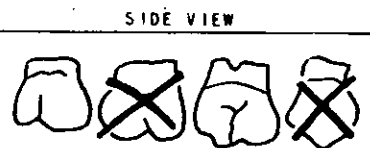
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 172

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



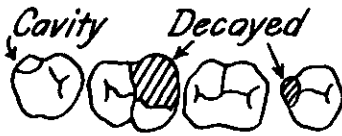
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| M A X I L L A | | | | | | | | M I S S I N G | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| <p>Impacted</p> <p>Malposed</p> | | | | | | | | | | | | | | | |
| | A | A | | | | | | | | | | | A | A | X |
| | om | od | | | | | | | | | | | o | of | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

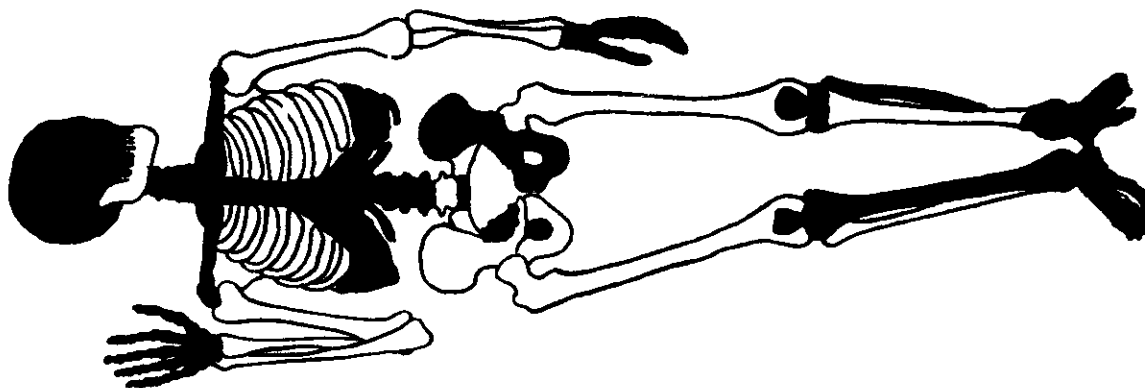
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA."

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5' 5 3/8"

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 - 5 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

IDENTIFICATION DATA

| | | | | | | |
|--|--|--|--------------------|---------------------------------------|---|------------------------|
| 1. REMAINS OF UNKNOWN X-3431 (Formerly UNK X-332, USAF Cem Leyte #1, P. I.) | | | | 2. DATE OF REPORT 12 Jan 48 | | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | 4. PLOT 813 | 5. ROW K | 6. GRAVE 3368 | 7. DATE OF DISINTERMENT REINTERMENT STORAGE 21 Nov 47 14 Jan 48 | |
| PHYSICAL DESCRIPTION | | | | | | |
| 8. ESTIMATED WEIGHT UTD | | 9. ESTIMATED HEIGHT 5'5 3/8" | | 10. COLOR OF HAIR UTD | | 11. RACE UTD |
| 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 N O N E | | | | | | |
| 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 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 | | | | | | |

18.

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|--|----------|-----------|
| 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: | | |

ALL upper teeth missing

| | RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|--------------------------------------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | M A N D I B L E M I S S I N G | | | | | | | | | | | | | | | |
| SIDE VIEWS | | | | | | | | | | | | | | | | |
| TOP VIEWS | | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | | |
| | | A | A | . | . | . | . | . | . | . | . | . | . | A | A | X |
| | | om | od | | | | | | | | | | | o | of | X |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

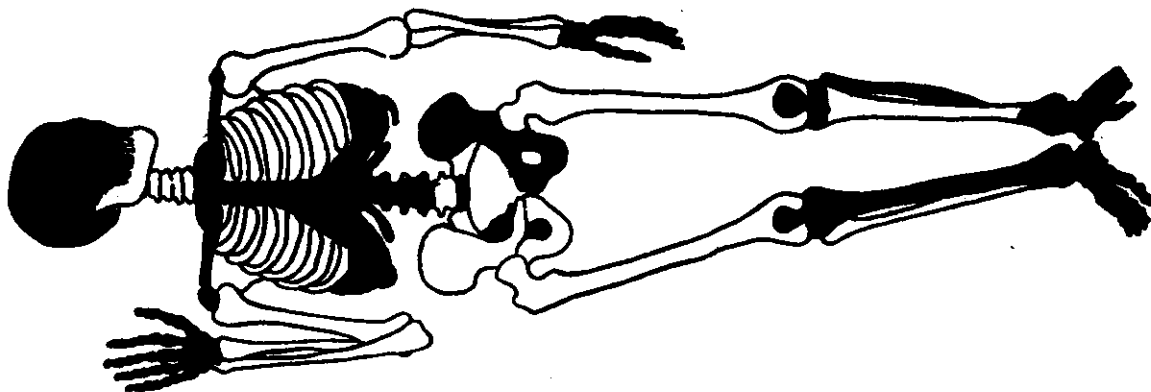
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

A CERTIFIED TRUE COPY:

G. T. Gamboa
 G T GAMBOA
 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 ROI bottle, No I. D. tags or means of identification.
 Estimated circumference of the skull - none
 Estimated weight of remains - 5 lbs.

A CERTIFIED TRUE COPY:

G. T. Gamboa

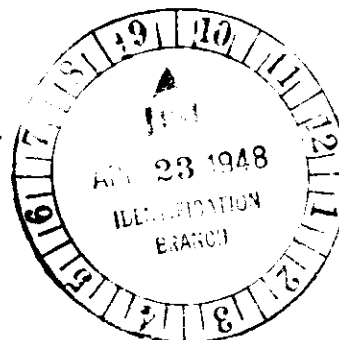
G T GAMBOA
 2d Lt MSC

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/ MERLE F. GORMLEY C-063005 Jan 12, '48
 CIP LABORATORY, MANILA, P.I.

SIGNATURE

/s/ Merle F. Gormley C-063005, Embalmer



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.

22 Nov 1946

DATE

UNKNOWN X-332

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

1 mile SW of Mahonog, Leyte

USAF Cemetery Leyte #1

5857

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

| | | RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | | | |
|----------|--|-------|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|--|--|--|--|--|--|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | |
| TYPE | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | | | |

MISSING
INSIDE — LOOKING OUT

| | | RIGHT | | | | | | LOWER TEETH | | | | LEFT | | | | | | | |
|----------|--|-------|----|----|----|----|----|-------------|---|---|----|------|----|----|----|----|----|--|--|
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| TYPE | | | A | A | | | | | | | | | | | A | A | | | |
| LOCATION | | | O | O | | | | | | | | | | | O | O | P | | |

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. 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) | |

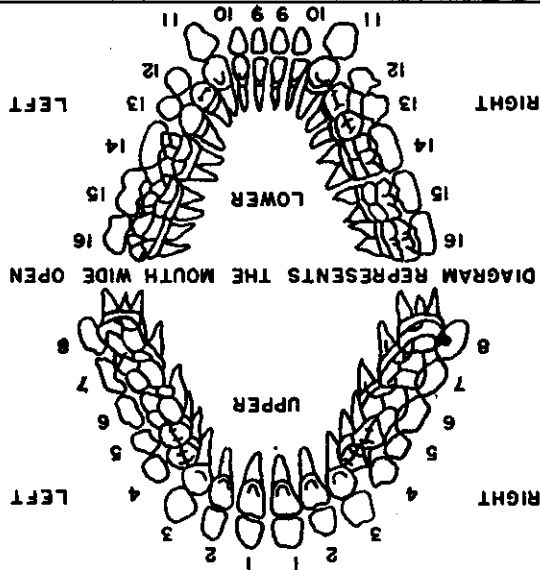
INSTRUCTIONS:

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, *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, Embalmer

NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC

NAME AND RANK TYPED OR PRINTED

22 November 1946

DATE

RESTRICTED

U 761

WD GMC 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) UNKNOWN X-3431 (Formerly UNK X-332, USAF Cemetery 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 1 mi SW of Mahonog, Leyte, P.I. | 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) | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

| | | | | | | |
|-----------------------------|--------------|---|---------------------------------|-----------------|--------------|-------------------|
| DATE OF BURIAL 14 Jan 48 | HOUR 1100 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER None | PLOT No. 813 | ROW No. K | GRAVE No. 3368 |
|-----------------------------|--------------|---|---------------------------------|-----------------|--------------|-------------------|

| | | | | |
|--|---|----------|---------|-------------------|
| 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. 5857 |
|--|---|----------|---------|-------------------|

| | | |
|-------------------------------|--------------------------------|--|
| 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-3435 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 3370 |
|--|------|------------|--------------|----------------------------|

| | | | | |
|---|------|------------|--------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3428 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 3366 |
|---|------|------------|--------------|-------------------|

| | |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT G. AQUINO, 4/5 | SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPLO, 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

Jan 1559

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


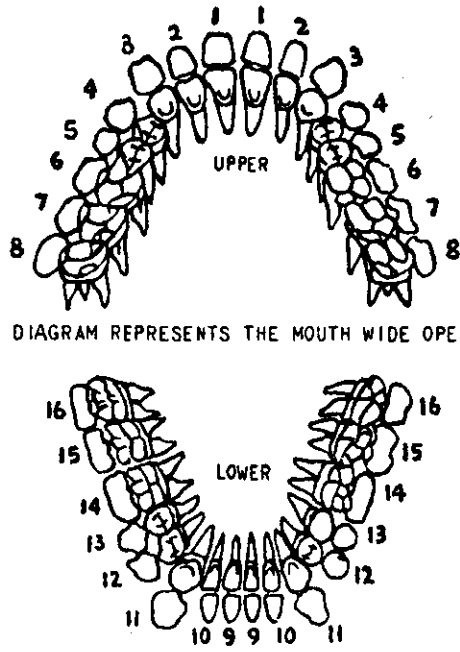




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

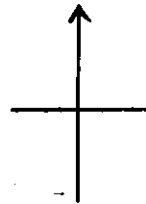
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

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

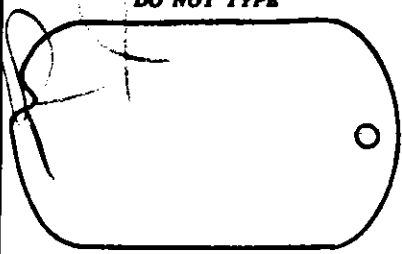


REMARKS:

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

9 MAR 1948

| | | |
|---|---|-----------------------------|
| WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | DATE OF REPORT 24 Dec 45 |
|---|---|-----------------------------|

| | | | |
|---|-----------------------------------|---|--|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| NAME (Last, first, middle initial) UNKNOWN X-332 | | SERIAL No. - | |
| GRADE - | ORGANIZATION - | BRANCH OF SERVICE - | |
| RACE - | RELIGION - | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |

| | | |
|--|---------------------|--------------------|
| PLACE OF DEATH 1 mi SW of Mahonog, Leyte, P.I. | CAUSE OF DEATH - | 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) |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
 None Incl 747

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 | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 24 Dec 45 | 1000 | shelter halve | Reg Cross | | | 5857 |

| | | |
|--|--|---|
| 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: 1329.2-1327.5 | 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-331 | RANK - | SERIAL No. - | ORGANIZATION - | GRAVE No. 5856 |
|---|-----------|-----------------|-------------------|-------------------|

| | | | | |
|--|-----------|-----------------|-------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-333 | RANK - | SERIAL No. - | ORGANIZATION - | GRAVE No. 5858 |
|--|-----------|-----------------|-------------------|-------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT Charles W. Hallock T/5 Charles W. Hallock, GRS | SIGNATURE OF GRS OFFICER VERIFYING REPORT William D. Rogers 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.


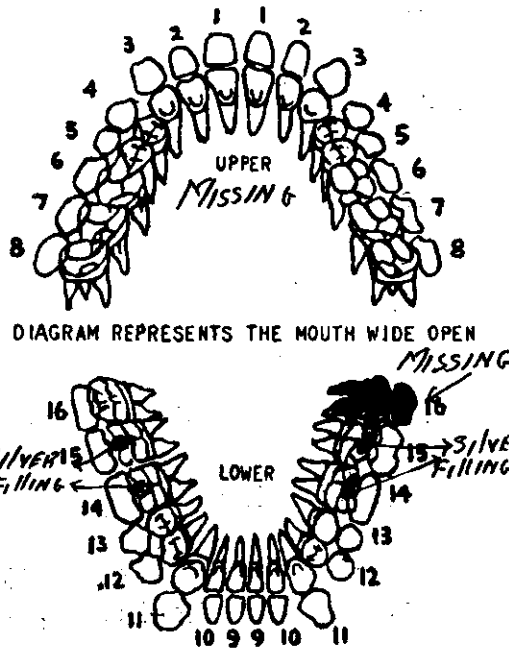




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

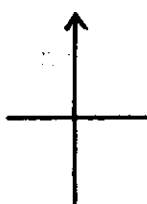
| | | |
|---------------------------|---------------|---|
| WEAPON AND SERIAL No. ... | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND Isolated burial 1 mi SW, Lubi, Leyte |
|---------------------------|---------------|---|

OTHER IDENTIFICATION CLUES

No other means of identification found on body.

| | | |
|----------------------|---|---|
| FILLINGS |  SILVER FILLING GOLD FILLING |  <p>UPPER MISSING 6</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>MISSING</p> <p>LOWER</p> <p>SILVER FILLING (15)</p> <p>SILVER FILLING (16)</p> <p>10 9 9 10 11</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 OTHER MEANS OF IDENTIFICATION.

UPPER JAW MISSING.