

FILE IDENTIFICATION TOPPER

FILE NUMBER

Q 93 unkl Leyt #1 X-333

SUBJECT

also manila mans #1 X-3401

QMC FORM 1121
1 Aug 45

SECRET 203
422 Far East

1 November 1949

SUBJECT: Identification of World War II Remains

TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: ASAC, PHILCOPR LORR

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

Unknown	N-1453	(formerly	SNK	N-52, USAF	Sanctuary #2, Finschhafen)
"	N-1455	"	"	N-76,	"
"	N-1453	"	"	N-519,	#1, Leyte
"	N-1457	"	"	N-44,	#2, Finschhafen)
"	N-1456	"	"	N-32,	"
"	N-1458	"	"	N-88,	#1, Santa Barbara)
"	N-1459	"	"	N-71,	"
"	N-1461	"	"	N-33,	"
"	N-1462	"	"	N-537,	"
"	N-1460	"	"	N-531,	"

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:lrc
Dall
JR

T. S. RYAN
Lt. Colonel, 422
Memorial Division

RFB

TEC

cc--Administrative Section
cc--Cincfe

REF 283.9

APD 707
12 OCT 1949

SUBJECT: unidentified 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 # 283, 907 (for post), dated 17 September 1948, subject: Resolution of cases of unidentified deceased, the following unknown remains, presently stored at Camp Cansolema, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

Unknown	Island Com.	Unknown	Island Com.
X-700	" "	X-3401	" "
X-1167	" "	X-3408	" "
X-1607	" "	X-3430	" "
X-1245	" "	X-3958	" "
X-1498	" "	X-4132	" "
X-1565	" "	X-4133	" "
X-2328	" "	X-4134	" "
X-3127	" "	X-4427	" "
X-3130	" "	X-4678	" "
X-3233	" "	X-4799	" "
X-3235	" "	X-4903	" "

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

FOR THE COMMANDER: CENTRAL:

23 Incls
MC forms 10-4 w/ certificates
of unidentifiability

C. H. BIRDWELL
2nd Lt., ASD
Asst. djo. van

AIRMAIL

143 unk PIX 3401 (Maus Mankin)

*Q 123
S. S. at last*

24 Aug. 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGES, TELECOM CASE

1. Proceedings of the Field Board recommending that the remains of Unknowns X-3401 and X-3430, AGNS Mausoleum, Manila, P.I., Banger 813, Bay J, Crypt 3331, Bay K, Crypt 3367 (formerly X-333 and X-331, USAF Cemetery Leyte Pl., P.I.) be identified as a Group Burial, the recoverable remains of Pfc. Henry R. Corrales, SPI31277 and Pvt. William R. Robinson, 3767567, 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 Pfc. Corrales or Pvt. Robinson.

b. The heights listed on Army records for Pfc. Corrales and Pvt. Robinson are 5' 9" and 5' 11 1/2" respectively, whereas height listed on GEC Form 1044 for Unknown X-3401 is 5' 4 1/2".

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

FOR THE CHIEF OF THE QUARTERMASTER GENERAL:

1 Incl
Bd Proceedings

1493 H.R. Farber



REB

J. Miller
J. Miller:iro
Salser

1493 unk PIX 3430 (Maus Mankin)

cc--Administrative Section
cc--Cinofe

*1493 Corrales, Henry R 39 p 1277
1493 Robinson, William R 3767567*

1. FILE UNDER NO. 293 - Unk. P. I. X-3401 (Maus. Manila)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **7 May 49**
4. FROM: **Hdqtrs., Philippines Command, United States Army**
5. TO: **TOMI, Dept of the Army, Wash., D. C. Attn: Mem Div**
6. SUBJECT: **Group Identification of Unknowns**
COMMAINS, Henry R. 39 151 277
• • • • •

7. DOCUMENT FILED UNDER NO. **293 - GIKI, Far East**

mf8

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

MK

DISINTERMENT DIRECTIVE

1 /obs /gyc

Interred 13 October 1949
L 3 10 Ft. McKinley

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -

DIRECTIVE NUMBER
7740 00329

DATE
15 05 48
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

NAME
293
UNKNOWN X-000333

SERIAL NUMBER
UNKNOWN X-000333

RANK
ser

ARM
0
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
5858 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-333
(Maus) UNKNOWN X-3401

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
27 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
JOSEPH W GESUSE
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES
Two (2) Mausoleum tags - UNK X-3401

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept 48 BY JOSEPH W GESUSE

CASKET SEALED BY
JOSEPH W GESUSE

EMBALMER (Signature)
Joseph W Gesuse
JOSEPH W GESUSE

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

SHIPPING ADDRESS VERIFIED BY
HONORIO V AURELIO, 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.

Honorio V Aurelio
HONORIO V AURELIO, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR

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

Graves

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Hansolem		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Tom A. A. A.</i>	
DATE				DATE		13 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			

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-333, Plot _____,
Row _____, Grave 5858, USMC USA Gen. Leyte #1 _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



R. O. MCNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Classified 25 Oct. 49 OQMD
Not identifiable from
information presently
available 7. a. Field ID
27 Oct. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOW N X-3401 (Formerly UN N-333 Leyte #1)				2. DATE OF REPORT 29 Sept 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3321	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'4½"	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)

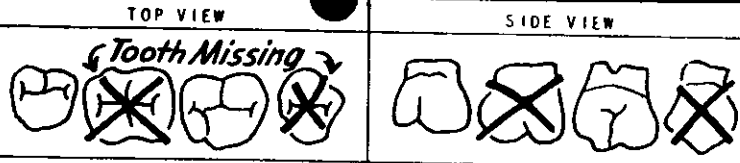
N O N E

"UNIDENTIFIABLE"

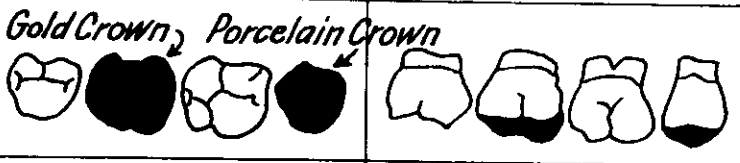
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18. TOOTH CHART

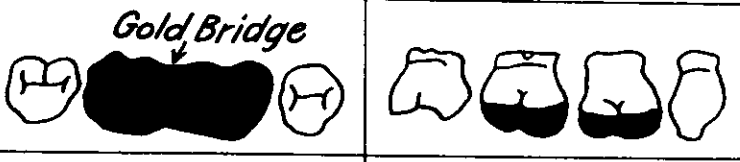
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



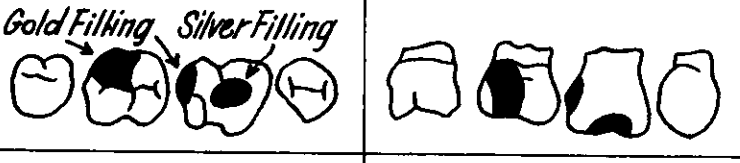
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



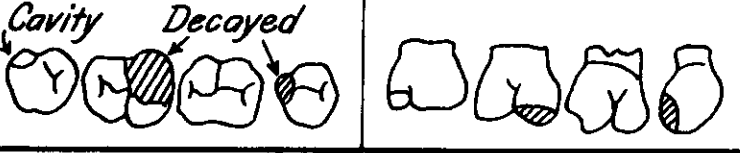
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
Maxilla								Missing							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
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."

REMARKS: Maxilla and mandible missing. No loose teeth recovered with remains.

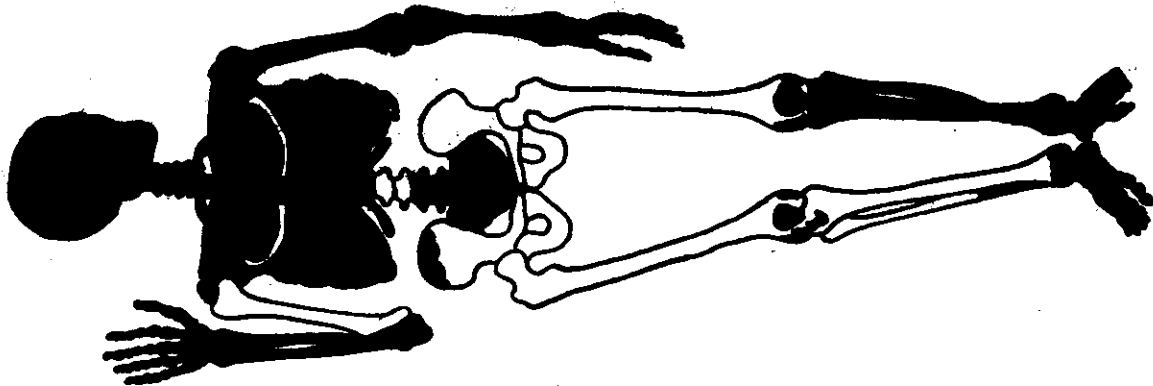
Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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 - 2½ 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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3401 (Formerly UNK X-333, USAF Cem Leyte #1, P.I.)						2. DATE OF REPORT 12 January 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT 813	5. ROW J	6. GRAVE 3321	7. DATE OF DISINTERMENT 21 Nov 47	REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'4½"		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 UTD due to condition of remains.								
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								

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:		

	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>Mandible</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: Maxilla and mandible missing. No loose teeth recovered with remains.

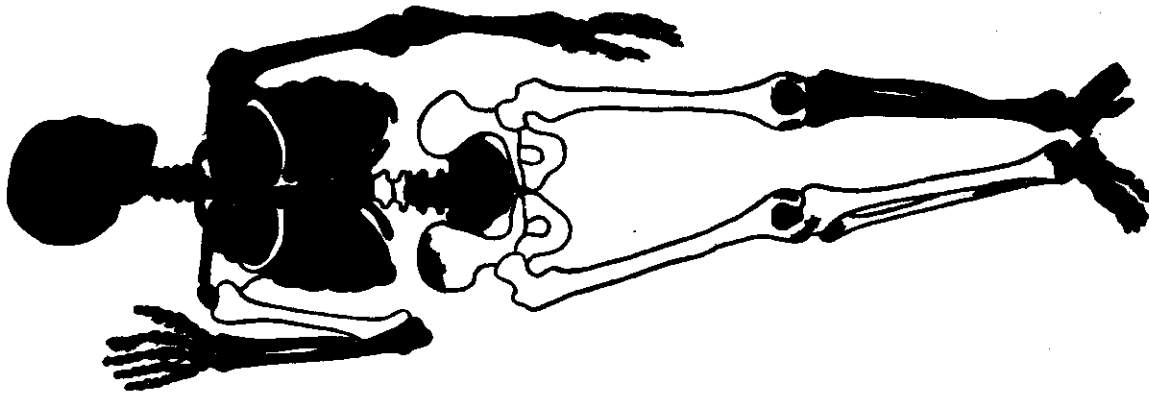
A CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

/s/ C. L. Law

19. BLACK OUT PARTS OF BODY NOT COVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ NUMBER _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I. D. tag, ROI bottle, personal effects, or other means of identification found with remains.

Majority of bones missing.

Unable to determine circumference of skull due to condition of remains.

Estimated weight of remains 2½ lbs.

According to previous ROI, UNK X-3401 maybe one (1) of the two (2) unidentified members of the group. Co C, 17th Inf. 7th Div.

1. CORRALES, Henry R., Pfc., 39151277
2. ROBINSON, William R., Pvt 37678567

A CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

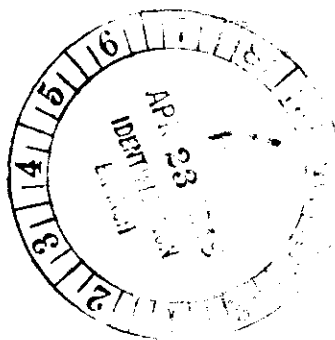
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

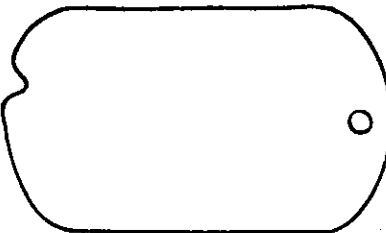
/p/ C. L. LAW Embalmer
CIP LABORATORY, MANILA, P.I.

SIGNATURE

/s/ C. L. Law



WD QMC 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 20 Jan 48
---	-------------	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
GRADE Unknown	NAME (Last, first, middle initial) UNKNOWN X-3401 (Formerly UNK X-333) USAF Cemetery Leyte #1, P.I.)		SERIAL NO. Unknown
	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH NW of Lubi, Leyte, P.I.	CAUSE OF DEATH KIA- GSW		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) See remarks.
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.
STORAGE 14 Jan 48	1300	STOPPED Casket	None	813	J	3321

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.					5858

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)				
Yes	Yes				

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3402-B				CRYPT 3323

BODY BURIED ON DECEASED-RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3399				CRYPT 3319

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>[Signature]</i> L. S. AQUINO, T/5 QMC	<i>[Signature]</i> L. S. PANOPIS, 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.

[Handwritten] 1538

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.

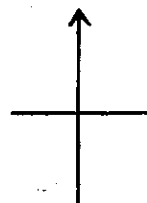
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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



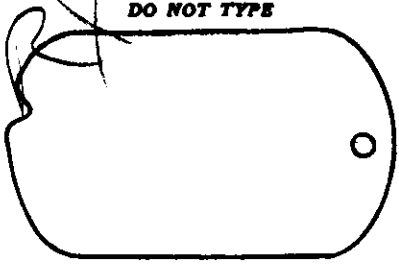
9 MAR 1948

REMARKS: UNKNOWN X-3401, AGRS Mausoleum, Manila, P.I. formerly UNK X-333, USAF Cemetery Leyte #1, could be anyone of the three persons listed in previous Report of Reinterment, USAF Cemetery Leyte #1, P.I.
QMG Form 1044, 1044-A and 1044-B accomplished.

WD GRC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)

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

DATE OF REPORT
24 Dec 45

<p><i>Impress Identification Tag if Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	UNKNOWN X-333	-	-
-	-	-	-
-	-	-	-

PLACE OF DEATH NW of Lubi, Leyte, P.I.	CAUSE OF DEATH KIA-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 2 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 745

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Dec 45	1400	shelter halve	Reg Cross			5858

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-332	-	-	-	5857

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
NELSON, Emanuel S	T/Sgt	20251348	11th Airborne	5859

SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hallock</i> T/5 Charles W. Hallock, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William D. Rogers</i> 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 Office. 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.


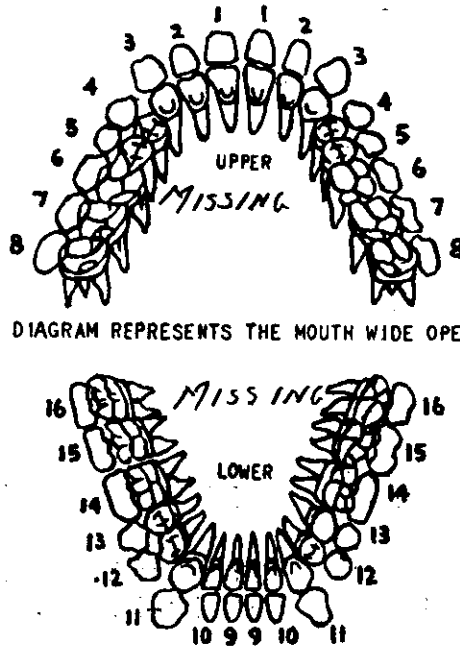




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

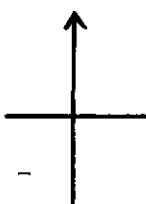
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial NW, Lubi, Leyte, P.I.
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

No other means of identification found on body.

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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.