

FILE IDENTIFICATION TOPPER



FILE NUMBER

293 unk keyte #1 X-359

SUBJECT

also manila maus X-3778

GNC FORM 1121  
1 Aug 49

QMONT 293  
OCS Far East

29 August 1949

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

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

**1. Reference is made to the following Unknown remains now stored in AGCS Mausoleum, Manila, P.I.:**

Unknown X-250  
" X-400  
" X-1486 (formerly Unk. X-89, Finsche #2)  
" X-1478 (formerly Unk. X-61, Finsche #2)  
" X-1499 (formerly Unk. X-47, Finsche #2)  
" X-85 (formerly Unk. X-226, Finsch #5)  
" X-2248 (formerly Unk. X-814, Leyte #1)  
" X-3777 (formerly Unk. X-357, Leyte #1)  
" X-3778 (formerly Unk. X-359, Leyte #1)

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

**FOR THE ACTING CHIEF QUARTERMASTER GENERAL:**

**T. H. METZ  
Lt. Colonel, GIC  
Memorial Division**

SSGR 293.9

SUBJECT: Unidentifiable Remains

3 JUN 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 QMGRU 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-25	UNKNOWN X-5138 (formerly X-327-B (AGRS Mslm)
" X-2248	" X-5140 (formerly X-327-D AGRS Mslm)
" X-3697	" X-5143 (formerly X-327-G AGRS Mslm)
" X-3777	" X-5144 (formerly X-327-H AGRS Mslm)
" X-3778	" X-5146 (formerly X-327-J AGRS Mslm)
" X-5135 (formerly X-216-B AGRS Mausoleum)	

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

FOR THE COMMANDER:

11 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A. MARSZAL  
1st Lt. AGD  
Asst Adj Gen

/bpm		Interred 10 Oct 1947 96 Ft. McKinley <i>R. F. Stevenson</i> Caremark		DISINTERMENT DIRECTIVE	
1		Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00352	
NAME		SERIAL NUMBER UNKNOWN X-000359		DATE 15 05 48 DAY MONTH YEAR	
CEMETERY USAF CEMETERY LEYTE NO 1		RANK <i>gls</i>		DATE OF DEATH DAY MONTH YEAR 7701 80	
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		6165	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		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME (Maus No.) UNK X-359 UNK X-3778		SERIAL NUMBER		DATE OF DEATH 27 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		IDENTIFICATION VERIFIED BY R. F. STEVENSON 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 / 2 Tags Maus No. UNK X-3778					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 27 Sept 48		BY R. F. STEVENSON			
CASKET SEALED BY R. F. STEVENSON			EMBALMER (Signature) <i>R. F. Stevenson</i> R. F. STEVENSON		
CASKET BOXED AND MARKED DATE 27 Sept 48			SHIPPING ADDRESS VERIFIED BY HORACE L. ALLISON Sgt., Inf		
HONORIO V. AURELIO, 1st Lt., Inf			SIGNATURE OF GRS INSPECTOR <i>Honorio V. Aurelio</i> 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.					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
REMARKS: Unidentifiable - OQMG					

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Bartholme</i>	
DATE				DATE		10 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			

183

293 - Unk. P.I. X-359 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

1st Ind

27 Jan 47

FROM: OOMS  
TO: CO, AERSAC, Pacific Theater APO 707, San Francisco, Calif.

RE: Report of Intercept...

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

JW

me  
FILE UNDER NO: 293 - Unknown X-359 P.I. (Leyte #1)

INDEX SHEET  
SYNOPSIS

Memo

18 April 1946

FROM: CMO, Memorial Div.  
TO: AGO, World War II Records Adm. AGO, St. Louis, Mo.

RE: For necessary action.

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

bm

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- 359, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 6165, 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*  
H. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 23 Aug 49 45 OQMG  
Not identifiable from  
information presently  
available *M. Duran 24 Aug 49*

*Incl #5-*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3778 (Formerly Unk X-359 Leyte # 1)				2. DATE OF REPORT 26 May 1949	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM, MANILA P I</b>		4. PLOT 812	5. ROW W	6. GRAVE 5759	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 5' 1 3/8"	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  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

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Ind # 5-2*

18.

TOOTH CHART

<p><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:</p>	<p>TOP VIEW</p>	<p>SIDE VIEW</p>
	<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> 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
MAXILLA															
MISSING								Cavity m							
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."

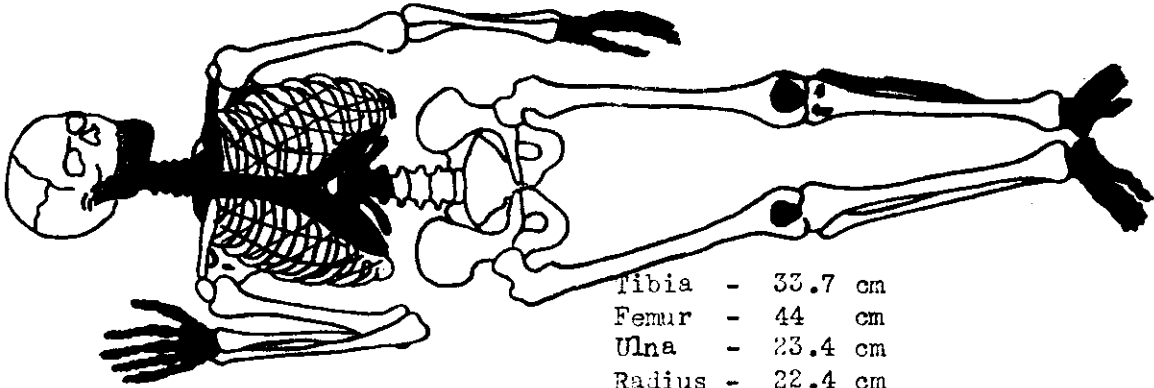
No mandible and mandibular teeth are missing.

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*J. J. McDerriott*  
 J. J. McDERRIOTT  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia - 33.7 cm  
 Femur - 44 cm  
 Ulna - 23.4 cm  
 Radius - 22.4 cm  
 Humerus - 29.8 cm

1533 cm 156 cm or 5' 1 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 - 8 lbs.

Circumference of skull - 19½ inches.

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
 Laboratory Officer, CIP

SIGNATURE

*James J. McDermott*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-3778 (Formerly UNK X-359, USAF Cem Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>13 Feb 48</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>W</b>	6. GRAVE <b>5759</b>	7. DATE OF DISINTERMENT      REINTERMENT <b>22 Dec 47      14 Feb 48</b>	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'1-3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>UTD</b>
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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 - Skeletal chart and tooth chart attached.**

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
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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**

18.

TOOTH CHART

X-3778

<p><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:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p>	<p>SIDE VIEW</p>
	<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p>
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p>	
<p><b>CARIES (Cavities):</b> 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
<i>Maxilla missing</i>						<i>Cavity m</i>				<i>Cavity m</i>	<i>Cavity m</i>		<i>Cavity o</i>	<i>Cavity o</i>	
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
<i>Mandible Missing</i>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

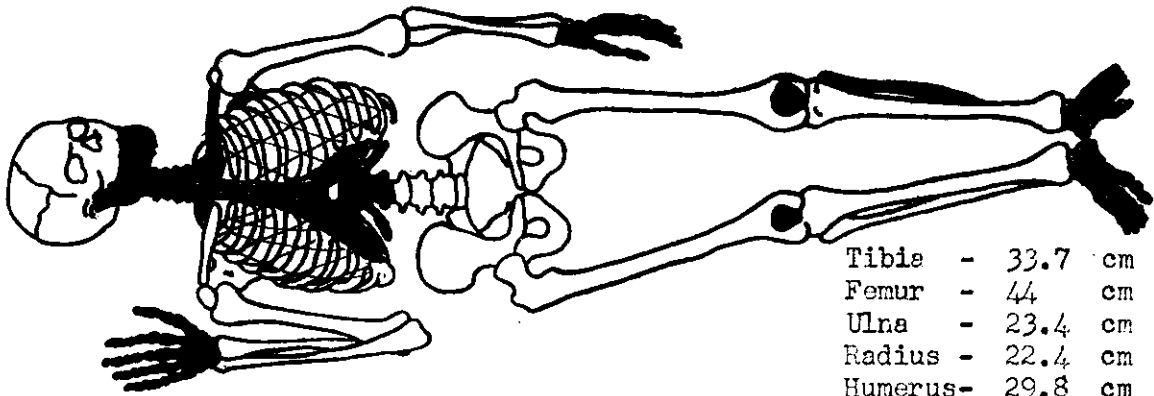
**DENTURES ONLY:** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:** No mandibular teeth found with remains.  
**CERTIFIED TRUE COPY:**

*G. T. Gamboa*  
 G T GAMBOA,  
 1st Lt MSC

/s/ John H. Bennett Jr

## 19. BLACK OUT PARTS OF BODY NOT RECOVERED



156 cms. or 5' 1-3/8"

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 burial bottle, I. D. tags, personal effects or other means of identification received with remains. Estimated weight 8 lbs. Skull is 19½ inches in circumference. The physical height is approximately 5 ft. 1-3/8 inches.

Two (2) cemetery tags found with remains, one attached to the skull, UNK X-358, the other UNK X-359. Tags enclosed with remains. Tooth chart of previous ROI dated 4 Jan 46. Compared with CIP Lab. Tooth chart.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G T GAMBOA  
1st Lt MSC

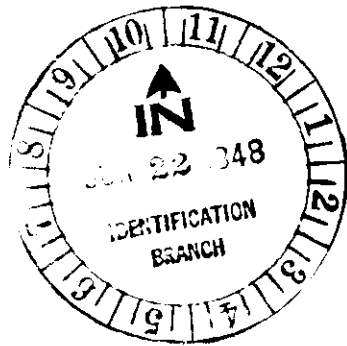
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ CLEMENT G SWAN Emb Sr Ung C-064862  
CIP LAB MANILA, P.I.

SIGNATURE

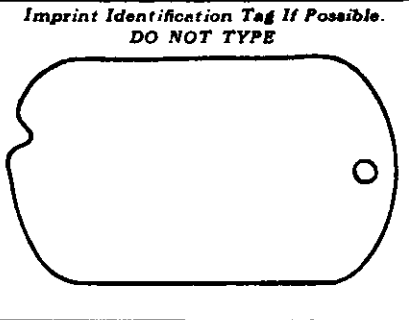
/s/ Clement G. Swan



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

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

DATE OF REPORT  
11 Mar 48



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-3778 (Formerly UNK X-359, 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 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)	

REPAIRATION RECORDS BRANCH JUN 7 2 42 PM '48 HEADQUARTERS DIVISION

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 STORAGE 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. 5759
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 6165
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-3779	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5760
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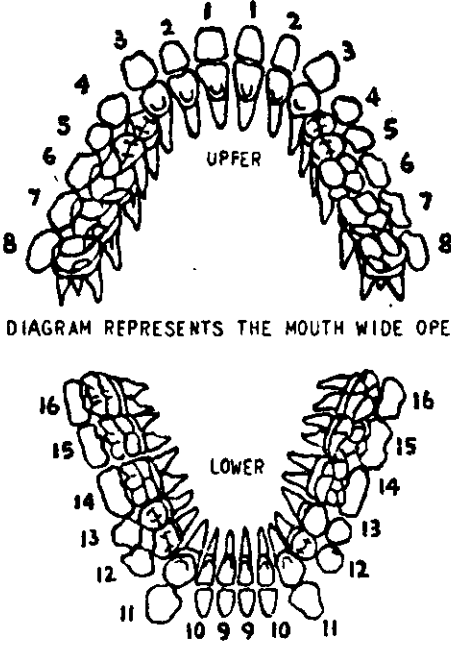





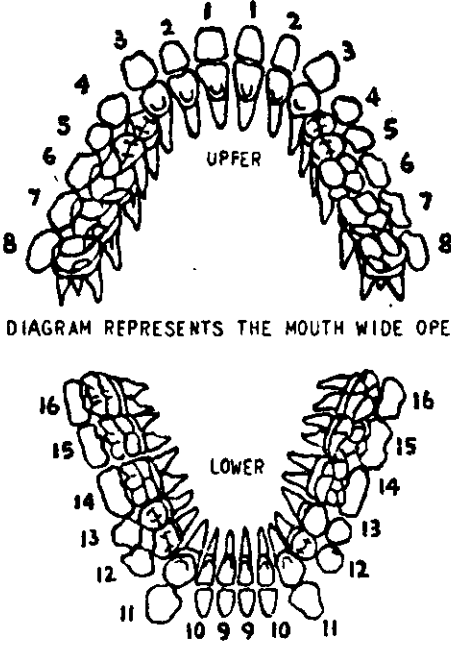





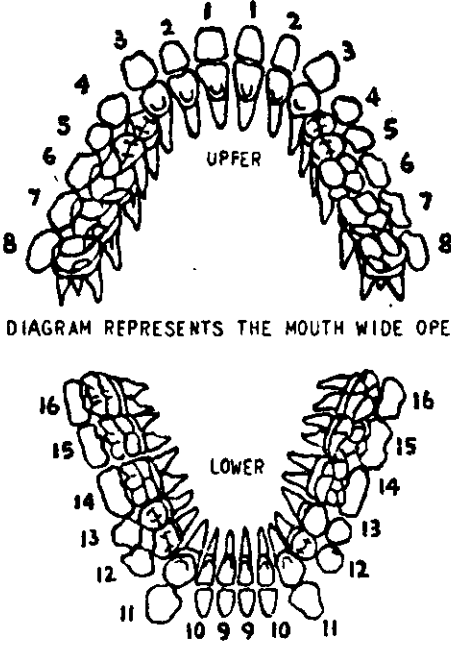




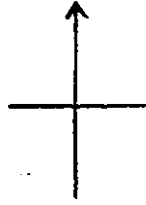
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-3777	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5758
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SIGNATURE OF PERSON PREPARING REPORT V C AQUINO TYS OMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT CALVIN F FINN, Maj., FA
--	--

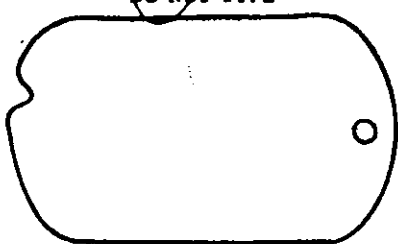
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

2000/387



LEFT LITTLE FINGER	Section 3 UNIDENTIFIED REMAINS.													
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>													
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS											
	COLOR OF EYES	COLOR OF HAIR												
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND											
	LAUNDRY MARKS													
	OTHER IDENTIFICATION CLUES													
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> </table>			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>
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>										
LEFT THUMB														
RIGHT THUMB														
RIGHT INDEX FINGER														
RIGHT MIDDLE FINGER														
RIGHT RING FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>													
RIGHT LITTLE FINGER	REMARKS:													
	<p align="center">QMC Form 1044, 1044-A and 1044-B accomplished.</p>													

12 MAY 1948

WD G/MC FORM 1042 (Rev. 1 Apr. 1945) (Supercedes GRS Form 1)		RE- <b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 4 Jan 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-359						
		GRADE -		ORGANIZATION -		SERIAL No. -		
		RACE -		RELIGION -		BRANCH OF SERVICE -		
						IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Culastan, 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 8 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes								
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 USAF Cemetery Leyte #1, P.I.								
DATE OF BURIAL 3 Jan 46		HOUR 1530	BURIED IN (Shroud, blanket, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No. -	ROW No. -	GRAVE No. 6165
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: 1310-1360.4						
TYPE OF RELIGIOUS CEREMONY -		PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Reinterment, 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-358				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 6164	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X*360				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 6166	
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.


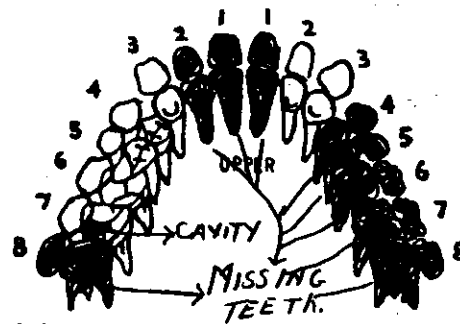
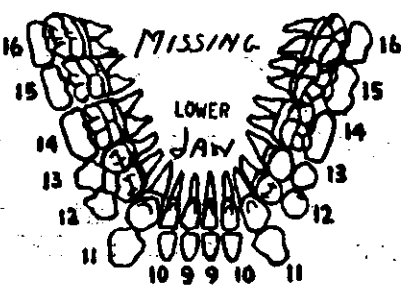




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

OTHER IDENTIFICATION CLUES

None

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.

MANDIBLE MISSING.