

FILE IDENTIFICATION TOPPER

FILE NUMBER

292 unkr Leyte #1 X-368

SUBJECT

Formerly Manila Maus X-375/

QMC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

11 October 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-76 (formerly Unknown X-239, USAF Cem. #5, Finschhafen, N.G.)
Unknown X-3252 (formerly Unknown X-159, USAF Cem. #1, Leyte, P.I.)
✓ Unknown X-3751 (formerly Unknown X-368, USAF Cem. #1, Leyte, P.I.)

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

REB

T. A. Fields:jdk
Salser
JN
cc: Admin. Sec.
cc: Cincfe

TEC

COPY

GSGP 293.9

APO 707
20 SEP 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 AGFS 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-3 Guam #2	UNKNOWN X-1317 AGFS Melm
" X-76 AGFS Mslm	" X-1552 " "
" X-270 " "	" X-1655 " "
" X-813 " "	" X-1683 " "
" X-322 " "	" X-1889 " "
" X-887 " "	" X-3162 " "
" X-922 " "	" X-3252 " "
" X-1200 " "	" X-3751 " "

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

FOR THE COMMANDING GENERAL:

16 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

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

COPY

DEPARTMENT OF THE ARMY
////////////////////

FORM 293
Unknown X-3751
ACTS Mausoleum
Manila, P.I.

437 mkr P.O. X 3751 (Manila Mausoleum)
16 September 1948

SUBJECT: Identification of Unknown deceased

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

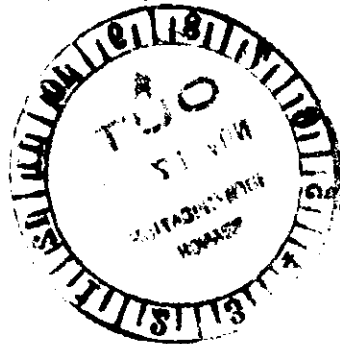
Attn: AGRO (HINDEN) Zone

1. Reference is made to Case History dated 21 June 1948, recommending that the remains of Unknown X-3751, ACTS Mausoleum, Manila, P.I., Hangar #12, Bay , Crypt 5735, be redesignated as the remains of Private Samuel A. Garcia, 35896085.

2. The documentary evidence presented in the above mentioned case is considered insufficient to establish identification. It is therefore requested that further investigation be made and if sufficient additional evidence is found to substantiate the identification, request this office be advised.

3. If additional corroborating evidence is not forthcoming, it is requested that the case of Private Samuel A. Garcia, 35896085, be processed in accordance with AG letter, File AGAO-S 293.9, (27 March 1947) dated 9 April 1947.

FOR THE POSTMASTER GENERAL:



T. H. NETZ
Lt. Colonel, AG
Memorial Division

NJS

JCM



aem

WS

CC: ADMIN. SECT.

X 293, Garcia, Samuel A (5735)

HEADQUARTERS
PHILIPPINE ZONE
AMERICAN GRAVES REGISTRATION SERVICE

ELT/cvs*

AFO 797
21 June 1948

CASE HISTORY FOR REMAINS CONSIDERED IDENTIFIABLE

GARCIA, Samuel A., Pvt., 35 896 085
UNKNOWN X-3751, AGRS Mausoleum, Manila, P.I.
(Formerly X-368, Cem. Leyte #1, P.I.)

BASIS FOR DECLARING REMAINS IDENTIFIABLE

1. Place of death of UNKNOWN X-3751, AGRS Mausoleum, Manila, P.I., in agreement with that of Pvt. Samuel A. GARCIA, 35 896 085. (See Incls. 1 and 2).
2. Height of UNKNOWN X-3751 compares favorably with that of Pvt. GARCIA. (See Incls. 1 and 3).
3. Dental chart for UNKNOWN X-3751 in agreement with OJG Form 371 for Pvt. GARCIA. (See Incls. 1 and 3).
4. OJG Form 371 for Pvt. GARCIA has been compared with available data for all other Unknowns from Leyte, P.I., with negative results.
5. It is, therefore, recommended that the remains of UNKNOWN X-3751, AGRS Mausoleum, Manila, P.I. (Hangar 812, Bay 7, Crypt 5735), be redesignated as those of Pvt. Samuel A. GARCIA, 35 896 085.

IDENTITY ACCEPTED. APPROVAL RECOMMENDED: 9 July 1948

Teodoro M. Ronquillo
TEODORO M. RONQUILLO
1st Lt., CMP
O-1 896 440
Member

Ele E. Tyler
ELE E. TYLER
Major, INF
O-324 330
Member

Edward J. Brucher
EDWARD J. BRUCHER
Major, OMC
O-199 445
President, Board of Review

nfm

Interred 26 September 1949
D 13 85 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00359

DATE

15 | 05 | 48
DAY | MONTH | YEAR

1 ✓

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000368		Q	

CEMETERY	DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1	

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		6175	PHILIPPINE ISLANDS	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
(Maus No.) UNK X-368 UNK X-3751				27 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		ALBION H McLELLAN JR Embalmers NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

2 Maus Tags show - UNK X-3751

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.

27 OCT 1949
RECEIVED
BACH
MEM. RV.

RECORD OF CUSTODIAL TRANSFER

FROM		AGNS Mausoleum		TO		Port McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER		<i>[Signature]</i>	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		20 SEP 1949		20 SEP 1949		1949	
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	
8. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
9. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

PORT MC KINLEY CEMETERY
 (OF CONVEYANCE TO BE LIVE CENTER)
 NAME OF CONVOYER
 SIGNATURE OF SHIPPER
 DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 Sept 1949

Date

SUBJECT: Unidentified Remains

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

The records pertaining to Unknown X- 368, Plot _____,
Row _____, Grave 6175, 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. McNemar
Captain, CMC
Chief, Records Branch

Atch: Form 1044

3 Oct. 49 OQMG
Available from
presently
available

H. A. Fields, ID
7 Oct. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3751 (Formerly Unk X-368 Leyte #1)				2. DATE OF REPORT 12 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	W	5735	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4½"	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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)

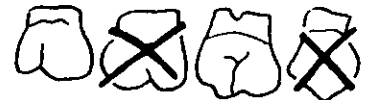
NONE

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

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



RIGHT								LEFT											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
<i>Impacted</i>								P	P	P	P	<i>Impacted</i>							
Side Views								Side Views											
UPPER								UPPER											
LOWER								LOWER											
<i>Impacted</i>								P	P	P	P	X	A	<i>Impacted</i>					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				

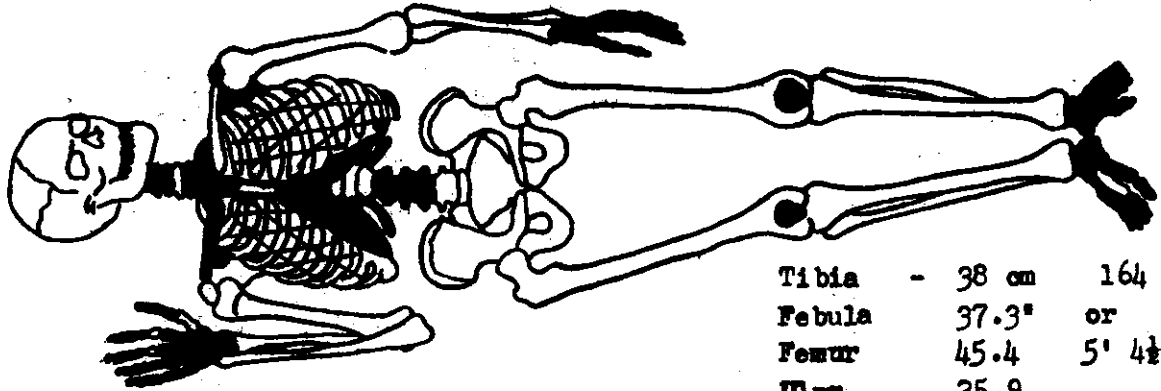
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

James J. McDermott
JAMES J. McDERMOTT
Laboratory Officer

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia	- 38 cm	164 cm
Febula	37.3"	or
Femur	45.4	5' 4 1/2"
Ulna	25.9	
Humerus	31.1	
	<u>177.7</u>	

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 - 4 1/2 lbs.
 Circumference of skull - 19 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

SIGNATURE

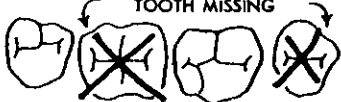

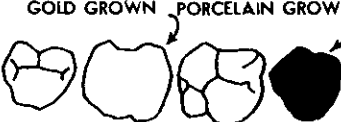



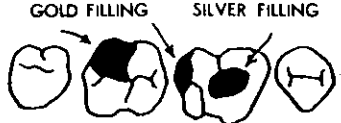

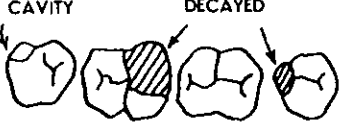

James J. McDermott

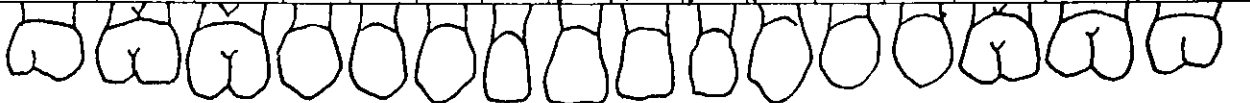



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3751 (Formerly UNK X-368 (USAF Cemetery #1, Leyte, P.I.)				2. DATE OF REPORT 13 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5735	7. DATE OF DISINTERMENT 22 Dec 47	REINTERMENT 14 Feb 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4 $\frac{1}{2}$ "	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 - Skeletal chart and tooth 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 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>Impacted</i>								<i>Impacted</i>							
SIDE VIEWS																
TOP VIEWS																
																
SIDE VIEWS																
	<i>Impacted</i>								<i>Impacted</i>							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

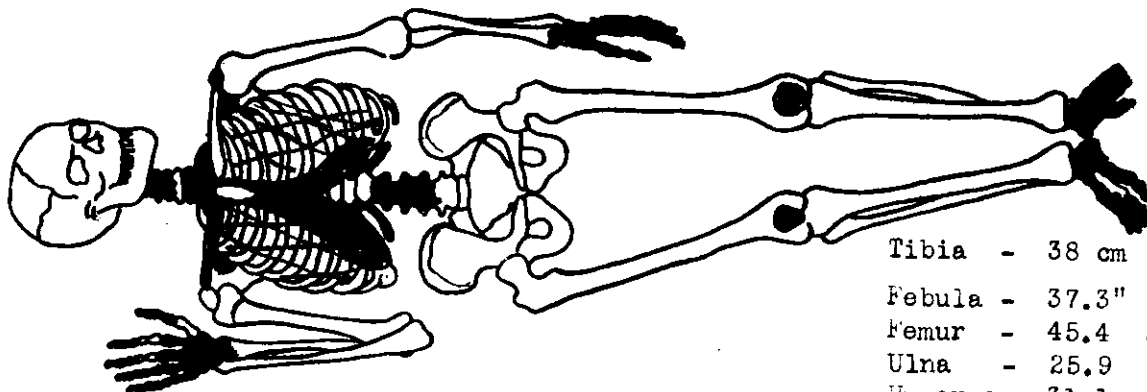
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY
J. D. Gamboa
 G. T. GAMBOA
 2d Lt MSC

s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT COVERED

3751



Tibia	-	38 cm	164 cm
Fibula	-	37.3"	or
Femur	-	45.4	5' 4 $\frac{1}{2}$ "
Ulna	-	25.9	
Humerus	-	31.1	
		<hr/>	177.7

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 of remains 9 lbs. Skull is 19 inches in circumference. The physical height is approximately 5 ft and 4 $\frac{1}{2}$ inches.

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/ CLEMENT G. SWAN Emb Sr Ung C-064862
CIP Laboratory, Manila, P.I.

SIGNATURE
s/ Clement G. Swan

REPORT OF DISINTERMENT FOR IDENTIFICATION

5 Apr 48

1. Remains of (Name)

Serial Number

UNKNOWN 1368

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

1000 1000 1000, D.F.

1177

2. Date of Disinterment

Time of Day

April 2, 1948

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original body in steel casket buried in concrete vault. Body found in casket with no signs of decomposition.

4. What Identification Found at Time of Disinterment: On Marker

None

On Remains

None

What Identification Used Upon Reinterment: On Marker

None

On Remains

None

5. Signature of Officer Supervising Disinterment and Reinterment.

James H. Johnson
James H. Johnson, Major, TC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are X teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws (the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

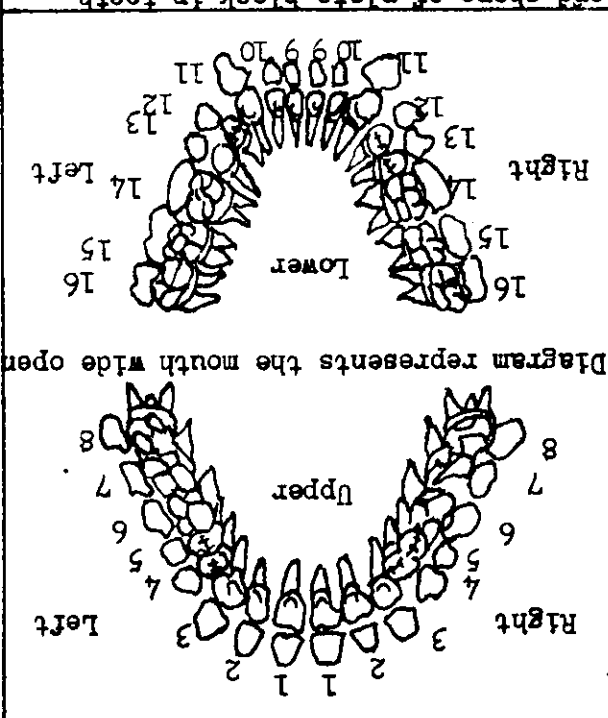
Missing Teeth
Tooth Missing
Tooth Missing

Crowned Teeth
Gold Crown
Porcelain Crown

Bridgework
Gold & Porcelain Bridge
Gold Bridge

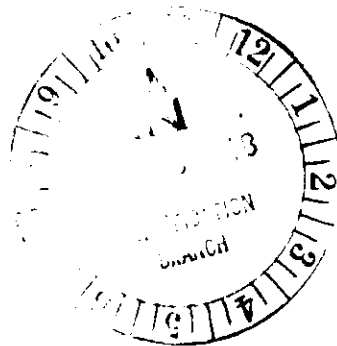
Fillings
Silver Filling
Gold Filling
Gold Filling

Caries (Cavities)
Cavity
Decayed
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



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-368 UNKNOWN X-3751 (USAF Cemetery #1, Leyte, P.I.))				2. DATE OF REPORT 13 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5735	7. DATE OF DISINTERMENT REINTERMENT 22 Dec 47 14 Feb 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4 1/2"	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 - Skeletal chart and tooth 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?
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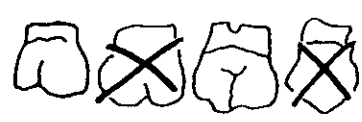
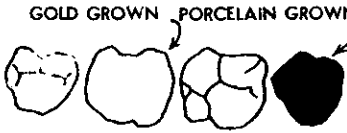



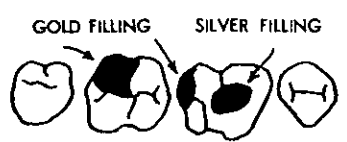

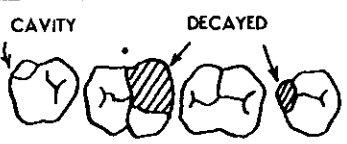

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

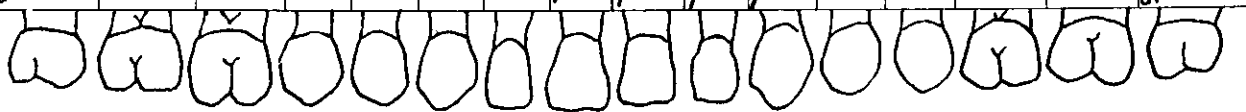
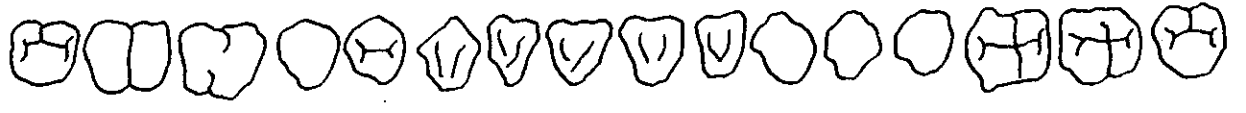


NONE

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

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>Impacted</i>								<i>Impacted</i>							
SIDE VIEWS																
TOP VIEWS																
LOWER																
SIDE VIEWS																
	<i>Impacted</i>								<i>Impacted</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."

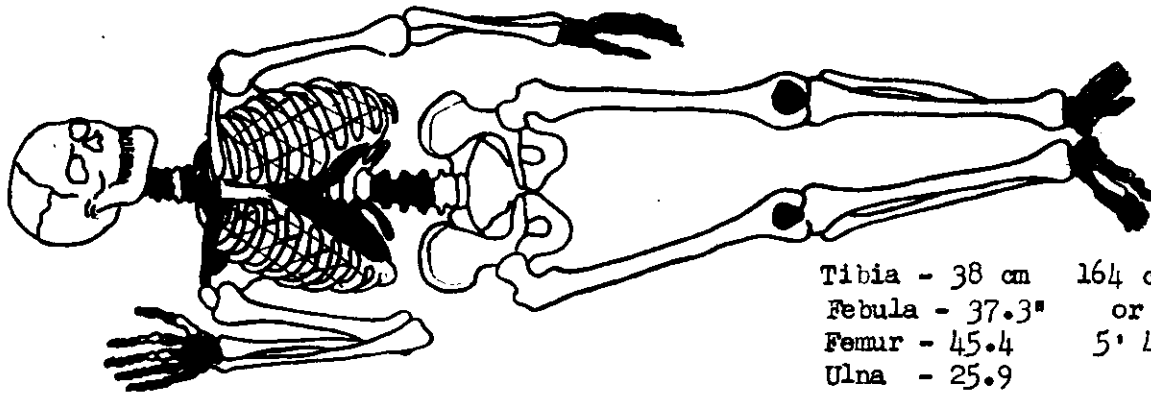
CERTIFIED TRUE COPY:

/s/ G. T. Gamboa
/t/ G. T. GAMBOA
2d Lt., MSC

s/ Joseph D. Murphy T/5

A TRUE COPY:
Handwritten signature
FLEE L. TYLER
Major, IIF

19. BLACK OUT PARTS OF BODY NOT COVERED



Tibia - 38 cm	164 cm
Febula - 37.3"	or
Femur - 45.4	5' 4½"
Ulna - 25.9	
Humerus 31.1	
	<u>177.7</u>

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

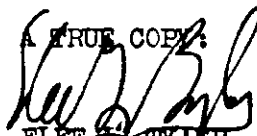
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI burial bottle, I.D. tags, personal effects or other means of identification received with remains. Estimated weight of remains 9 lbs. Skull is 19 inches in circumference. The physical height is approximately 5 ft and 4½ inches.

CERTIFIED TRUE COPY:

/s/ G. T. Gamboa
/t/ G. T. GAMBOA
2d Lt MSC

A TRUE COPY:

ELMER E. TYLER
Major, INF

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 Laboratory, Manila, P.I.

SIGNATURE

s/ Clement G. Swan

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

5 Jan 48

1. Remains of (Name)

UNKNOWN X-368

Serial Number

Grade

Organization

.Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

6175

2. Date of Disinterment

1430 hrs 22 Dec 47

Next of kin:

- - -

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in shleter halve burial. Skeletal remains, complete.
Sub tags on remains and on marker coincide with ROI on file.

A TRUE COPY:

Elee L. Tyler
ELEE L. TYLER
Major, INF

4. What Identification Found at Time of Disinterment: On Marker

Original Tag

On Remains

Sub Tag

~~What Identification Used Upon Reinterment: On Marker~~

None

On Remains

Held for concentration

5. Signature of Officer Surpervising Disinterment and Reinterment:

/s/ James H. Jackson
/t/ JAMES H. JACKSON, MAJOR, TC

CERTIFIED TRUE COPY:

/s/ G. T. Gamboa
/t/ G. T. GAMBOA, 2d Lt MSC

Dec 4

RESTRICTED

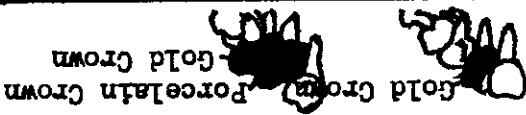
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



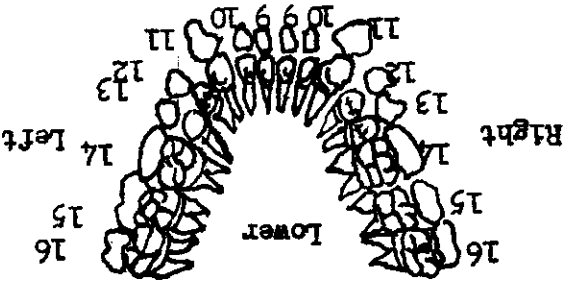
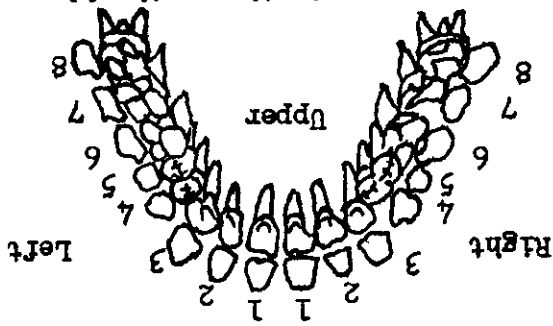
Caries (Cavities)



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

Diagram represents the mouth wide open



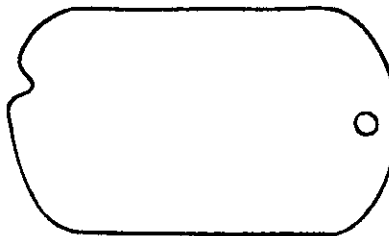
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Mar 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3751 (Formerly UNK X-368
USAF Cemetery #1, Leyte, 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

Vicinity of Limon,
Leyte, P.I.

CAUSE OF DEATH

KIA

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 used, all 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

RECORDS BRANCH
JUN 22 2 42 PM '48
HEADQUARTERS
HEADQUARTERS

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSGLEUM, MANILA, P. I.

DATE OF BURIAL	HOUR	BURIED IN STORED (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Feb 48	1300	Casket	None	812	W	5735

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery #1, Leyte, P.I.			6175

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-3752				5736

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3750				5734

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
V. C. AQUINO T/5 QMC	L-S PANOPIO, 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.

353

Section UNIDENTIFIED REMAINS

INSTRUCTIONS:


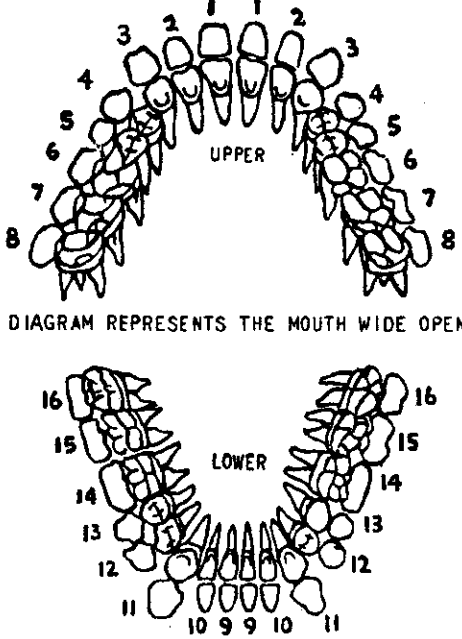




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

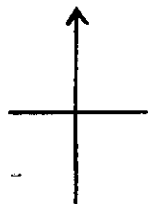
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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 1044, 1044-A and 1044-B accomplished.

12 MAY 1948

RESTRICTED

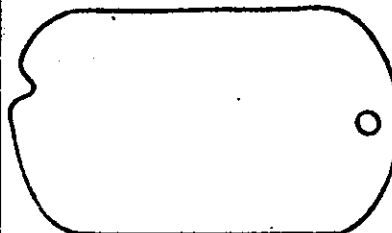
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Mar 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3751 (Formerly UNK X-368 USAF Cemetery #1, Leyte, 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 Vicinity of Limon Leyte, P.I.	CAUSE OF DEATH KIA	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

L. TRUE COPY
Major, INF

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 14 Feb 48	STORAGE HOUR 1300	BURIED IN (Shroud, blanket, or name of casket) Stored Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. 5735
-----------------------------	----------------------	---	------------------------------	-----------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Leyte, P.I.	PLOT No.	ROW No.	GRAVE No. 6175
--	--	----------	---------	-------------------

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) Stored UNKNOWN X-3752	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 5736
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-3750	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 5734

SIGNATURE OF PERSON PREPARING REPORT /s/t/ V. C. AQUINO, T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ L. S. PANOPPIO, 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

Incl 2

Section UNIDENTIFIED REMAINS


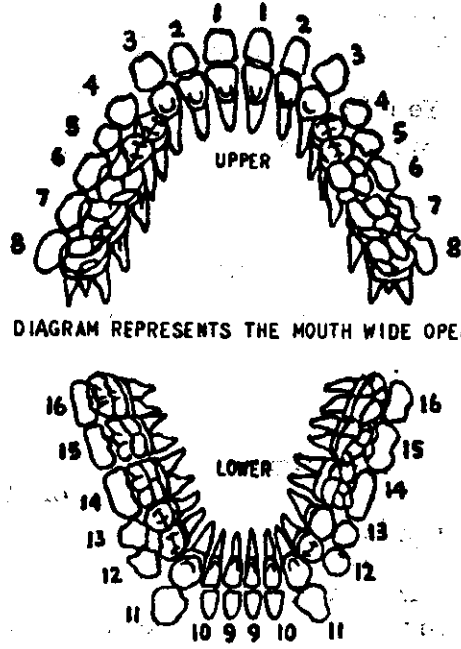



INSTRUCTIONS:

(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.

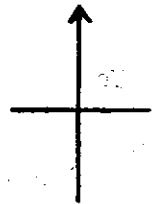
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at 10ft, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT LITTLE FINGER			
RIGHT RING FINGER			
RIGHT MIDDLE FINGER			
RIGHT INDEX FINGER			
RIGHT THUMB			

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



REMARKS:

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

RESTRICTED

1st

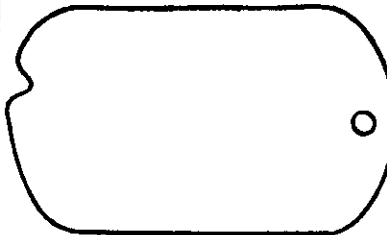
6175 0-952

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

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

DATE OF REPORT
14 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-368		SERIAL No. -
GRADE -	ORGANIZATION -	BRANCH OF SERVICE -
RACE -	RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of: Limon, Leyte, P.I.	CAUSE OF DEATH KIA	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
Incl 624
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.
12 Jan 46	1500	shelter halve	Reg Cross			6175

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., scale 1:250,000, sheet 3 of 5 sheets Coord: 1310.2-136.5	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
---------------------------------	-------------------------------------	---

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) WOODRUFF, QUENTON C.	RANK -	SERIAL No. 38528748	ORGANIZATION -	GRAVE No. 6174
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) HINES, ELDON RUSSELL	RANK S 1c	SERIAL No. 894 27 24	ORGANIZATION USNR	GRAVE No. 6176

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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


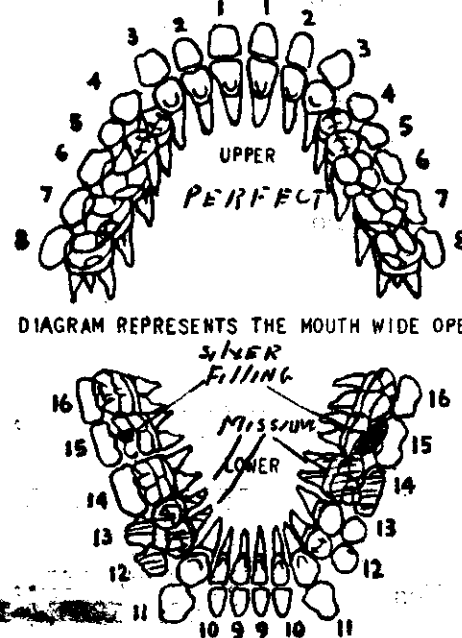





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

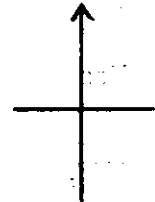
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial covered with 1 ft. of dirt
-----------------------	---------------	---

OTHER IDENTIFICATION CLUES **East of Limon, Leyte, P.I.**

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

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.

RESTRICTED

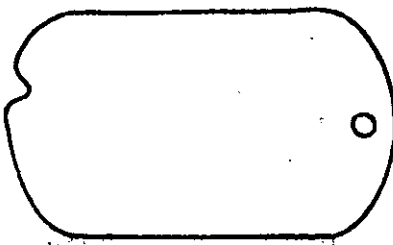
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-368		SERIAL No. -
GRADE -	ORGANIZATION -	BRANCH OF SERVICE -
RACE -	RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of: Lincoln, Leyte, P.I.	CAUSE OF DEATH KIA	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

A TRUE COPY
MAJOR, T-1
JF

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 12 Jan 46	HOUR 1500	BURIED IN (Shroud, blanket, or name of cloth) Shelter Halve	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 6175
-----------------------------	--------------	--	-----------------------------------	----------	---------	-------------------

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., scale 1:250,000 sheet 3 of 5 sheets Coord: 1310.4-136.5	PLOT No. Isolated burial	ROW No.	GRAVE No.
--	---	-----------------------------	---------	-----------

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) WOODRUFF, QUENTON C.	RANK -	SERIAL No. 38528748	ORGANIZATION -	GRAVE No. 6174
--	-----------	------------------------	-------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) HINES, ELDON RUSSELL	RANK S lc	SERIAL No. 894 2724	ORGANIZATION USNR	GRAVE No. 6176
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SIGNATURE OF PERSON PREPARING REPORT /s/t/ CHARLES W. HALLOCK, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ WILLIAM D. ROGERS, 1st Lt., Inf
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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

Serial 5

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 ISOLATED BURIAL COVERED with 1 ft of dirt. East of Limon, Leyte, P.I.
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OTHER IDENTIFICATION CLUES

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 PRE CLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.