

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 unkl keyte #1 X-369
SUBJECT	also manila maus X-3782 ✓

QMC FORM 1121
1 Aug 45

AIRMAIL

373 West Park...
see list...

44-285
War Post

3 February 1950

Subject: Identification of World War II deceased

To: Commanding Officer
American Graves Registration Service
Philcoa Camp
APO 907, c/o Postmaster
San Francisco, California

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

3260

Unknown	1-3680	(formerly	1-110,	Leyte	1)
"	1-3421	"	1-160,	"	"
"	1-3513	"	1-182,	"	"
"	1-3416	"	1-202,	"	"
"	1-3361	"	1-206,	"	"
"	1-3365	"	1-213,	"	"
"	1-3299	"	1-228,	"	"
"	1-3349	"	1-230,	"	"
"	1-3359	"	1-227,	"	"
"	1-3400	"	1-220,	"	"
"	1-3442	"	1-240,	"	"
"	1-3348	"	1-388,	"	"
"	1-733,	Leyte	1	(formerly	LYNS, 1.)
"	1-4440,	AGRS	Mausoleum,	Manila,	P.I.
"	1-4864,	AGRS	Mausoleum,	Manila,	P.I.
"	1-8100,	"	"	"	"
"	1-3405-	(formerly	1-532,	Leyte	1)

2. Subject cases have been reviewed and this office approves the classification of the above listed unknowns as "Identifiable."

Very truly yours,
[Signature]

cc-Administrative Section
cc-Info

Lt. Colonel, AGC
General Division

Vertical handwritten notes on the right margin, including a large 'D' and other illegible characters.

AIRMAIL

100-204

AMM 200
5 January 1950

100-204 Unidentifiable remains

The Quartermaster General
Department of the Army
Washington 25, D. C.
AMM, Memorial Division

1. In accordance with the provisions of your letter, file 100-204 293, AM (Par List), dated 17 September 1946, subject: Resolution of Cases of Unidentified Deceased, the following Unknown Remains, presently stored at 4000 Benning, Manila P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

100-204	100-713	ayte / 1	100-204	100-3425-A	AMM main
	X-3260	" "		X-3418	" "
	X-3269	" "		X-3421	" "
	X-3318	" "		X-3782	" "
	X-3338	" "		X-4108	" "
	X-3339	" "		X-4140	" "
	X-3361	" "		X-4364	" "
	X-3365	" "		X-5001	" "
	X-3382	" "		X-6100	" "
	X-3400	" "			

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

Very truly yours,

100-204
AMM Form 1044 w/ certificates
of unidentifiability

1st Lt. Infantry
Adjutant

1 ✓		Interred 26 January 1950 F 13 12 Ft. McKinley <i>Caremark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00360		DATE 15 05 48 DAY MONTH YEAR
NAME <u>UNKNOWN</u>		SERIAL NUMBER <u>X-000369</u>	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY <u>USAF CEMETERY LEYTE NO 1</u>				0	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		6178	PHILIPPINE ISLANDS		6
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME UNK X-369 (Maus No) UNK X-3782		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY ROBERT 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-3782					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 27 Sept 48		BY ROBERT F. STEVENSON			
CASKET SEALED BY ROBERT F. STEVENSON			EMBALMER (Signature) <i>Robert F. Stevenson</i> ROBERT F. STEVENSON		
CASKET BOXED AND MARKED 27 Sept 48 DATE BY			SHIPPING ADDRESS VERIFIED BY HORACE L ALLISON Sgt., Inf		
			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.					
			<i>Honorio V. Aurelio</i> HONORIO V. AURELIO, 1st Lt., Inf SIGNATURE OF GRS INSPECTOR		
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS Mausoleum

TO

Fort McKinley Military Cemetery

KIND OF CONVEYANCE

Truck

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

Edward R. Smith
JAN 21 1950

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 STRAITIVE (MILITARY)

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

PORT MC KINLEY CEMETERY

8. 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

HEADQUARTERS
PENTAGON
AMERICAN GRAVES REGISTRATION SERVICE

4 January 1950

Date

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

The records pertaining to Unknown X- 369, Plot _____, Row _____, Grave 6173, USMC USAF Gen Leyte #1, P.I., 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. MCNEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 OQMG
Not identifiable from
information presently
available *Robert W. Miller*

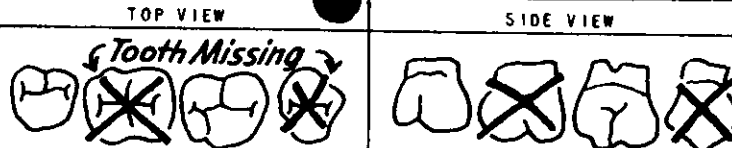
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-369 USAF Cem UNKNOWN X-3782 Leyte #1, P.I.)				2. DATE OF REPORT 4 January 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT Hanger 312	5. ROW Bay W	6. GRAVE Crypt 5763	7. DATE OF DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6'6/8"		10. COLOR OF HAIR UTD		11. RACE UNK
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						

18.

TOOTH CHART

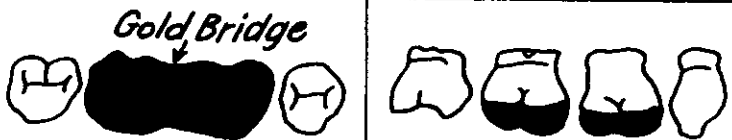
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



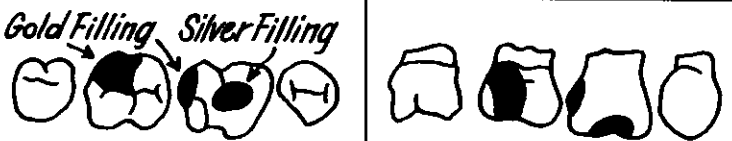
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



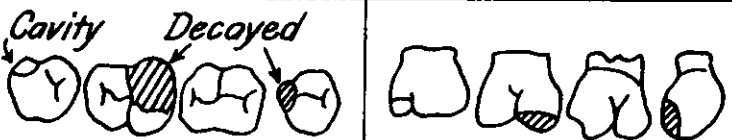
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
A	O	A			X	X	X	X	X				A		O
o	o	o											o		o
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
	A	X	X			X	X	X	X			X	A	X	O
	o											o			o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

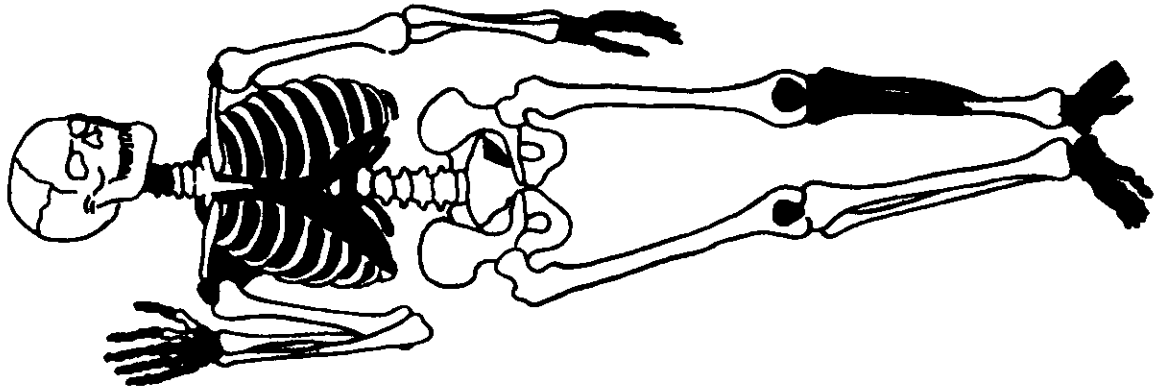
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxillary teeth L3, mandibular teeth R10, R11, L11 shows sign of attrition.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 ID tags, burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains - 5 lbs.

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

RESTRICTED

1jt

6178

U-953

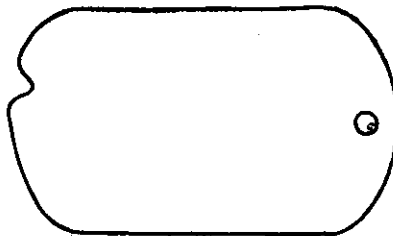
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

15 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-369

SERIAL No.

-

GRADE

-

ORGANIZATION

-

BRANCH OF SERVICE

-

RACE

-

RELIGION

-

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Pilar, Ponson Island

CAUSE OF DEATH

KIA

DATE OF DEATH

Native Information
December 1944

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

And 625
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

12 Jan 46

HOUR

1100

BURIED IN (Shroud, blanket, or name of other)

shelter halve

TYPE OF GRAVE
MARKER

Reg Cross

PLOT No.

ROW No.

GRAVE No.

6178

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 sheets

scale 1:250,000 Coord: N1036-E1245/1(1307.0-1308.0) Isolated burial

PLOT No.

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)

CLAY, Lois

RANK

T/5

SERIAL No.

38639682

ORGANIZATION

Hqs, Base K

GRAVE No.

6177

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

HERT, BRICH

RANK

-

SERIAL No.

-

ORGANIZATION

*

GRAVE No.

6179

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.

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.


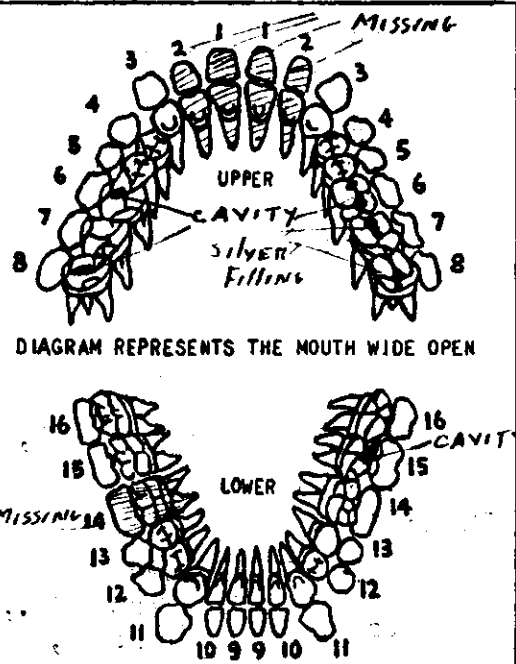





(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

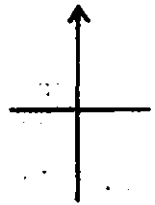
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial found 70 yds fr Pier, 25yds fr Ocean line, 1 1/2 ft deep, Pilar, Ponce, Is

OTHER IDENTIFICATION CLUES

**IDENTIFICATION TAGS TURNED OVER TO A MAJOR STRICK, ROOM 26,
LOCATED IN MAYAG, LITTLE, P.I., ON OR ABOUT 2 JAN 45,
ACCORDING TO INFORMATION RECEIVED FROM SCHOOL TEACHER,
ESPERANZA, PONSON IS., P.I.**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>MISSING</p> <p>UPPER CAVITY</p> <p>SILVER FILLING</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER CAVITY</p> <p>MISSING</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>	

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.