

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Hick-Leyte #1 (misc)*  
*X-12      X-31      X-38*

## SYNOPSIS AND DATES

NEW CLASSIFICATION

*misc filed*  
*293 Hick-Leyte #1*  
*X-12*

# RECLASSIFICATION SHEET

**AIRMAIL**

**RESTRICTED**

FORM 295  
GDS Far East

19 September 1949

*(Bl. M...)*

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

**TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGDS, MILCOM 2-33**

*X 293 Miss*

1. Reference is made to Proceedings of the Field Board of Review recommending the following identifications:

Unknown X-3682, AGDS Mausoleum (Formerly X-38, Leyte) as  
FARRENDER, Anthony W., SS 102 810

Unknown X-3782, AGDS Mausoleum (Formerly X-84, Leyte) as  
SMALL, William F., 12 055 037

Unknowns X-3427, (Formerly X-197, Leyte), X-3316, (Formerly X-198, Leyte),  
X-3688 (Formerly X-84, Leyte), X-3538 (Formerly X-38, Leyte), X-3690-A  
(Formerly X-26, Leyte), X-3691 (Formerly X-37, Leyte) as the recoverable  
remains of the remaining known deceased group.

BERRY, Willard F.	56 170 269
CRAVING, Harvey	20 904 480
DREKAR, John	59 888 888
ELIAS, Harry W.	58 816 680
KRYDZANOWICZ, Anthony W.	58 170 424
McKENNEY, Howard A.	56 102 928
MULASAL, Joseph	12 055 287
PEACH, Billy J.	56 122 857
ROBERTS, Neiland J.	31 078 240
SCHLEIBER, Earl H.	57 162 888
SINNY, John	20 826 348
SICZEMNY, Walter J.	56 333 190
TOOLEY, Bob	56 108 108
TOWN, William F.	55 102 669

2. Results of investigations in this Office reveal that there is insufficient evidence to indicate that the unknowns are conclusively established as being associated with subject accidents.

3. Lack of physical and dental information precludes any possibility of individual identification.

**RESTRICTED**

**AIRMAIL**

**AIRMAIL**  
RESTRICTED

QUART 293

19 September 1949

US Far East

SUBJ CT: Identification of World War II Deceased

4. Proceedings referred to in paragraph 1, above, are returned herewith, disapproved.

FOR THE ASSISTANT CHIEF OF STAFF:

3 Incls

1. Bd Proceedings  
(Paughander)
2. Bd Proceedings (odall)
3. Bd Proceedings (Group)

T. S. MEYE  
Lt. Colonel, (MC)  
Memorial Division

FEB

YED

J. R. Halliwo  
Salsar  
JW

cc-Administrative Section  
Salsar  
JK

cc-Administrative Section  
cc-Winif

**AIRMAIL**

**SECRET**  
**TOP SECRET**

**18 November 1950**

**SUBJECT: Identification of Radio Map H Document**

**To: Commanding Officer  
American Forces Registration Service  
Wilson Way  
APO 980, c/o Postmaster  
San Francisco, California**

**In reference is made to the following unknown numbers now stored  
at AFSS Macomb, Seattle, Texas:**

Unknown Number	Security Unknown	Radio Map H	Radio Map H
* <del>2-2000</del>	* *	* 2-20	* *
* <del>2-2001</del>	* *	* 2-21	* *
* <del>2-2002</del>	* *	* 2-22	* *
* <del>2-2003</del>	* *	* 2-23	* *
* <del>2-2004</del>	* *	* 2-24	* *

**It is noted that these have been reviewed and this office approves the  
classification of the above listed unknowns as unidentifiable.**

**FOR THE CHIEF OF STATION GENERAL**

**J. H. Miller**

**Chief**

**AS**

**Administrative Section  
PO-100**

**7. 2. 2571  
The Colonel, USA  
Military Division**

**200**

**200**

*File  
10 Aug 50  
A. H. Brown*

GRPZ 293

APO 900  
25 October 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 QMGU 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-729	Leyte #1	UNKNOWN	X-3691	AGRS	Malm	
"	X-3316	AGRS	Malm	"	X-3692	" "	
"	X-3427	"	"	"	X-3752	" "	
"	X-3688	"	"	"	X-4158	Manila #2	
"	X-3690-A	"	"	"	X-4790	AGRS	Malm

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

FOR THE COMMANDING OFFICER:

11 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

QMGT 293  
GRS Far East

19 September 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 Proceedings of the Field Board of Review recommending the following identifications:

Unknown X-3692, AGRS Mausoleum (Formerly X-38, Leyte) as  
FAUCHENDER, Anthony E., 35 102 810

Unknown X-3752, AGRS Mausoleum (Formerly X-84, Leyte) as  
GODALL, William F., 12 055 037

Unknowns X-3427, (Formerly X-197, Leyte), X-3316 (Formerly X-198, Leyte)  
X-3688 (Formerly X-34, Leyte), X-3689 (Formerly X-35, Leyte), X-3690-A  
(Formerly X-36, Leyte), X-3691 (Formerly X-37, Leyte) as the recoverable  
remains of the remaining known deceased group:

BORTZ, Willard F.	36 170 269
CRAWFORD, Harvey	20 904 460
HEBMAN, John	39 383 388
ISHAM, Harry W.	36 516 680
KRYZANAUCKAS, Anthony W.	33 170 424
McKINNEY, Howard A.	35 102 826
MULASKI, Joseph	12 055 237
PEACE, Billy J.	35 122 857
ROBERTS, Holland J.	31 078 240
SCHLEGEL, Earl N.	37 163 585
SIRCY, John	20 525 342
SZCZESNY, Walter J.	36 333 190
TOOLEY, Bob	35 103 105
TOON, William T.	35 102 569

2. Results of investigations in this Office reveal that there is insufficient evidence to indicate that the Unknowns are conclusively established as being associated with subject decedents.

3. Lack of physical and dental information precludes any possibility of individual identifications.

QMOMT 295

19 September 1949

GRS Far East

SUBJECT: Identification of World War II Deceased

4. Proceedings referred to in paragraph 1, above, are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

3 Incls

1. Bd Proceedings  
(Faughender)
2. Bd Proceedings (Godall)
3. Be Proceedings (Group)

T. H. METZ

Lt. Colonel, OMC  
Memorial Division

/bpm

Interred 23 March 1950  
L 7 71 Ft. McKinley

1

*Carl R. H. Mark* DISINTERMENT DIRECTIVE

**CARL R. H. MARK**  
Cemetery Superintendent

DIRECTIVE NUMBER

7740 00038

DATE

15 | 05 | 48  
DAY | MONTH | YEAR

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000038 0 0

DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY LEYTE NO 1

0 7701 | 80  
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY

916 PHILIPPINE ISLANDS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FT. MCKINLEY NATIONAL CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-38

UNK X-3692 (Maus)

27 Sept. '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

ROBERT F. STEVENSON

Embalmer 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 /

2 tags Mausoleum UNK X-3692

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

EMBALMER (Signature)

ROBERT F. STEVENSON

ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept '48 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

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



Unknown P.I. X-38 (Leyte #1)

////// 10th/<sup>W</sup> Inc.

7 May 1947

CG, Philippine-Ryukyus Command, APO 707, c/o PM  
San Francisco, Calif.

Unknown P.I. (Misc) (Leyte#1) (X-12,31,38)

rtb

X-38

10-10-1991

10-10-1991

10-10-1991

10-10-1991

293

Unknown X-38 P.I. (Layte #1)

7-26-66

Letter

From:

H. MCG

TO:

GJ, Sp. Upton, N.Y.

Re:

Identification of Unknown Deceased.....

293 Unknown (Misc.) P. I. Layte #1

v1

FILE UNDER NO. 293 - Unk. K-38 F. I. (Leyte #1)

I N D E X   S H E E T

S Y N O P S I S

Letter

23 Jul 1954

FROM: OSMG  
TO: CGAF Western Pac. Area, APO 407, c/o [unclear]  
FOR: Chief, American Cr. Reg. Division

SUBJ: Identification of Unk. Downed.

DOCUMENT FILED UNDER NO. 293 -- Unk. (Misc.) [unclear]

t.h

293 Unk X -98 P. I. (Leyte #1)

Letter

20 Unn 46

FROM: ASP, O CH  
TO: CO, Ft. Jay, N. Y.  
ATTN: Post Surgeon

SUBJ: Identificat on of Unk. D G.

Jan 293 Unk. (Misc) P.I. (Leyte #1)

1.1

UNKNOWN SUBJECT: ~~SECRET~~ Unknown N-38 ~~SECRET~~ (Leyte #1)

U.S. DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

Name

14 Aug 1946

NO. 1  
101

OFFICE: Adjutant Gen.  
100, 100th Airborne Div., 3d Lt., 100th Avn. Co.

NO.

100th Airborne Div., 100th Avn. Co., 100th Avn. Co.

UNKNOWN SUBJECT: ~~SECRET~~ (Leyte #1) ~~SECRET~~ (Leyte #1)

P.F.

NO.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILIPPIN ZONE

14 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 38, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 916, USMC USAF Gen. Manila #2 *Waylett #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:

*[Handwritten Signature]*  
J. P. MENDHAM  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

*5 Nov 49*  
Information presently  
available *15 Nov 49*  
*True*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3692 (Formerly UNK X-38 Leyte #1)</b>	2. DATE OF REPORT <b>20 Oct 1949</b>
---	---

3. NAME OF CEMETERY  <p align="center"><b>AGRS Mausoleum, Manila, P.I.</b></p>	4. PLOT  <p align="center"><b>812</b></p>	5. ROW  <p align="center"><b>U</b></p>	6. GRAVE  <p align="center"><b>5455</b></p>	7. DATE OF DISINTERMENT    REINTERMENT	

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <p align="center"><b>U T D</b></p>	9. ESTIMATED HEIGHT <p align="center"><b>U T D</b></p>	10. COLOR OF HAIR <p align="center"><b>U T D</b></p>	11. RACE <p align="center"><b>Unknown</b></p>
---	---	---	--

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**









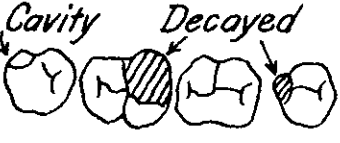

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)





**N O N E**

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



	TOP VIEW	SIDE VIEW
<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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

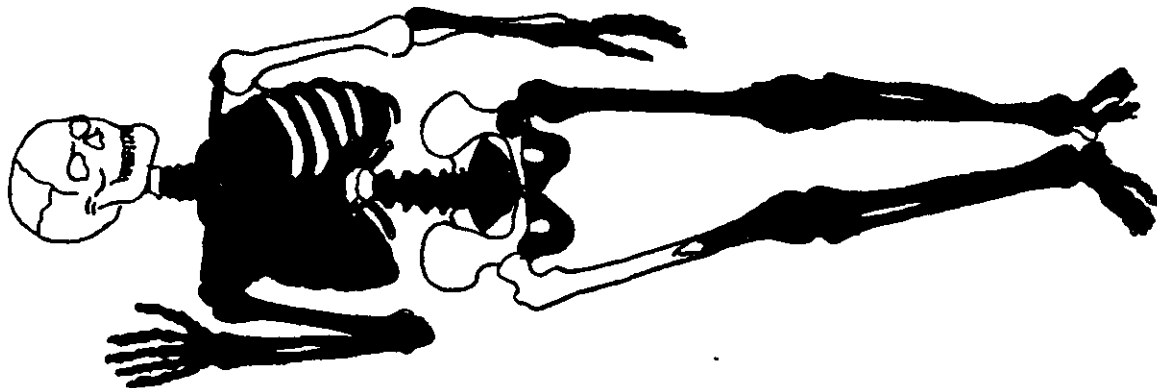
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views																
Top Views																
																
Side Views																
			X	X											X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

"UNIDENTIFIABLE"

PAUL R NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 3lbs.  
Circumference of skull - 20 inches.

**"UNIDENTIFIABLE"**  
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

SIGNATURE

**PAUL R NICHOLS**  
Chief, Identification Section

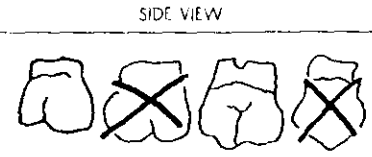
## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3692 (Formerly UNK X-38 USAF Cem Leyte #1, P.I.)						2. DATE OF REPORT 11 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT 812	5. ROW U	6. GRAVE 5455	7. DATE OF DISINTERMENT 31 Dec 47	REINTERMENT 11 Feb 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT U. T. D.		9. ESTIMATED HEIGHT Most			10. COLOR OF HAIR U. T. D.		11. RACE U. T. D.	
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. - 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Most bones fractured						
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								

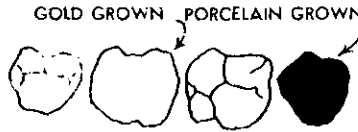
18.

TOOTH CHART

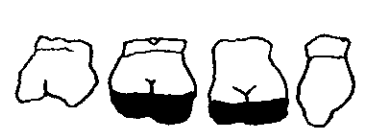
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS; SHOULD BE "X" TO OUT AND LABELED THUS:



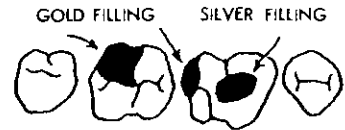
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN). THUS:



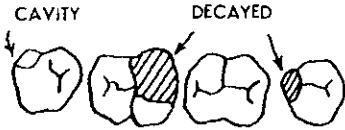
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
SIDE VIEWS															
UPPER															
TOP VIEWS															
LOWER															
SIDE VIEWS															

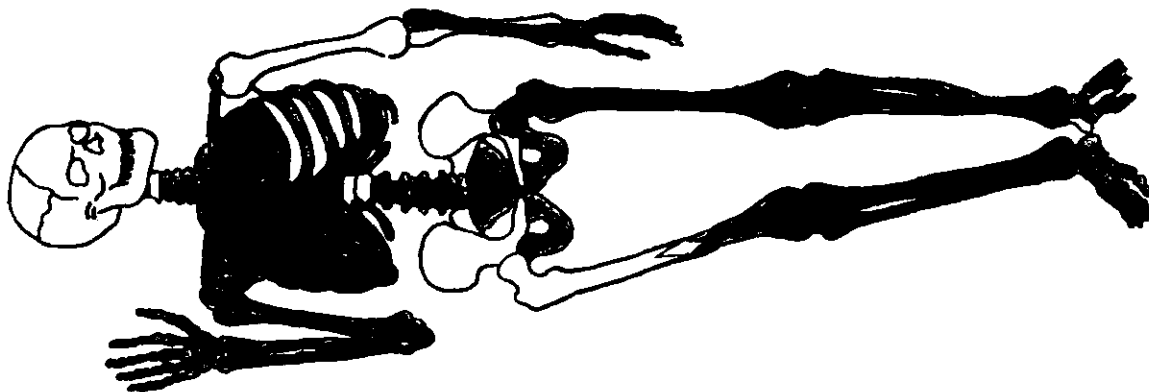
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

G. T. Galboa  
G. T. GALBOA  
2d Lt., USC

/s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I. D. tags, ROI bottle or other means of identification found with remains. No personal effects found. Circumference of skull in inches - 20". Estimated weight of remains - 3 lbs.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2d Lt., NSC

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/ ROBERT F. STEVENS  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F. Stevens

REPORT OF DISINTERMENT FOR IDENTIFICATION

13 Jan 48

1. Remains of (Name)

UNKNOWN AMERICAN SOLDIER-38

Serial Number

Grade

Organization

149th Inf. Regt 38 Div.

Name, Number and Location of Cemetery

Plot

Row

Grave No.

U.S. Cemetery Leyte #1, P.I.

916

2. Date of Disinterment

31 Dec 47

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

Original/made in shelter halve burial. Skeletal remains. Tag on marker coincides with ROI on file.

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

Substitute ta

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

DATE \_\_\_\_\_

LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.

UNIT \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

PLACE OF BURIAL \_\_\_\_\_

PLOT \_\_\_\_\_

ROW \_\_\_\_\_

GRAVE NO. \_\_\_\_\_

	RIGHT								UPPER TEETH				LEFT																					
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																		
TYPE	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																																	TYPE
LOCATION	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																																	LOCATION

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT																					
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																		
TYPE	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																																	TYPE
LOCATION	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
---	--	---

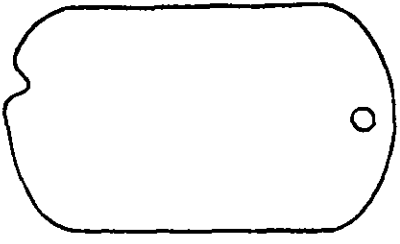
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

21 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE  		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-3692 (Formerly UNK X-38) USAF Cemetery Leyte #1, P.I.)		SERIAL NO. Unknown		
GRADE Unknown		ORGANIZATION 149 Inf Regt 38 Div		BRANCH OF SERVICE Army		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U.S. DEAD GIVE NAME OF COUNTRY		
PLACE OF DEATH Dulag Area, Leyte, P.I.		CAUSE OF DEATH KIA—shrapnel wounds, multiple		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 2 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSCLEUM, MANILA						
DATE OF BURIAL 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. 5455
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	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. 916
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3693			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5456
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3691			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5454
SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.						





REF  
REPORT OF INTERMENT (FM 10-630 AND AR 30-1815)

**CONFIDENTIAL**

DATE: FEB 23 1945  
38th Div.  
149 Inf Regt.  
(Organization)

ARMOR, LEVIE, P.I.  
(Place of death)  
KIA SHIPPED WOUNDS  
Multiple (Cause of death)

1100 hrs 9 December 1944  
(Time and date of burial)  
RECEIVED  
(Name of cemetery)  
(Name of coordinates of location)

602  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Embossed plate attached to marker

One ID Form #1 placed in sealed bottle and buried with body.  
(If no identification tags, what means of identification are buried with the body?)  
1:50:000  
DISTINGUISHED FROM BEACH AT BIVOUAC BECAUSE MARKED THE TOMB OF AN UNKNOWN.  
(If no identification tags, but identity definitely established, give particulars) 38th Div.

Body buried on RIGHT  
HELMAN, Y. 52  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
149 Inf Regt. 610

Body buried on LEFT  
ARMOR, LEVIE, P.I.  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
18 170 483 Pvt 1st 292 Serv Co.  
(Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None.