

FILE IDENTIFICATION TOPPER

FILE NUMBER

*298 Wink Report #1 X-46 (also from Manila X-366)*

SUBJECT

QMC FORM 1121  
1 Aug 45

QMGMT 293  
GRS Far East  
SUBJECT: Identification of World War II Deceased

8 May 1950

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

Unknown X-1419,	(form. X-66 Finsch #2),	Unit 2,	Page 27	
" X-1543	" X-255 "	" 2,	" 30	
" X-2337	" X-491 Leyte #1	" 2,	" 12	
" X-3660	" X-46 "	" 2,	" 6	
" X-3713	" X-45 "	" 2,	" 6	
" X-4255,	AGRS Mausoleum, Manila, P.I.,	Unit 2,	Page 21	
" X-5051	" " "	" 2,	" 24	
" X-5054	" " "	" 2,	" 24	
" X-5229	" " "	" 2,	" Addition	
" X-5230	" " "	" 2,	" "	

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

W.Eustace:lrc  
Salser

THOMAS E. COX  
Capt QMC  
Memorial Division

JMN

cc--Administrative Section  
cc--Cincfe

JW

*File 50  
10 Aug 50  
Add Person*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GEFZ 293

AFO 900  
15 MAR 1950

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 AGRS Marsolcum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-605, AGRS Mslm		
"	X-1419, " "		
"	X-1543, " "		
"	X-2337, " "		
"	X-3660, " "		
"	X-3713, " "		
"	X-4198, Manila #2		
"	X-4255, AGRS, Mslm		
"	X-5131, " "		

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

FOR THE COMMANDING OFFICER:

9 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
/t/ JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

C  
O  
P  
Y

**BASIC:** Ltr fr WD, OQMG, Wash. 25, D. C., file QMGYG 293, subj:  
Burial Information, dtd 4 November 1946

GSQMM 293 1st Ind. GDE/ecs  
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND,  
PACIFIC THEATER, APO 707, 16 November 1946

**TO :** Quartermaster General, Washington 25, D. C.

In compliance with letter your office, file QMGYG 293, Unknowns X-46, X-48, X-49, X-51 Leyte #1, P.I., subject: "Burial Information," dated 4 November 1946, true copies of tooth charts for subject Unknowns are forwarded herewith.

**FOR THE COMMANDING OFFICER:**

A. L. McCLOSKEY  
Major, OMC  
Executive Officer

4 Incls:  
True copies of tooth charts  
for Unkns. X-46  
X-48  
X-49  
X-51

A.

293 Unknown (QMGYG), P.I. (Leyte #1)

RECEIVED  
NOV 17 1946

BASIC: Ltr fr Hq AFWESPAC, file GSQAM 704.5, dtd 13 Oct 45, subject:  
Casualty Information. (Shoup, Charles E., Pfc., 13039708)

AG 704.5 (13 Oct 45) AG-PC

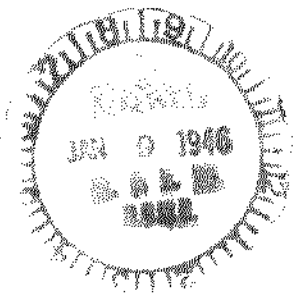
5th Ind.

GENERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC, APO 500, 3 January 1946.

TO: Quartermaster General, Washington 25, D. C.

For the Commander-in-Chief:

LESTER SMITH  
Captain AGD  
Asst Adj Gen



Q:GYG 293  
Unknowns X-46, X-48  
X-49, X-51  
Leyte #1, P. I.

4 November 1946

SUBJECT: Burial Information.

TO : Commanding General, U. S. Army Forces, Western Pacific,  
(Manila), APO 707, c/o Postmaster, San Francisco, California.

1. Reference is made to Reports of Reinterment for Unknowns X-46, X-48, X-49 and X-51, Case No's. 9577, 9575, 9574 and 9572, respectively, interred in Leyte #1, graves 1195, 1197, 1324, and 1329. Notation on Reports states tooth charts are attached.
2. Inasmuch as subject charts were not received in this office it is requested that copies thereof be forwarded at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Assistant

/mrl

/drs

Interred 23 Marc 950  
L 13 129 Ft. McKinley  
*Carl R. H. Mark*  
DISINTERMENT DIRECTIVE  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
7740 00067  
DATE  
15 DAY 05 MONTH 48 YEAR

NAME UNKNOWN SERIAL NUMBER X-000046 RANK ARM Q DATE OF DEATH DAY MONTH YEAR

CEMETERY USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS 0 7701 CODE 80 DIST. PT.

PLOT ROW GRAVE COUNTRY PHILIPPINE ISLANDS CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-46 SERIAL NUMBER UNK X-3660 (Maus) RANK DATE OF DEATH DATE DISTINTERRED 27 Sept. '48

IDENTIFICATION TAG ON  REMAINS ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY PERRY E. WHITE 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 1  
2 Identification tags read Mausoleum UNK X-3660

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE EMBALMER (Signature) *Perry E. White*

CASKET BOXED AND MARKED DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAN, 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.

*Teofilo M. Amutan*  
TEOFILO M. AMUTAN, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM AGS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE MAR 23 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 (PA ADMIN. BLDG. 116100)		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM 116100		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

11



# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc. Sects #1 (misc)

X-44 X-45 X-46 X-47 X-48 X-49

X-50 X-51

## SYNOPSIS AND DATES

misc filed  
NEW CLASSIFICATION 293 Misc. Sects #1  
X-45

10/6/50  
D-211

# RECLASSIFICATION SHEET

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

8 March 1950

(Late)


SUBJECT: Unidentifiable Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

The records pertaining to Unknown X- 46, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1195, USMC USAF Cem Leyte #1, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
decedent, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
W. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Received 31 Mar 50 QMC  
Not identifiable from  
information presently  
available  
M. Eustace  
Ident

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-3660 (Formerly X-46, USAF Cem Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>9 March 1950</b>			
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
			HANGAR	BAY	CRYPT	DISINTERMENT	REINTERMENT
			812	U	5422		
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5' 6-7/8"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
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 ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED ?		TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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							

	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:		

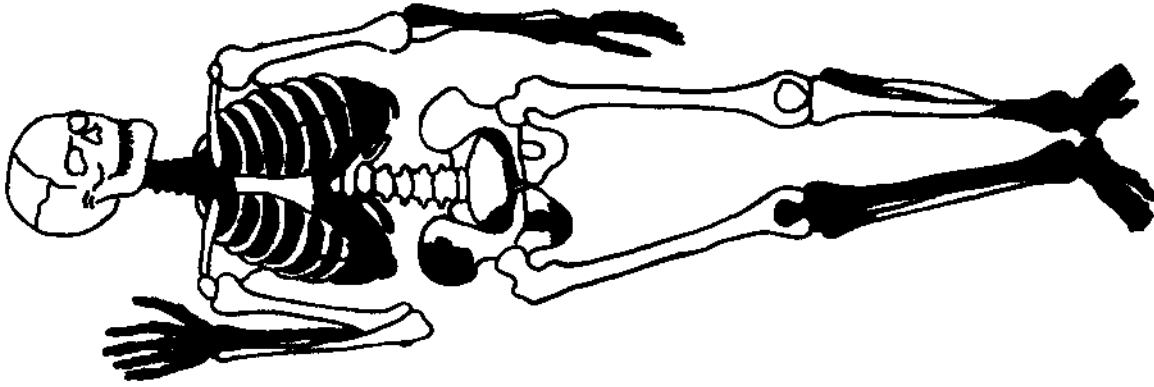
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views																
Top Views																
Side Views																
		A DM				P	P	P								A D
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Section

*Final 53*

19. BLACK OUT PARTS OF BODY NOT COVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ 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, burial bottle, personal effects, or  
other means of identification tag found with remains.

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  
*Paul R. Nichols*

*Incl 5*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3660 (Formerly UNK X-46, USAF Cem Legto #1, P.I.)				2. DATE OF REPORT 10 Feb 1948	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT  812	5. ROW  U	6. GRAVE  5422	7. DATE OF DISINTERMENT 26 Dec 47
				REINTERMENT STORAGE 11 Feb 48	
<b>PHYSICAL DESCRIPTION</b>					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 6-7/8"		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) substitute I. D. tag with following information: UNKNOWN X-46 One (1) paper tag with number - 1195  All tags placed with remains.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  UTD - Due to condition of remains.					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  NONE					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  NONE					

18.

TOOTH CHART

X-3660

	TOP VIEW	SIDE VIEW
<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>TOOTH MISSING</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	
	X		X		X	P	P	P					A	X	A	X	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
		A	X			P	P	P						X		A	
	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."

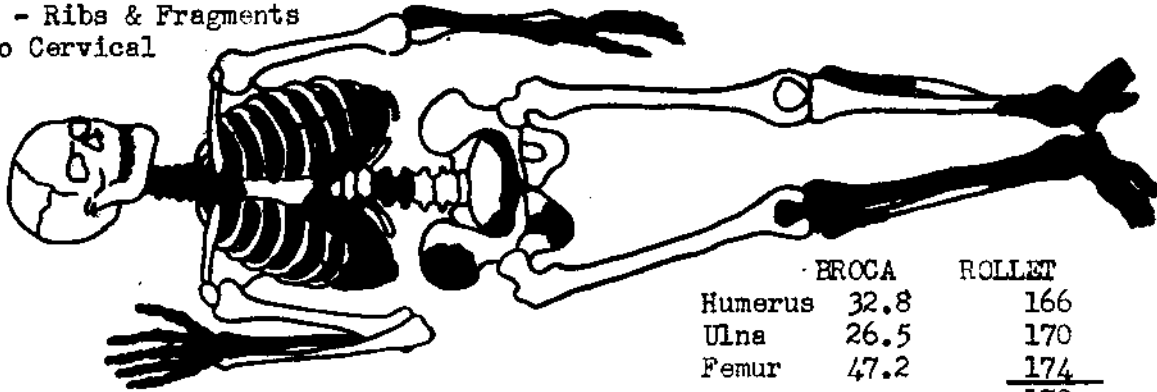
CERTIFIED TRUE COPY:

*G. T. Garbca*  
 G T GARBCA  
 2d Lt MSC

/s/ John H. Bennett Jr  
 /s/ R F Stevenson

19. BLACK OUT PARTS OF BODY NOT RECOVERED

- 3 - Lumber
- 7 - Dorsal
- 12 - Ribs & Fragments
- No Cervical



	EROGA	ROLLET
Humerus	32.8	166
Ulna	26.5	170
Femur	47.2	174
		<u>170</u>

Estimated height 5'6-7/8"

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 official I. D. tags found with remains. Circumference of skull is 20 3/4 inches. Estimated weight of remains is 5 1/2 lbs.

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/ ROBERT F. STEVENSON, (ungraded)  
 CIP LAB AGRS MANILA, P.I.

SIGNATURE  
 /s/ Robert F. Stevenson



X-3660.

OWO Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

Date

8 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-46

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

1195

2. Date of Disinterment

26 Dec 47

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

Original made in shelter halve burial. Tags found on remains  
and on marker coincide with ROI on file.

Skeletal remains.

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

Sub tag

On Remains

Sub tag

What Identification Used Upon Reinterment: On Marker

Held for Concentration

On Remains

Sub tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

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 (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



Crowned Teeth



Bridgework



Fillings

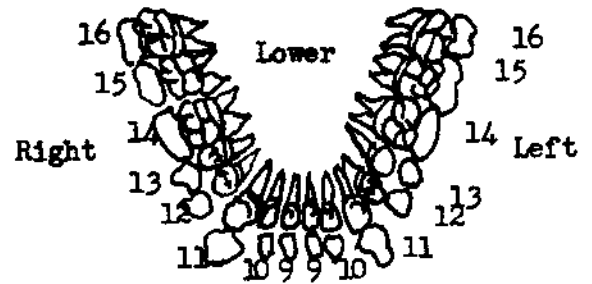
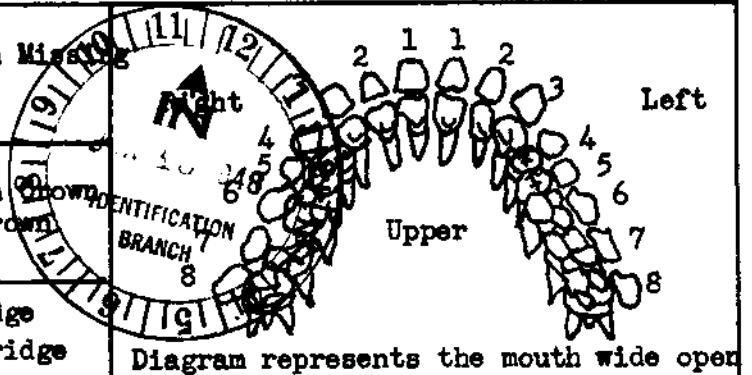
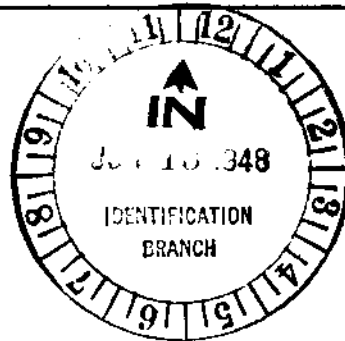


Caries (Cavities)



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



/aam

RESTRICTED JUN 18 1948 U-3366

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

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

DATE OF REPORT  
20 Feb 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3660 (Formerly USA X-46, USAF Cem LeYTE #1, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION 345th Bomb Grp	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH SS Thomas Nelson, Dulag, Leyte, P.I.	CAUSE OF DEATH KIA - burns, shrapnel wounds, multiple, beyond recognition	DATE OF DEATH 13 Nov 44
---	---	----------------------------

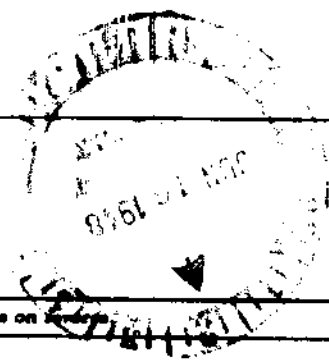
EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MAUSOLEUM, MANILA, P. I.



DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. 812	ROW NO. U	GRAVE NO. 5422
-------------------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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. 1195	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
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3661	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 5423
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3659	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 5421

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> L S PANOPPIO 175 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> 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

**Section 3. — UNIDENTIFIED REMAINS.**


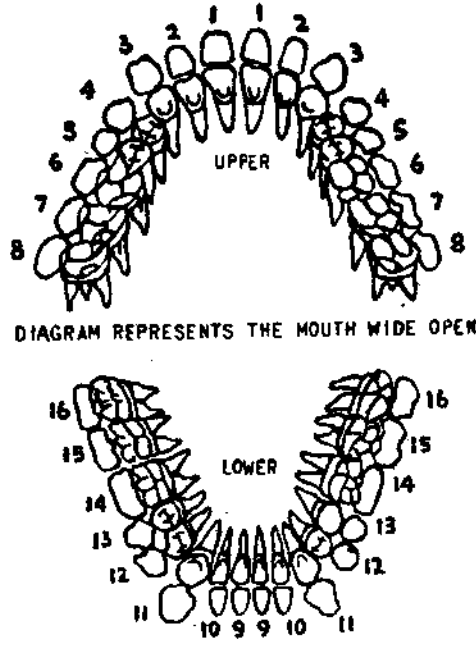




**INSTRUCTIONS:**

(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.

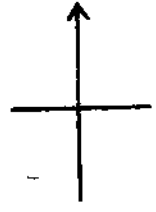
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</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:

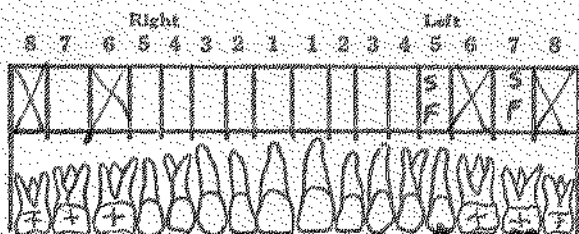
QMC Form 1044, 1044-A and 1044-B accomplished.

19 MAY 1946

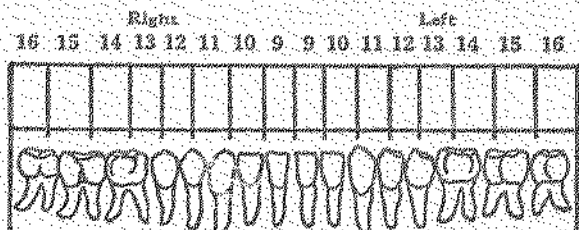


**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**



**LOWER TEETH**



CLASS \_\_\_\_\_

Occlusion \_\_\_\_\_: Calculus; Slight, Medium, Heavy

Periodontoclasia \_\_\_\_\_

Dental foci suspected:      Yes                  No

Other conditions \_\_\_\_\_

A TRUE COPY:

GEORGE D. REDDEN, JR.  
 Captain, Inf.

Date 23 June, 19 45

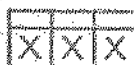
/s/t/ Sgt. Paul M. Leary, GRS  
*Dental Corps, U. S. A.*

\*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by dentures  
 (horizontal line)



Teeth replaced by fixed bridge  
 (oval to include abutments)



*Anal*

10mm 45 9577

UNKNOWN X-44

345th Bomb Grp

SS Thomas Nelson (Last Name) (First) (Initial) (Serial number) (Rank) (Organization)  
 Dulag, Leyte, P.I. (Place of death) 13 November 1944 (Date of death) KIA - Burns and Shrapnel  
 1030 14 November 1944 (Time and date of burial) USAF Cemetery Dulag #1 (Name of cemetery) Wounds, Multiple beyond  
 (Name or coordinates of location) Dulag, Leyte, P.I. (Name or coordinates of location) Recognition

521 (Grave number) 14 (Row number) 1 (Plot number) Cross (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 Religion - Unknown

One copy of GR Form #1 placed in sealed bottle and buried with Body

(If no identification tags, what means of identification are buried with the body?)

Left (If no identification tags, but identity definitely established, give particulars)

Body buried on ~~Right~~ Left Unknown X-43 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 345th Bomb Grp 520

Body buried on ~~Left~~ Right Unknown X-45 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 345th Bomb Grp 522

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

NONE

Incl 10

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: 5' 11"

Apparent nationality:

Weight: 190

Laundry marks:

Color of eyes:

Number of rifle:

Color of hair: Black

Wear glasses?

Race:

Is tooth chart attached?

Shoe Size 10 1/2

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

NONE

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

498th Bomb Sqdn; 499th Bomb Sqdn 501st Bomb Sqdn from the 345th Bomb Grp

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

*Lovell G. Stollenwer*  
 (Signature of officer or other person reporting burial)  
 Lovell G. Stollenwer, Tec 4

(Verified by Army GRS Officer)

Robert W. Greer, 2nd Lt. Inf

8075 **USA**

4	
3	
2	
1	
THUMB	

LEFT HAND

4	
3	
2	
1	
THUMB	

RIGHT HAND

Fingerprints not obtainable because  
 Body was completely Mutilated by  
 Shrapnel and Burns



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

15794

9577

UNKNOWN X-46 (Last name) SS Thomas Nelson, Dulag, (First) 13 November 1944 (Initial) KIA-burns, shrapnel wounds, (Serial number) 345th Bomb Grp. (Rank) (Organization)  
 (Place of death) Leyte, P.I. (Date of death) (Cause of death) multiple.  
 0900 hrs 24 June 1945 (Time and date of burial) USAF Cemetery Leyte #1, P.I. (Name of cemetery) (Name or coordinates of location)

1195 (Grave number) Reg. Cross (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   
 Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 521 (X-44)  
 Metal tag buried with remains and attached to marker.

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars): Religion

Body buried on RIGHT UNKNOWN X-47 (Name) 345 Bomb Grp 1196 (Serial number) (Rank) (Organization) (Grave number)  
 Body buried on LEFT UNKNOWN X-45 (Name) (Serial number) (Rank) (Organization) (Grave number) 1194

(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

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79; 3/19/43).

If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached? <b>Yes</b>

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

*John E. Bobis*  
John E. Bobis, S/Sgt., GRS

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
FRANCIS M. SIMON, 1st Lt., GMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

