

FILE IDENTIFICATION TOPPER

FILE NUMBER	293mk Leyt #1 X-478
SUBJECT	Also 293mk Maus Manila X-2344

QMC FORM 1121  
1 Aug 45

**AIR MAIL**

MOB 293  
Unknown X-2344  
Manila Mausoleum

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 23 February 1950, subject: Unidentifiable Remains.
2. This Office concurs in the classification of Unknown X-2344, APO Mausoleum, Manila, P. I., as unidentifiable.
3. Unknown X-2344 is listed on FRA Unit roster #4, page 5.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, **AGC**  
Memorial Division, **RAM**

*WEM*

CC: CINCPAC

vib

**AGC**  
DATE OF  
NOTIFIED  
POWER

*[Handwritten signature]*

.LH Jew

1

Interred 6 March 1950  
C 8 63 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl H. Mark*  
GARY R. H. MARK

SECTION A - Cemetery Superintendent  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00438

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
UNKNOWN X-000478

SERIAL NUMBER  
UNKNOWN X-000478

RANK

ARM  
0  
DATE OF DEATH

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
0 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
8230 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNK X-478  
UNK X-2344 - Maus. No.

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
27 Sept 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
ROBERT F. STEVENSON  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
SHIELTER HALF

CONDITION OF REMAINS  
SKELETAL

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES  
Two (2) Identification tags show UNKNOWN X-2344 - Maus. No.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY ROBERT F. STEVENSON

CASKET SEALED BY  
ROBERT F. STEVENSON

EMBALMER (Signature)  
*Robert F. Stevenson*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED  
DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt, Inf.

SHIPPING ADDRESS VERIFIED BY  
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 GBS INSPECTOR

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

RECORDS ANNOTATED  
DATE 4 May 50  
NAME R. P. [Signature]  
[Signature] BR. MED. DIV.

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM **AGRS Mausoleum** TO **Fort McKinley Military Cemetery**

KIND OF CONVEYANCE **Truck**

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER *Boek Frank*

MAR 6 1950

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

(BY ADMINISTRATIVE ORDER)  
 FORT MCKINLEY MILITARY CEMETERY  
 FORT MCKINLEY MILITARY CEMETERY

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RECEIVER \_\_\_\_\_

DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APD 900

21 February 1950  
(Date)

SUBJECT: Unidentifiable Remains


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

The records pertaining to Unknown X- 478, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8230, 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 decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

**APPROVED UNIDENTIFIABLE**  
MAR 8 1950

Incl:  
Form 1044

  
R. E. McNEEMAR  
Captain, MC  
Chief, Records Branch

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2344 (Formerly UNK X-478 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 21 February 1950		
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANITA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGER 802	BAY A	CRYPT 229	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	-----------------------------	--------------------------	-----------------

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

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:

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	
		X	X									X	<del>AM</del>	<del>AM</del>		
Side View															Side View	
Top View															UPPER	
															LOWER	
Side View																
	X	<del>AM</del>	X	X								X	X		X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

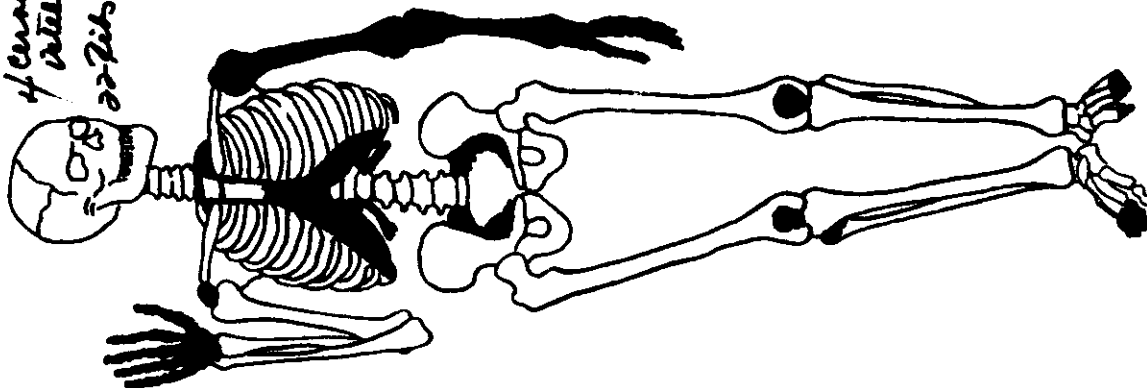
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED

*4 cervical vertebrae present  
orbitals present*



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.

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*



/zvm

X-2344

# IDENTIFICATION DENTAL CHART

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

1 Dec 47

UNKNOWN X-2344 (Formerly Unk X-478  
USAF Cem Leyte #1, P.I.)

Unknown

DATE  
Unknown

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown                     Navy

UNIT      ORGANIZATION

Mokati Island, P.I.      AGRS Mausoleum  
Manila, P.I.      802      A      229

PLACE OF DEATH      PLACE OF BURIAL STORAGE      PLOT NUMBER      ROW      GRAVE NO. CRIP.















*Crown broken*      *Crown broken*

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE			X	X									X	A	A		TYPE
LOCATION														m	m		LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	X	A	X	X									X	X		X	TYPE
LOCATION		m															LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <p> EXTRACTED</p> <p> CAVITY INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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CERTIFIED TRUE COPY:  
*[Signature]*  
 G I GAMBOA  
 2d Lt MAC

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

CIP Lab., Manila, P.I.

NAME AND RANK TYPED OR PRINTED

/p/ HILARION V CASTILLO Emb's Aide

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Hilarion V Castillo

DATE

1 Dec 47

NAME AND RANK TYPED OR PRINTED

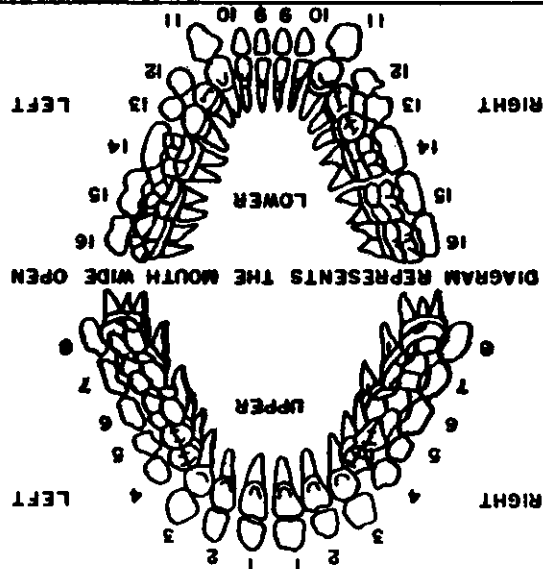
/p/ JOHN H. BENNETT JR.

VERIFIED BY GRS OFFICER

/s/ John H. Bennett Jr.

**REMARKS:**

Maxilla both L3; & R3; are in the place of L4; & R4;  
 The place of R3; & L3; Roots are found.



4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ), GOLD CROWN WITH SILICATE WINDOW.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

**INSTRUCTIONS:**

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2344 (Formerly Unk X-478  
 USAF Cem Leyte #1, P.I.)

~~UNKNOWN~~  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 802 SANSEKA BAY Grave 229  
 Row Row

AGRS Mausoleum, Manila, P.I.  
 1 Dec 47

1. Arrived at cemetery AGRS Mausoleum

(Hour) (Date)

2. Place of death Mokati Island, P. I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by USAF Cem Leyte #1, P.I.

(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_

(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/	N	
* Shirt, Wool OD	/	O	
Undershirt, Wool	/	N	
Undershirt, Cotton	/	E	
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) .....  
 Overshoes .....  
 Web Equipment ..... (Type) .....  
 (Other item) .....  
 (Other item) .....  
 • If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or  
 Insignia ..... (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only- Skeletal attached.**

Age / / Est 5'9" Height Est 170 lbs Weight Description of wounds .....  
 Bandages or dressings ..... Scars ..... (Length, width, location)  
 Tattoos ..... (Number, location -- illustrate on separate page)  
 Outstanding moles/warts or birthmarks ..... (Yes-no; description, location)  
 Sunburn or tan, other than hand and face .....  
 Complexion ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widow's peak, distinctive cutting or other characteristics)  
 Sideburns ..... (Color, setting, shape) Mustache ..... Beard or ..... (Length, heavy)

Goatee .....  
 (Light, color, extent)

Eyes ..... U ..... Eyebrows .....  
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose ..... D ..... Ears .....  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth ..... Lips .....  
 (Large, medium, small) (Small, large, full)

Teeth ..... Tooth chart attached.  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin .....  
 (Prominent, receding, pointed, dimples, double)

Jaw ..... Skull ..... 22"  
 (Large, small, normal) Circumference of head in inches (Hat band)

Neck ..... Larynx .....  
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders ..... Arms .....  
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands .....  
 (Unusual characteristics of fingernails)

Fingers .....  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest ..... U .....  
 (Size of nipples, color, quantity and extent of hair, size, small, normal)

Waist ..... D .....  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... Circumcision ..... Pubic Hair .....  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty .....  
 (Yes-no; location)

Legs .....  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... Toes .....  
 (Size, corns, callouses, flat) (Slender, straight, hooked, overlap)

Evidence of healed fractures .....  
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_  
(Yes-no)

9. Remarks No ROI burial bottle or identification dog tags. No personal effects or other means of identification.

Estimated weight of remains eight (8) lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Clement G Swan  
(Officer's Name)

Emb Sr. Ung C-064862  
Rank Service

CIF Lab., Manila, P.I.  
(Organization)

1 Dec 47

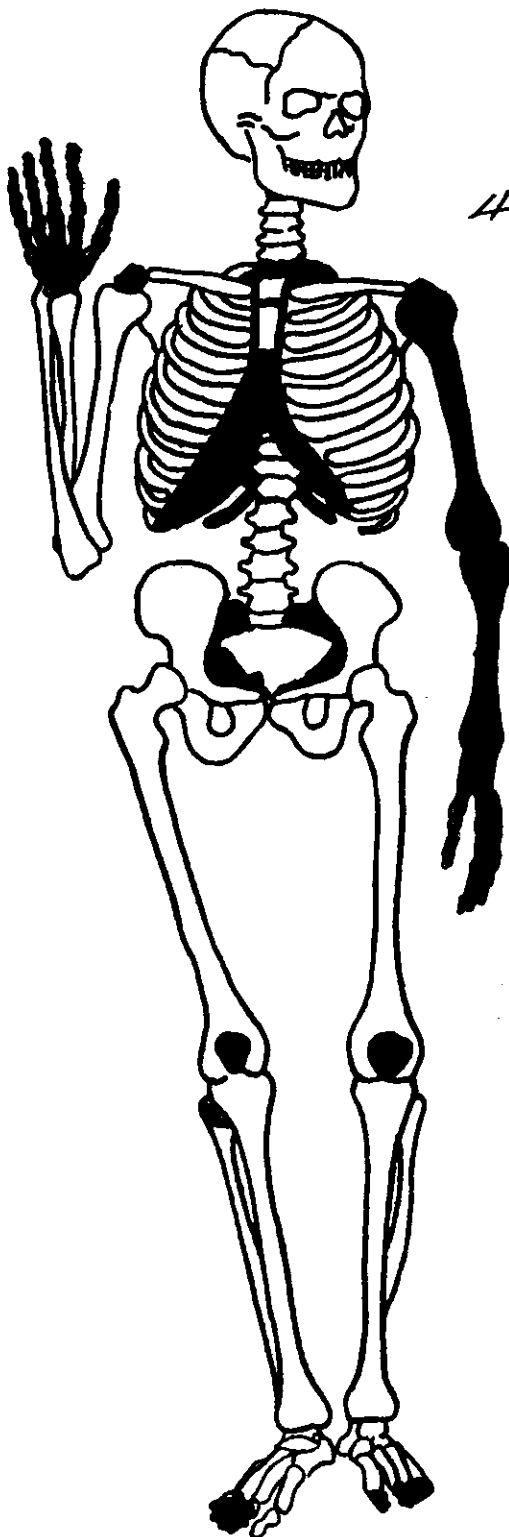
CERTIFIED TRUE COPY:

*G T Gamboa*  
G T GAMBOA  
2d Lt MAC

# SKELETAL CHART

X-2344

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



4-Cervical vertebrae present

22-ribs "

*AM*  
CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

31 October 1947

1. Remains of (Name)

UNKNOWN X-478

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8230

2. Date of Disinterment

31 October 1947

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

Original burial made in local wooden casket.

Substitute tag on remains and marker coincide

with the R.C.I. on file. Skeletal remains incomplete.

Both femur missing.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment

*Paul R. Nichols*  
PAUL R. NICHOLS, Embalmer



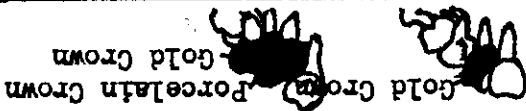
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

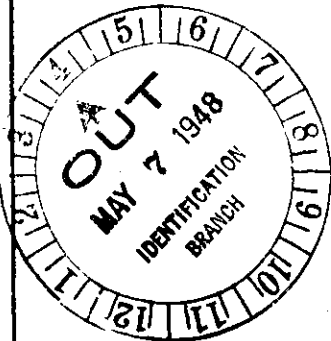
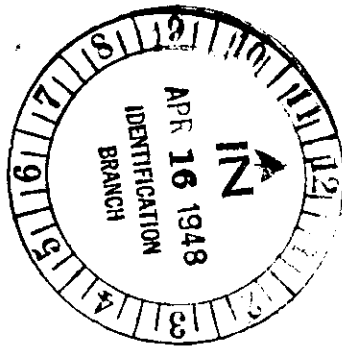


Caries (Cavities)



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



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900  
23 FEB 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 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-1496 AGRS Mslm  
X-1626  
X-2236

UNKNOWN X-2344 AGRS Mslm  
X-2356  
X-3454

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

FOR THE COMMANDING OFFICER:

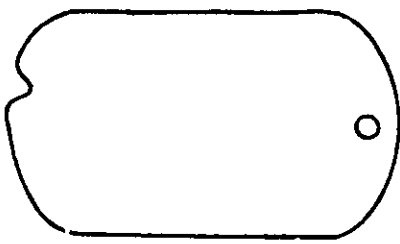
6 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

/zvm

RESTRICTED

N 4752

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 13 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-2344 (Formerly Unk X-478 USAF Cem Leyte #1, P.I.)			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Navy	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Makati Island, P.I.		CAUSE OF DEATH Unknown		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) <b>APPROVED UNIDENTIFIABLE</b> <b>MAR 8 1950</b>				
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 reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER - 802	ROW No. BAY A	GRAVE No. CRYPT 229
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.					
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STONE UNKNOWN X-2346		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 231	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STONE UNKNOWN X-2342		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 227	
SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPLO, 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.

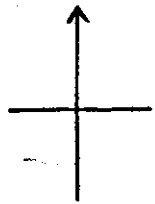
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES .

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER

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




REMARKS:

Identification Check List and Dental Chart accomplished.

3 FEB 1949

RESTRICTED

1st N 4852 8230

WD CMC FORM 10-42 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial)		UNKNOWN X-478			
		GRADE	ORGANIZATION	BRANCH OF SERVICE		Navy	
		RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH	CAUSE OF DEATH			DATE OF DEATH			
Mokati Island, P.I.	washed ashore and was buried 28 Oct 1944						
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
None		Unknown					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)		<b>APPROVED UNIDENTIFIABLE</b> <b>MAR 7 1950</b>					
Yes							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
<i>Incl 46!</i> 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.	
16 Feb 46	1100	shelter half	Reg Cross			8230	
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	Map Cent Phil., sheet 2 of 5 sheets; scale 1:250,000, Coord 1413.2-1438.9				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)	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-477				8229			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
GROVE, Frederick A		279 46 81	USN	8231			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
<i>Charles W. Hallock</i> Sgt Charles W. Hallock, GRS			<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:**






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HEIGHT	WEIGHT <b>Approx. 175</b>	COLOR OF EYES	COLOR OF HAIR <b>Brown</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>N. W. side of Mokati Is., P.I.</b>
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

None

FILLINGS <b>SILVER FILLING GOLD FILLING</b>		<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <b>CAVITY DECAYED</b>	
MISSING TEETH	 <b>TOOTH MISSING</b>	
CROWNED TEETH	 <b>PORCELAIN CROWN GOLD CROWN</b>	
BRIDGE WORK	 <b>GOLD BRIDGE</b>	

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.

**20 MAR 1946**