

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

*42 9th Leyte #1 X-54 (also mass mail X-3699)*

1

DISINTERMENT DIRECTIVE

*293 unk Leyte #1 X-54*

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00076

DATE

25 05 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000054

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1441 PHILIPPINE ISLANDS

CAUSE OF DEATH

5

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-54  
(Maus No.) UNK X-3699

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

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

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

2 tags Maus No UNK X-3699

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

LUCIO S. PANOPIO, 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.

*Lucio S. Panopio*  
LUCIO S. PANOPIO, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

*PERM. INTERRED. UMCP*

NAT  
FILE  
RECORDS ANNOTATED  
DATE *2 Aug 57*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <u>AGRS Mausoleum</u>		TO <u>Fort McKinley Military Cemetery</u>	
KIND OF CONVEYANCE <u>Truck</u>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

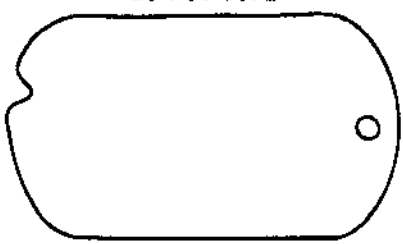

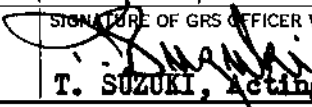
### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE






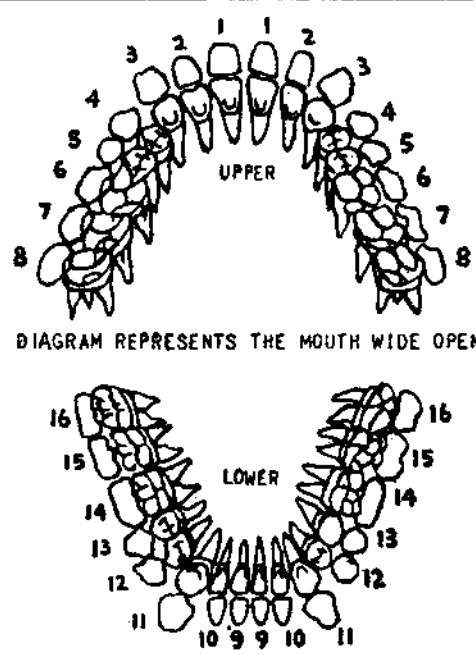










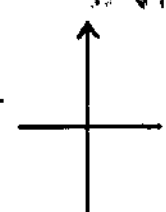
### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**RESTRICTED**

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 5 July 1951	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>					
NAME (Last, first, middle initial) UNKNOWN X-54 (LHM X-3699), USAF Cemetery Leyte #1, P. I.		SERIAL NO. Unknown		GRADE Unknown		ORGANIZATION Unknown	
BRANCH OF SERVICE Unknown		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH 1 1/2 miles NNE Palo, Leyte, P. I.		CAUSE OF DEATH KIA-Shrapnel wounds, extensive			DATE OF DEATH 20 Oct 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 3 on reverse) UNIDENTIFIABLE					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		UNIDENTIFIABLE					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME 00076      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 National Memorial Cemetery of the Pacific, Honolulu, T. H.							
DATE OF BURIAL 5 July 1951	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Final Type Casket		TYPE OF GRAVE MARKER	PLOT No. P	ROW No. -	GRAVE No. 247
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Mausoleum, AGRS-PAZ					Casket PLOT No.      ROW No.      GRAVE No. Manila Section      210	
TYPE OF RELIGIOUS CEREMONY Protestant Jewish Catholic	PERSON CONDUCTING BURIAL RITES Chaplain Lock Chaplain Feldheym Chaplain Moran		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)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) None				RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Boyd, Robert M.				RANK T/Sgt	SERIAL No. AF 19354983	ORGANIZATION USAF	GRAVE No. P-268
SIGNATURE OF PERSON PREPARING REPORT  Franc S. Foster				SIGNATURE OF GRS OFFICER VERIFYING REPORT  T. SUZUKI, Acting Supt., NMCP			
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.						
LEFT LITTLE FINGER	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>					
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HEIGHT</td> <td style="width: 15%;">WEIGHT</td> <td style="width: 20%;">COLOR OF EYES</td> <td style="width: 20%;">COLOR OF HAIR</td> <td style="width: 30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS		
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">WEAPON AND SERIAL No.</td> <td style="width: 33%;">LAUNDRY MARKS</td> <td style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND		
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES					
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>FILLINGS</b>   <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width: 50%; vertical-align: top;">  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td> <b>MISSING TEETH</b>   <p>TOOTH MISSING</p> </td> </tr> <tr> <td> <b>CROWNED TEETH</b>   <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td> <b>BRIDGE WORK</b>   <p>GOLD BRIDGE</p> </td> </tr> </table> <div style="margin-top: 10px;"> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">UPPER</p> <p align="center">LOWER</p> </div>	<b>FILLINGS</b>  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITY DECAYED</p>	<b>MISSING TEETH</b>  <p>TOOTH MISSING</p>	<b>CROWNED TEETH</b>  <p>PORCELAIN CROWN GOLD CROWN</p>	<b>BRIDGE WORK</b>  <p>GOLD BRIDGE</p>
<b>FILLINGS</b>  <p>SILVER FILLING GOLD FILLING</p>		 <p>CAVITY DECAYED</p>				
<b>MISSING TEETH</b>  <p>TOOTH MISSING</p>						
<b>CROWNED TEETH</b>  <p>PORCELAIN CROWN GOLD CROWN</p>						
<b>BRIDGE WORK</b>  <p>GOLD BRIDGE</p>						
RIGHT THUMB						
RIGHT INDEX FINGER						
RIGHT MIDDLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>					
RIGHT RING FINGER	REMARKS:					
RIGHT LITTLE FINGER						

AIRMAIL

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

FORM 893  
Pacific (Ident)

14 June 1951

SUBJECT: Identification of World War II Remains

To: Commanding Officer  
American Graves Registration Service  
Pacific Zone  
AW 930, c/o Postmaster  
San Francisco, California

1. Proceedings of the Board of Review recommending the identification of the remains of Unknown I-3099, 1st Macabean Camp, P.I., formerly Unknown I-84, Loyal 21, as those of Pvt Cecil R. Gehrl, 36380110, are returned herewith disapproved.

2. The evidence presented in this case cannot be interpreted as sufficient basis for identification for the following reasons:

a. Although the dental comparison is not negative, a conclusive comparison cannot be established as the dental chart for the remains indicates additional extractions and restorations not shown on the Army dental records for Pvt Gehrl.

b. The remains of Unknown I-3099 were recovered from an isolated grave approximately one mile east of Pvt Gehrl's reported place of death and interment.

c. The documentary evidence does not definitely conclude the association inasmuch as additional remains were recovered from the same area and a negative comparison cannot be established as dental features for the other Unknown remains are not present in most instances.

3. It is requested that a Certificate of Unidentifiability be forwarded for the Unknown remains and that findings of Nonrecoverability be submitted for Pvt Cecil R. Gehrl, 36380110.

FOR THE QUARTERMASTER GENERAL:

1 Incl  
Board of Review  
  
G. Reynolds:irc  
Salser  
cc--Administrative Section  
cc--Cinops, cc--Philcom

REYNOLDS, G. RING  
Lt. Colonel, OMC  
Memorial Division

AIRMAIL

NAF  
FILE  
RECORDS ANNOTATED  
DATE 2 August 51  
NAME Eugene Shollen  
Regis BR. MEM. DIV.

Vertical handwritten notes on the right margin, including "JUN 14 1951" and "3699".

AGRS-AR

Orgn Records Branch

PHN-R

10 July 46

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

~~Department~~ Adm Ctr. St. Louis, Mo.

Your communication of 25 April, 1946, concerning SPQYG 293 Unknown X-113 (Boy #1) Belgium - Identification of Unknown Deceased has been received.

This brief reply has been adopted to conserve time, personnel, and paper.

1.  Further response will be made with the least practicable delay.
2.  Reply will be delayed pending receipt of ~~essential information~~ records.
3.  Your comments on a subject of interest to the War Department are appreciated.
4.  The War Department publication requested is being mailed to you today.
5.  The service requested has been discontinued.
6.  This office is unable to identify the records of the person concerned.

*Edward F. Witsell*  
EDWARD F. WITSELL,  
Major General,  
The Adjutant General.

WD AGO FORM 0101  
1 FEB 1946

Previous editions are obsolete.

10-47278-1 ☆ GPO

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

~~WASHINGTON, D. C.~~

Orgn Records Branch, Recs Adm Ctr.

OFFICIAL BUSINESS

4300 Goodfellow Blvd.

St. Louis 20, Missouri

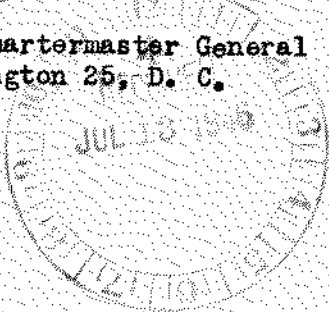


PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300

(GPO)



The Quartermaster General  
Washington 25, D. C.





**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNK X-9699 (Formerly UNK X-54 USAF Com Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>11 Feb 48</b>	
3. NAME OF CEMETERY <b>AGPS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>U</b>	6. GRAVE <b>5460</b>	7. DATE OF DISINTERMENT <b>31 Dec 47</b>
					REINTERMENT STORAGE <b>11 Feb 48</b>

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'9 1/2"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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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 - Skeletal Chart and Tooth Chart attached.**

14. WAS BODY BURNED ?  
 YES  NO

TO WHAT EXTENT ?

15. WAS BODY MANGLED ?  
 YES  NO

TO WHAT EXTENT ?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NOT IDENTIFIABLE**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

STEWART W. ABEL  
Major, OMC

*Stewart W. Abel*

19 June 1951

**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**

Received 26 June 1951 OMC

Not identifiable from information presently available

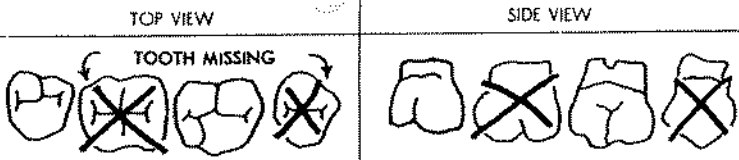
*G. B. Field*

27 June 1951

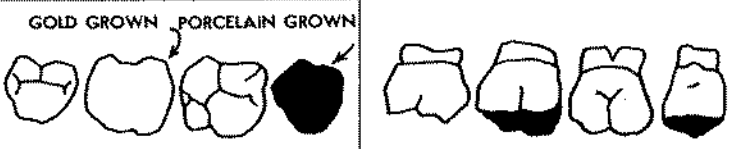
18.

TOOTH CHART

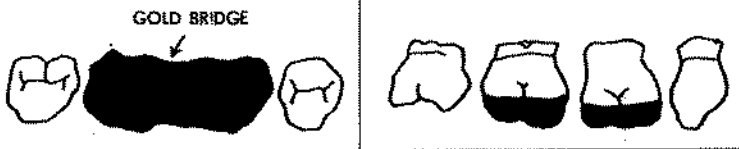
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



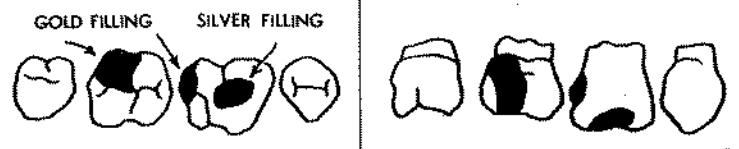
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



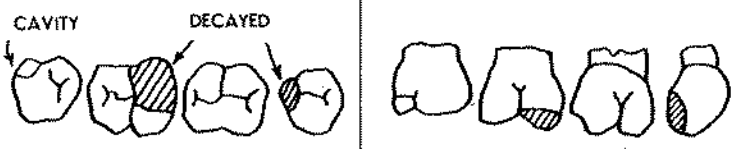
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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	X		X	X	X	X	X	X	X	X	A do		X	A o			
SIDE VIEWS		[Side view diagrams of teeth]																SIDE VIEWS		
TOP VIEWS	UPPER	[Upper tooth top view diagrams]																		
	LOWER	[Lower tooth top view diagrams]																		
SIDE VIEWS		[Side view diagrams of teeth]																		
		o	A o	X	X	X	X	X	X	X	X	X	X	X	X	X	A 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."

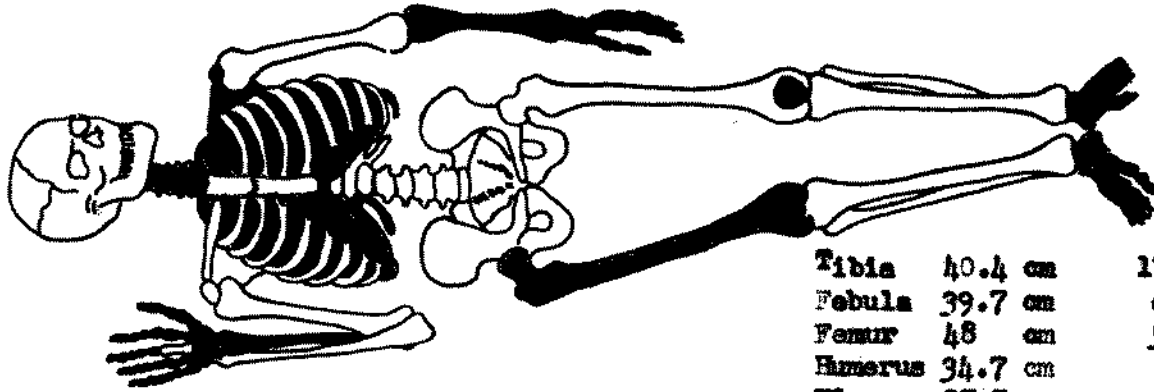
CERTIFIED TRUE COPY:

*G. J. Gambou*

G T GAMBOU  
2d Lt MSC

/s/ John H Bennett Jr

19. BLACK OUT PARTS OF BODY NOT COVERED



Tibia	40.4 cm	176 cm
Febula	39.7 cm	or
Femur	48 cm	5'9 1/2"
Humerus	34.7 cm	
Winn	<u>27.7 cm</u>	
	190.5 cm	

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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

No ROI burial bottle, ID tags, personal effects or other means of identification received with remains. Estimated weight, 10 lbs. Skull is 21 1/2 inches in circumference. The physical height is approximately 5 ft. and 9 1/2 inches.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G T GAMBOA  
2d Lt MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/s/ CLEMENT G SWAN  
Maj Sr Ung #-064862  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G Swan

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

QMGT 293  
GRS Pacific

28 June 1951

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Pacific Zone  
APO 958, c/o Postmaster  
San Francisco, California

1. Reference is made to Certificates of Unidentifiability for the following remains:

Unknown X-2264, AGRS Mausoleum, Manila, P.I. (form. X-646,  
USAF Cemetery #1, Leyte, P.I.)

Unknown X-3699, AGRS Mausoleum, Manila, P.I. (form. X-54, ✓  
USAF Cemetery #1, Leyte, P.I.)

Unknown X-4230, AGRS Mausoleum, Manila, P.I. (form. X-4207,  
USAF Cemetery #2, Manila, P.I.)

2. This Office approves the classification of the above Unknowns as Unidentifiable. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T.A.Fields:lrc  
Salser

BENJAMIN B. KING  
Lt. Colonel, QMC  
Memorial Division

JMN

--Administrative Section  
Cincfe  
ilcom

RESTRICTED

WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
DEC 11 1950

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>3 UNKNOWN X-54 USAF Cem Leyte #1, P. I. MS</b> (Manila Maus X-3699)		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>1 1/2 miles N-NE Palo, Leyte, P. I.</b>	CAUSE OF DEATH <b>KIA-shrapnel wounds, extensive</b>	DATE OF DEATH <b>20 Oct 44</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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  
**U. S. ARMY MAUSOLEUM, AGRS-PAZ** **Casket**

DATE OF BURIAL <b>3 Nov 50</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final Type Casket</b>	TYPE OF GRAVE MARKER	DECEASED <b>Manila Section</b>	REMARKS <b>210</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AGRS Mausoleum, Manila, P. I.</b>			DECEASED <b>812</b>	REMARKS <b>U</b>

TYPE OF RELIGIOUS CEREMONY <b>--</b>	PERSON CONDUCTING BURIAL RITES <b>--</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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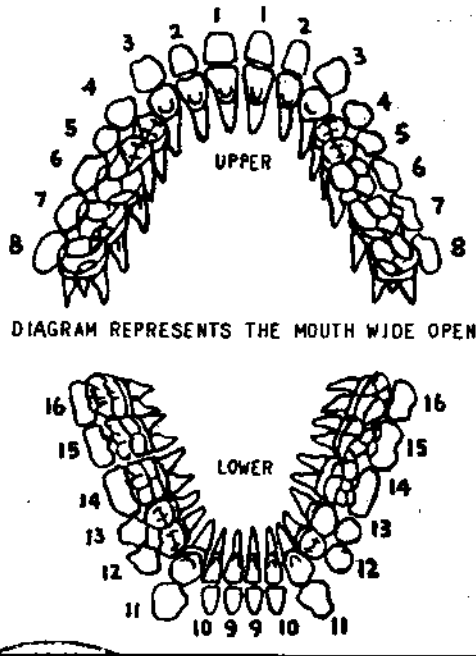




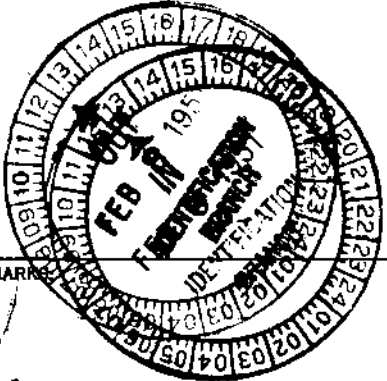
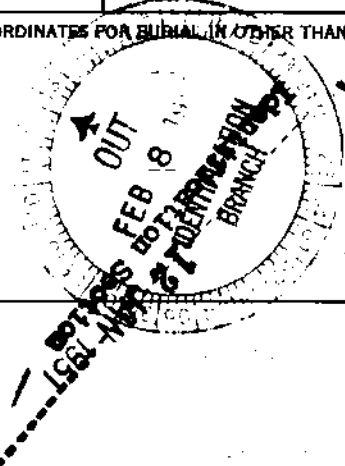

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>--</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>--</b>
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK <b>IN</b>	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets</b>	RANK	SERIAL No.	ORGANIZATION <b>8th Airborne Div</b>	GRAVE No. <b>892651</b>

SIGNATURE OF PERSON PREPARING REPORT <b>LEROY F. TURNER, Adm. Asst.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>Stanley E. May, Major, OTC</b>
--	--

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

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT LITTLE FINGER	REMARKS   			



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO: SPQIG 293  
Unknown 16195,  
Leyte Is., P.I.

*293  
com*  
*Unk Leyte #1, X-54*

13 September 1945

SUBJECT: Identification of Unknown Deceased.

TO : Commanding Officer, Fort Ord, California  
ATTENTION: Post Surgeon

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Soldier.
2. From information received, it has been tentatively determined that the unknown is Pvt. William B. Dew, 15070344, 24th Division.
3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if the presence of gold or silver fillings is indicated. If so, a copy of Form 79, Medical Department, including dental survey, should be furnished with a view to definitely establishing the identity of the Unknown.

FOR THE QUARTERMASTER GENERAL:

C. C. PIERCE  
Captain, ~~2nd~~  
Assistant

1st Ind

/ek

ASF Regional Station Hospital, Fort Ord, California, 21 Sep 1945

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

There is no record of treatment in the case of William B. Dew, 15070344, on file at dental clinics, this station.

FOR THE COMMANDING OFFICER:

MARIE F. SINNICKSON  
1st Lt, WAC  
Asst Registrar

*Recd 8/28/45*

NOV 2 1945 FILE UNIT

*293  
16195  
P.I.*

MEMORIAL DIVISION  
OCT 1 11 27 AM '45  
GRAVES REGISTRATION SECTION



1945

USF REGIONAL HOSPITAL  
FORT GORDON

RECEIVED  
OCT 19 10 23 AM '45



SPQYG 293  
Unknown 16195,  
Leyte Is., P.I.

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FOR THE QUARTERMASTER GENERAL:

C. C. PIERCE  
Captain, QMC  
Assistant

tdm  
4000

SEP 13 10 13 AM '45  
C.C. PIERCE  
CAPTAIN, QMC

SEP 13 10 13 AM '45  
C.C. PIERCE  
CAPTAIN, QMC

FILE UNDER NO. 293 . Unk. 16195, P. I.

I N D E X S H E E T

S Y N O P S I S

Mem. Reaching Strip

28 Aug. 1945

FROM: OQMG  
TO: AJO. Demob Pers. Records Br., High Point, N. C.  
RE: Information required for Graves Registration.

DOCUMENT FILED UNDER NO. 293 . Unk. (Misc.) P. I. Leyte Is.

tjh

293 uncl P.I. 1-54 Leyle #1

COMBAT 293  
US Far East

28 July 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 letter this Office, dated 1 June 1949, copy inclosed, to which no reply has been received.
2. It is requested that the status of the above communication be forwarded this Office at the earliest practicable date.

FOR THE ACTING THE QUARTERMASTER GENERAL:

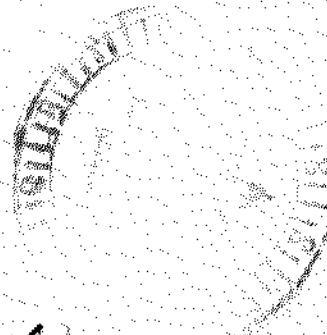
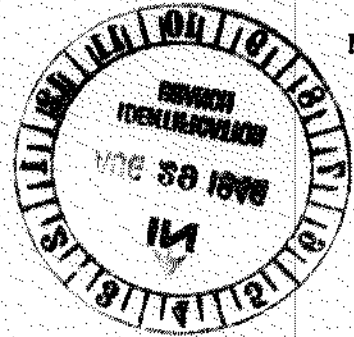
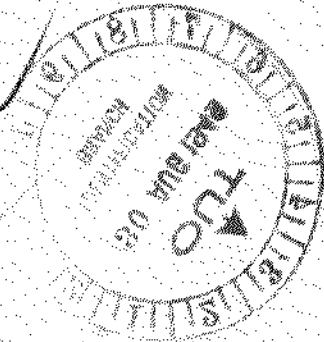
1 Incl:  
Cpy ltr dtd 1 June 49

F. H. METZ  
Lt. Colonel, GOC  
Memorial Division

REB

J. Ball:jdk  
Salsar  
JW

NJS



293 uncl P.I. (Far East)

293 unk P.I. X-54 Leyte #1

CRYPT 293

Unknown X-54 USAF Cem Leyte #1

1 June 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of the Board of Review, dated 20 April 1949, recommending that the remains of Unknown X-3699, now stored in the AGPS Mausoleum, Manila, P.I. (Hangar 812, Bay U, Crypt 5460), formerly interred in USAF Cemetery Leyte #1, P.I., as Unknown X-54, be identified as those of Pvt. Cecil R. Wehrli, 36 880 110.

2. A review of the case history discloses that Unknown X-54, USAF Cemetery Leyte #1, P.I., was formerly interred in Grave 227, USAF Cemetery Tacloban #2, Leyte, P.I., as Unknown X-18. Report of Re-interment for Unknown X-18 indicates that the remains were recovered from grid coordinates 1359.05-1352.5 (Map Ref. Spec. Map, Tac. Sheet 2 of 4 sheets); place of death 1 1/2 miles NNE, Palo; and date of death 20 October 1944.

3. A Report of Interment is on file in this Office for Pvt. Cecil R. Wehrli (Photostatic copy attached) with the facts noted thereon that Pvt. Wehrli was KIA 21 October 1944; place of death Hill 522, near Palo, Leyte, P.I., and interred as an isolated burial at grid coordinates 57.35-52.45 Tac Quad 1/25,000.

4. In view of the above, it is requested that the Field make a further investigation of the case to determine whether or not the remains referred to in the preceding paragraph and Unknown X-18 are one and the same. Proceedings for remains mentioned in paragraph 1 will be held in suspense pending reply from your headquarters.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, OMC  
Memorial Division

Photostatic copy ROI

B. Venezky:jdk  
Salser

JW

REB

NJS

X293 Wehrli, Cecil R 3688110

AIRMAIL

QMGMS 293 *P.I.* 1st Ind  
Unk. X-51 (~~Leyte, P.I.~~)  
SUBJECT: Request for Information

Dept. of the Army, QMG, Washington 25, D. C., 22 December 1948

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

1. In compliance with request made in basic communication, a thorough search of the Army and Navy records this office reveals no casualty in the Philcom area which can be associated with laundry mark S-9094.
2. The names of Army decedents which can be associated with S-9094 have been European casualties.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMG  
Memorial Division

*THM*  
QMG  
JCF

JAB/rvs

*RECEIVED*  
*12 23 1948*  
*QMG*

*mess*  
*1393 Unk. P.I. X-3671 (Mausoleum, Manila)*

307 N JS

6

DISINTERMENT DIRECTIVE

143 W.M.A. 34 (Pl. Berte)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7710 00010

DATE

15 05 48  
DAY MONTH YEAR

NAME

UNKNOWN - 000034

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

UNAF CEMETERY BIRTH NO 1

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1441 PHILIPPINE ISLANDS

CAUSE OF DEATH

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APO 707

GSGR 293

NOV 1948

SUBJECT: Request for Information

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

1. Report of Internment for Unknown X-54, USAF Cemetery, Tacloban #1, Tacloban, Leyte (currently designated as Unknown X-3671, AGHS Mausoleum, Manila, P. I.), indicates that a flotation bladder marked S-9094 was found with remains when they were disinterred from an isolated grave in Leyte. Date of death is indicated as 30 October 1944.

2. It is requested that an attempt be made to determine to whom the laundry mark S-9094 was assigned, and information forwarded to this office together with OQMG Form 371 and any additional data that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG  
CWO, USA  
Asst. Adj. Gen.

RECEIVED  
NOV 15 1948

*Handwritten notes:*  
...  
P. S. (P. S. 11)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3699 (Formerly UNK X-54 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 5460	7. DATE OF DISINTERMENT 31 Dec 47
				CRYPT 5460	REINTERMENT STORAGE 11 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9½"	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 - Skeletal Chart and Tooth Chart attached.

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

*File in  
1000-100-100  
A-100-100-100*



18.

TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		▲	X		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	▲		X	▲
		○										○			○	
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	○	▲	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	▲	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

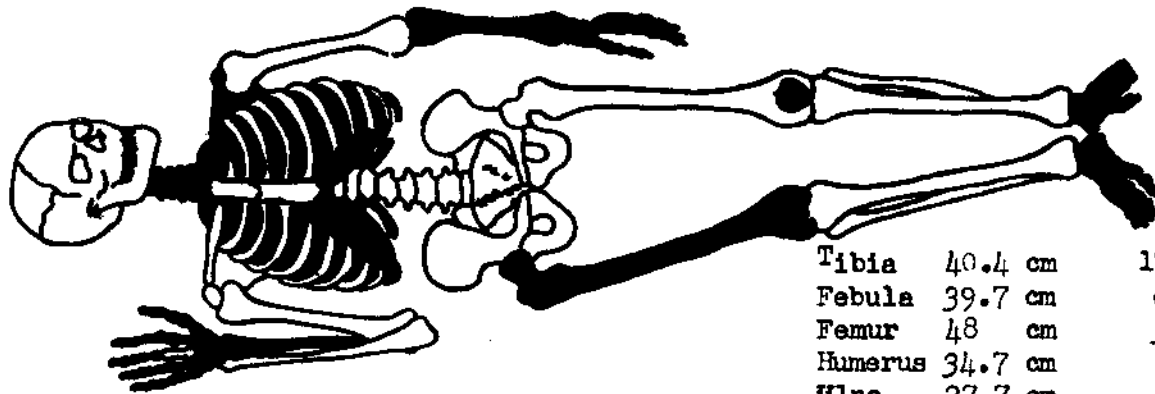
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G T GAMBOA  
2d Lt MSC

/s/ John H Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia	40.4 cm	176 cm
Febula	39.7 cm	or
Femur	48 cm	5'9½"
Humerus	34.7 cm	
Ulna	27.7 cm	
	<u>190.5 cm</u>	

20.

## MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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

SIGNATURE OF MEDICAL OFFICER

## 21. REMARKS AND ADDITIONAL INFORMATION

No ROI burial bottle, ID tags, personal effects or other means of identification received with remains. Estimated weight, 10 lbs. Skull is 21½ inches in circumference. The physical height is approximately 5 ft. and 9½ inches.

CERTIFIED TRUE COPY:

*G. T. Gamboa*

G T GAMBOA

2d Lt MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ CLEMENT G SWAN

Emb Sr Ung 0-064862

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G Swan

Date  
13 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)  
UNKNOWN AMERICAN SOLDIER X-54

Serial Number

Grade

Organization

Name, Number and Location of Cemetery  
USAF Cemetery Leyte #1

Plot

Row

Grave No.  
1441

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 ROT on file.

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

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, 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), bicusps (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)**



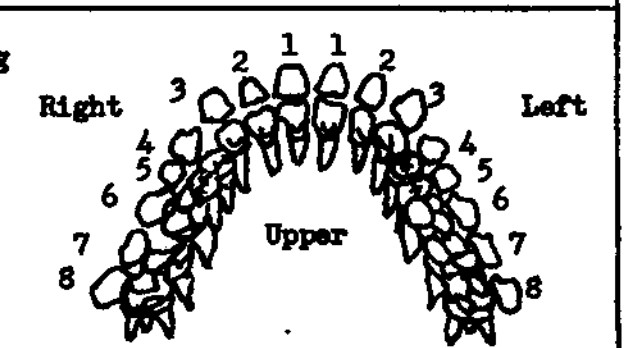
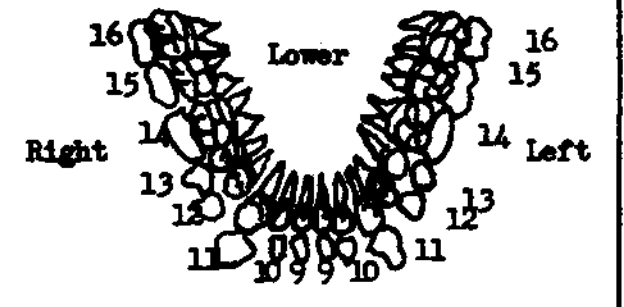
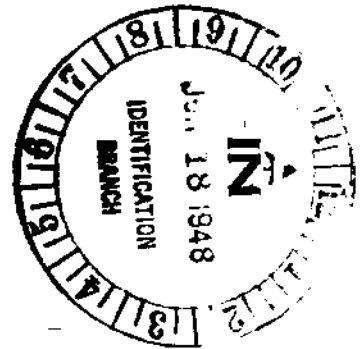




Diagram represents the mouth wide open



**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**



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 21 Feb 48		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO.		
		NAME (Last, first, middle initial) UNKNOWN X-3699 (Formerly UNK X-54 USAF Cem Leyte #1, P.I.)			Unknown		
		GRADE Unknown		ORGANIZATION Unknown	BRANCH OF SERVICE Unknown		
		RACE Unknown	RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH 1 1/2 miles N-NE Palo, Leyte, P.I.		CAUSE OF DEATH KIA-shrapnel wounds, extensive			DATE OF DEATH 20 Oct 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 3 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 reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL 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. 5460	
WAS THIS A REBURIAL? (Yes or no) Yes	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. 1117	
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-3701-A			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5461	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3696			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5459	
SIGNATURE OF PERSON PREPARING REPORT R. S. AQUINO, T-5, QMC			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.							

**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.


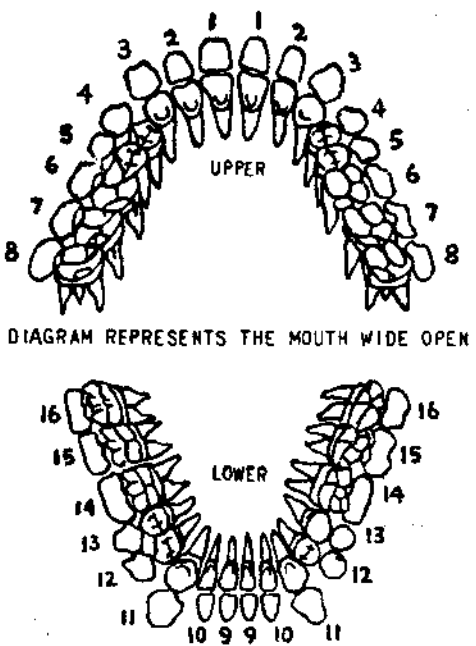




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

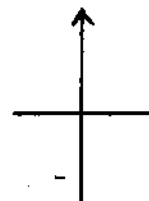
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

Unknown American soldier

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

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



REMARKS:

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

**19 MAY 1949**

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

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

UNKNOWN AMERICAN SOLDIER X-54

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
12 miles N-NE Palo, Leyte, P. I.			20 Oct 1944	XIA-shrapnel wounds, extensive	
(Place of death)		(Date of death)		(Cause of death)	
1100 hrs 20 June 1945	USAF Cemetery Leyte # 1, P. I.				
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
1041			Reg Cross

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No   
 DISINTERRED from Grave 227, USAF Cemetery Tacloban # 2, Leyte, P. I. (UNKNOWN AMERICAN)  
 Religion: Metal tag buried with remains and attached to marker. SOLDIER X-18

A TRUE COPY:

*W. H. Cooper* (If no identification tags, what means of identification are buried with the body?)

W. H. COOPER JR. (If no identification tags, but identity definitely established, give particulars)  
Capt., OMC

Body buried on	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
RIGHT	SINGLETON, Albert E.	30 555 370	Pvt 1st	A Co 511 Inf	1042

Body buried on	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
LEFT	BEGINNING OF ROW				

(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 RESTRICTED





HHS RESTRICTED

RE

16195

16195

81

Graves Registration Form No. 1 (Revised May 11, 1943)

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

UNKNOWN AMERICAN SOLDIER X-54

(Last name) (First) (Initial) (Serial number) (Rank) (Organization) 1 1/2 miles N-NE Palo, Leyte, P. I. 20 Oct 1944 KIA-shrapnel wounds, extensive

(Place of death) (Date of death) (Cause of death) 1100 hrs 29 June 1945 USAF Cemetery Leyte # 1, P.I.

(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

1441

Reg Cross

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

Disposition of identification tags: Buried with body Yes [ ] No [X] Attached to marker Yes [ ] No [X] DISINTERRED from Grave 227, USAF Cemetery Tacloban # 2, Leyte, P.I. (UNKNOWN AMERICAN Metal tag buried with remains and attached to Marker. SOLDIER X-18)

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

Religion

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

Body buried on RIGHT SINGLETON, Albert M. 39 555 370 Pvt 1cl A Co 511 Inf 1442 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BEGINNING OF ROW (Name) (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 RESTRICTED

(\*) No. 1247

16195

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:  
Colour of eyes: Number of rifle:  
Colour of hair: Wear glasses?  
Race: Is Tooth chart attached? **No**

(If possible, have medical personnel take a tooth chart)  
**Tooth chart submitted with prior report.**

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.:

**Believed to be Dew, William B., 15 070 344,  
24 Division.**

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

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

(Signature of officer or other person reporting burial)

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

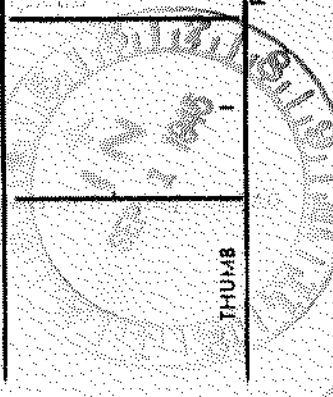
(Verified by Army GRS Officer)

LEFT HAND

4  
3  
2  
THUMB

RIGHT HAND

4  
3  
2  
THUMB



CORRECTED

RE-

Graves Registration  
Form No. 1  
(Revised May 11, 1943)**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

UNKNOWN AMERICAN SOLDIER X-18

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
1 1/2 miles WNE, Palu,			20 Oct. 1944	KIA	Shrapnel wounds, extensive
(Place of death)	LeYTE, P.I.		(Date of death)		(Cause of death)
1600 hrs 6 Jan. 1945	USAF CEMETERY	TACTOAN #2,	LEYTE, P.I.		
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		
Grid Coordinates 1359.05-1352.5 Map Ref. Spec. Map. Tsc. Sheet 2 of 4 Sheet					

227

Cross regulation

(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 

Religion

Changed from Smith, Elmer W. to Unknown  
Corrected Report of Reinterment (in battle)

A TRUE COPY:

*W. H. Cooper*  
W. H. COOPER  
Capt., GMC

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

Body buried on	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
RIGHT	MASAYDA, Peter M.	11380120	Pvt	Inf Regt. 24 Div 228	
LEFT	LI BRIZZ, Jerry M.	2365877	EM 2/c	USS LSM 51	226

(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.

(21)

**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 ? Yes

(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. :

Believed to be Dew, William B. 15070344  
24th Division.

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

/s/t/ E/4 John E. Bobis

(Signature of officer or other person reporting burial)

/s/t/ ROY E. SULZBACHER, 1st Lt. OMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

REGISTER OF DENTAL PATIENTS AT

UNKNOWN AMERICAN SOLDIER X-18

(1) SURNAME (2) CHRISTIAN NAME  
 USAF Cemetery, Tacloban # 2, Leyte  
 P. I. ---Grave # 227

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

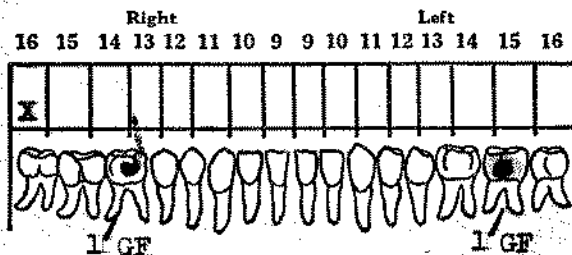
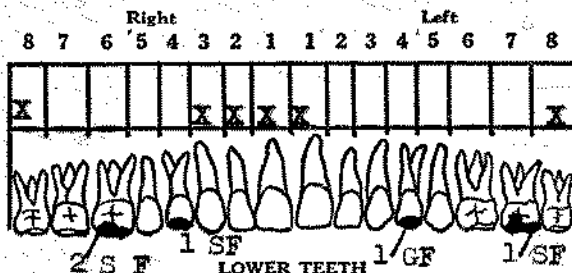
										(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
										(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
										(12) RESULTS AND REMARKS

*Roy F. Sulzbacher*  
 ROY F. SULZBACHER, Capt, QMC GRO

Dental Corps, U. S. A.

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**



CLASS \_\_\_\_\_

Occlusion \_\_\_\_\_ : Calculus: Slight, Medium, Heavy  
 Periodontoclasia \_\_\_\_\_  
 Dental foci suspected:      Yes      No  
 Other conditions \_\_\_\_\_

Date 1 March 1945  
ROY F. SULZBACHER, GRO, OMC  
Capt  
 Dental Corps, U. S. A.

\*Restorable carious teeth by O  
 Nonrestorable carious teeth by /  
 Missing natural teeth by X

Teeth replaced by denture (horizontal line)      

X	X	X
---	---	---

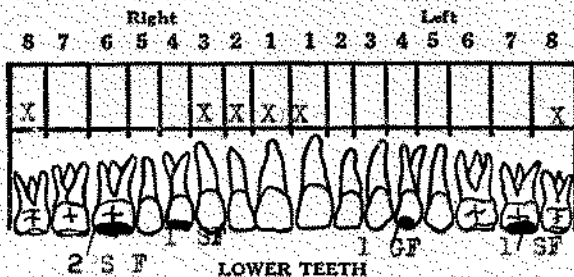
Teeth replaced by fixed bridge (oval to include abutments)      

O	X	O
---	---	---

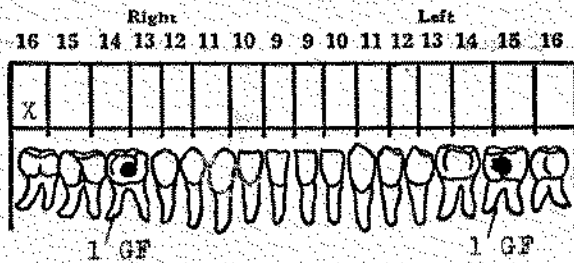


**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**



**LOWER TEETH**



CLASS .....

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected:    Yes                      No

Other conditions .....

CERTIFIED TRUE COPY:

*W. H. Cooper*  
 W. H. COOPER  
 Capt., QMC

Date 1 March ....., 19 45

/s/ t/ ROY F. SULZBACHER, QMC  
 Capt.  
 Dental Corps, U. S. A.

\*Restorable carious teeth by O  
 Nonrestorable carious teeth by /  
 Missing natural teeth by X

Teeth replaced by denture  
 (horizontal line)                      

X	X	X
---	---	---

Teeth replaced by fixed bridge  
 (oval to include abutments)                      

○	X	○
---	---	---



**CORRECTED**

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

16195

**UNKNOWN AMERICAN SOLDIER X-18**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

**1 1/2 miles NNE, Palo, Leyte, P.I.** **20 Oct. 1944** **KIA Shrapnel wounds, extensive**  
(Place of death) (Date of death) (Cause of death)

**1600 hrs 6 Jan. 1945** **USAF CEMETERY TACLOBAN #2, LEYTE, P.I.**  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

**Grid Coordinates 1359.05-1352.5** **Map Ref. Spec. Map. Tac. Sheet 2 of 4 Sheet**

**227** **Cross, regulation**  
(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   
**Changed from Smith, Elmer W. to Unknown**

**Corrected Report of Reinterment (in bottle)**

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

(If no identification tags, but identity definitely established, give particulars) **Hq. Co. 3rd Bn. 19th**

Body buried on **RIGHT** **MASAYDA, Peter M.** **31380120** **Pvt** **Inf Regt. 24 Div 228**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **LI BRITZ, Jerry M.** **2366877** **EM 2/c** **USS LSM 51** **226**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

644

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

176B

**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.:

**Believed to be Dew, William B., 15070344, 24th Division.**

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

T/4

*John E. Bobis*

**John E. Bobis** **CRS**  
(Signature of officer or other person reporting burial)

*Roy F. Surbacher*  
**ROY F. SURBACHER** **Pat. Officer** **QMG**

8075 **USA**

LEFT HAND

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3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB



RE  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

*Cancelled - X-18*

~~SMITH Elmer~~ 12 024 830 S/Sgt Co L 19<sup>th</sup> Inf Regt  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

About 1 1/2 miles N. E. of Palo, Leyte, P.I. 20 Oct 1944 KIA Shrapnel wounds, extensive  
(Place of death) (Date of death) (Cause of death)

1600 hrs 6 Jan 1945 USAF Cemetery, Tacloban # 2, Leyte, P.I.  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

227

Reg Cross

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

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

Religion

*A TRUE COPY:*

RE

Report of Interment buried (In Bottle)

*W. H. Cooper*  
V. H. COOPER  
Capt., 300

Remains identified by what means of identification? Buried with the body? Coordinates (1359.05-1352.5  
Map Reference Special Map, Tacloban, Leyte, P. I., Sheet 2 of 4 sheets.  
(If no identification tags, but identity definitely established, give particulars) Hq Co, 3rd Bn, 19th Inf Re

Body buried on **RIGHT** **NASAYDA, Peter M.** 31 380 120 Pvt 24 Div 228  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **LI BRITZ, Jerry M.** 238 55 77 BM2/c USS LSM 51 226  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Nelly Smith (Mother) Lake Shore Road, Derby, New York  
(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 ?

(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.**

/s/t/ Tec 4 John E. Bobas GRS

(Signature of officer or other person reporting burial)

/s/t/ ROY F. SULZBACHER, 1st Lt, QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB