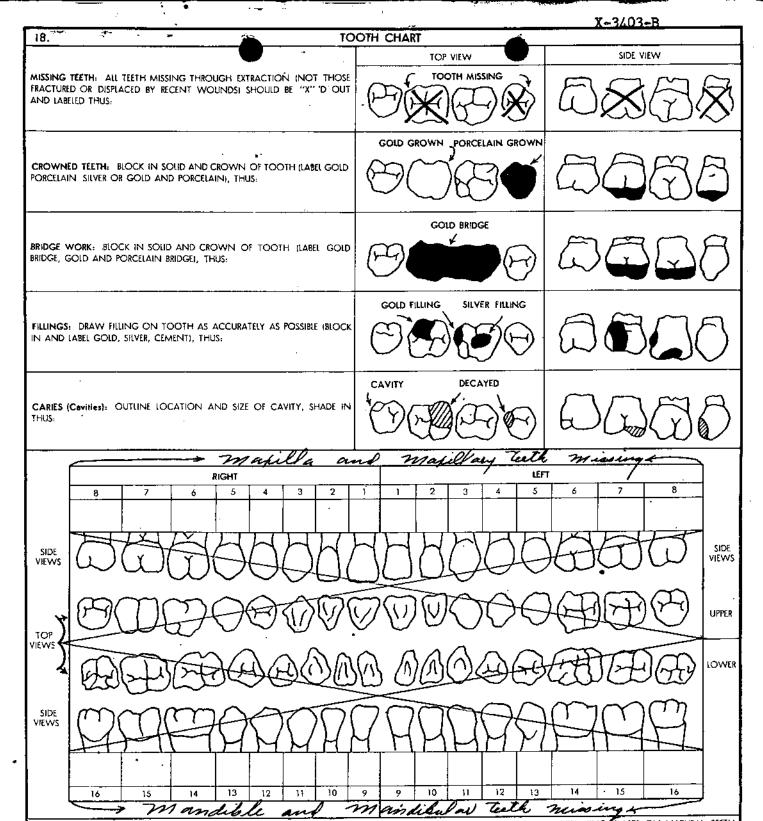
FILE IDENTIFICATION TOPPER

| ILE NUMBER | |
|--------------------------------------|---|
| UBJECT 293 ruck Leute #1 C 1 L # 157 | |
| tormerly Lente #1 X-337 | |
| (resomanila mars X - 3403-B. | _ |
| C FORM 1121 | |

| - · · · · · · · · · · · · · · · · · · · | و ج | | | | X-349 | 03 - B | | | | | |
|--|--------------------|--|-------------------|------------|------------|---------------------------------------|----|--|--|--|--|
| IDENTIFIC | ATION | DATA | . • | | | | | | | | |
| T. REMAINS OF LINKNOWN | • | | · ¥ . | 2. DATE | OF REPO | RT | | | | | |
| X-3403-B (Formerly UNK X-337, USAF Cem Leyte #1, P.I.) | | | | | | 12 Jan 48 | | | | | |
| J. NAME OF CEMETERY ON A-357, COST COM LEGICE WILL I. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | <u> </u> | | | | | | |
| · | ILNGER | | CRW. | DISINTER | | REINTERMENT | | | | | |
| | | TORAGE | | | | | | | | | |
| | | | | | | 7 14 Jen | 48 | | | | |
| | L DESCRIPTIO | N | | · · · | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT | | | | | | | | | | | |
| | | | | | | - | | | | | |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMA | VINS | | | | | • | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NONE | | | | _ | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFO | TRMATION OSTA | INED FROM | OTHER SOUR | ES | | , | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| UTD - Due to c | ondition | of rema | eins | | | | | | | | |
| • | | | - | | | | | | | | |
| | | | | | | | | | | | |
| 14. WAS BODY BURNED \$ TO WHAT EXTENT \$ | | | | | | | | | | | |
| YES A NO | | | • | | | | | | | | |
| 15. WAS BODY MANGLED # TO WHAT EXTENT # | | | | | | | | | | | |
| YES IX NO | · | <u>. ' </u> | | | | | | | | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS | | | | | | | | | | | |
| | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| NONE | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUN | D. SHOWING TI | HÊ TYPE, CO | LOR. SIZE. MA | RKINGS | SERVICE F | FTC (If launday | | | | | |
| merks are Indistinct such notation should be made and specimen forwarded through | gh channels for ex | amination wh | en facilities are | not availe | ble in the | ereel | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | • | | | | |
| NONE | | | | | | | | | | | |
| • | • | | | | | | | | | | |

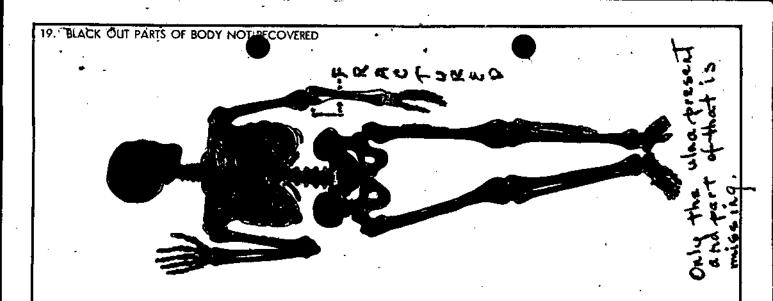


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

* Maxilla, mandible and loose teeth missing.

A CERTIFIED TRUE COPY: J. S. Jambou

G T GAMBOA 2d Lt MSC /s/ John J. Connors /s/ Clifford E. De Baptiste SI



| • | ^ |
|---|---|
| • | |
| | |

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 Follow |
|--|--|
| ing Anatomical Parts: | NUMBER |

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

In processing former UNKNOWN X-337, USAF Cem Leyte #1, an extra bone (left ulna) was found and designated as a separate case. Said remains was numbered UNKNOWN X-3403-B (subject case) and UNKNOWN X-3403-A. (Refer to UNKNOWN X-3403-B)

No I.D. tags or burial bottle found with remains or any other means of identification.

Estimated weight $-\frac{1}{2}$ (one fourth) of a pound.

A CERTIFIED TRUE COPY:

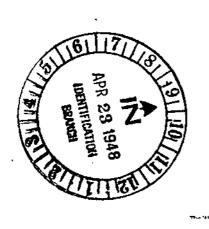
G. T. GAMBOA, 2d Lt., MSC

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

clifford DE BAPTISTE, SP-6 CIP Laboratory, Manila, P.I. SIGNATURE

/s/ Clifford E. De Baptiste



LIST OF UNKNOWNS ASSIGNED CIL NOS. RE: OQUG RAD CITE WCL 35103

10 JAN 49

| | | | , | | , . | | Ž | , | |
|--------------------------------|-------------------------------|-----------------|---|-------------------------------|---------------------------------|-------------------------------|--------------------------|---------------|-------------------------------|
| 167 | 166 | 165 | 164 | 161 | 159 | 158 | 157 | | ASSIGNED |
| X-903-B | X~4216-B | X-4549-B | X-4549-A | X-4450-B | X-3979~B | X-4819-C | X=3403-B | MANIIA, P. I. | AGES PAUSOLEUM |
| 813 | 812 | 802 | 802 | 802 | 810 | 810 | 813 | HANGER | MAUSOLEUM STORAGE LOCATION |
| در | ۲, | Н | н | Q | щ | ש | e, | BAY | CLEUM ST |
| 3266 | 3194 | 3027 | 3020 | 2341 | 2518 | 1088 | 3325 | CRYPT | CORAGE |
| X-244, Finsch. No. 2, N. G. | (S & R Evac. No. 7-A-70-2) | (Same as above) | (Segregated from FRYAR, hh. F., Leyte No. 1, P.I. | (S & R Evac. No. 4-C-22-5) | X-7, Finschhafen No. 5, N.G. | (S & R Evac. No. 1-H-16-2) | X-337, Leyte No. 1, P.I. | | FOREERY X= NO |
| 9 | 1 | 1 | 1 | L | • | • | • | FLOT | LADOT |
| 1 | • | | 1 | • | • | | • | ROW | FORMER BURIAL |
| 634 | • | 5740 | 5740 | • | 217 | • | 5865 | GRAVE | FORMER BURIAL |

GSGR 293 12 JAN 1949

SUBJECT: List of CIL Designations

TO:

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

In accordance with your radio cite WCL 35103, forwarded herewith is a list of Unknowns by former Cemetery and Lausoleum unknown X-numbers, indicating grave and crypt location, that were assigned CIL numbers.

FOR THE COMMANDING GENERAL:

l Incl:
 List of Unks. Assigned
 CIL Numbers (in trip.)

NC.C.AN L. QUIGG CWO, USA Asst Adj Gen QMGHT DEPT OF ARMY WASH DC CAPT SLOAME EXT 2462

CONGENEATLOS PARTIA FI

UNCLASSIFIED

PRICRITY PROTRITY

CINCLE TOKYO JAPAN

CHARGE GRAVES WW II

MULTIPLE ADDRESS

FROM QUIGHT

REQUEST THIS OFFICE BE FURNISHED LIST OF UNKNOWNS PAREN BY FOR AR CENTERRY AND MAUSCLEUM KRAY MIT BLASS AND GRAVE AND CRYPT NUMBERS PARCH THAT WERE ASSIGNED CENTRAL IHRTIFICATION LABORATORY NUTTURES PD FURLHER ADMINIST RADIO REPLY AS TO APPROXIMATE DATE LIST WILL BE FORTARIED

UNCLASSIFIED

RESTRICTED

| /ea | ant | RESTR | | i | | | | |
|---|--|---------------------------------------|------------------|--------------------------------------|------------------------------|------------------|--------------|--|
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF (AR 30-1810 an | | *********** | E | report Jan 48 | | |
| | Impeint Identification Tag If Possible. Section 1.—IDENTIFICATION. | | | | | | | |
| DO NOT TY | 'E | NAME (Last, first, middle initial) | | | SERIAL N | 10. | | |
| UNKNOWN X-3403-B (Formerly UNK X-337, | | | | | | | | |
| (| \ \ | USAF Cem Leyte # | /l, P.I.) | - | Unkn | 10Wn | | |
| / | \ \ | GRADE | ORGANIZATION | | BRANCH | OF SERVIC | Æ | |
| | 0][| | 1 | | | | | |
| | 11 | Unknown | Unknown | | Unkn | IOWIL | | |
| \ | | RACE | RELIGION | | IF OTHER THAN NAME OF COU | U. S. DEAL |), GIVE | |
| | | ! | | | 177112 01 000 | | | |
| | | Unknown | Unknown | | | | | |
| PLACE OF DEATH | | CAUSE OF DEATH | | | DATE OF | DEATH | | |
| Vicinity of Lub | 1, l | | | | | | ļ | |
| Leyte, P.I. | | Unknown | | | Unkn | iown | | |
| EMERGENCY ADDRESSEE (Ne | me, relationship, and | i address) | | | | | | |
| 1 | | | | | | | 1 | |
| | | Unknown | | | | | | |
| IDENTIFICATION TAGS FOUNI (1, 2, or none) | ON BODY | IF NO TAGS FOUND ON BODY, D | ESCRIBE MEANS OF | F IDENTIFICATION (IF | unidentified, fill to | n section 3 o | W 1634139) | |
| 4, 2, 0, 10,00, | | | Car | ralled #157p | Clea | Lie. | امر | |
| None | | 2 . 2 | | The same of | - | سك | 4-4 at | |
| WERE SUBSTITUTE TAGS PRO | VIDED?(Yes or no) | See Remarks | C/L | #157 _n | | , | ŀ | |
| _ /2\ | | | 111 | n. J. | a e | fu, | 1 | |
| Yes (2) | <u>. </u> | 1 | MAZL | <u> </u> | Lame F1 | A & R | Pylot . | |
| LIST PERSONAL EFFECTS EOL | | DISPOSITION OF SAME | | / | <i>t</i> | | | |
| ?₹ | | • | | - | | | | |
| i d | ā 15 | | | | | | | |
| 9 | ** * | None | | | | | | |
| | <u> </u> | | | | | | | |
| | | *** * * * * * * * * * * * * * * * * * | | | | | | |
| | *** | lished cometery, furnish sketch | I and map owner | Males Of Ieroteo. | | | | |
| NAME, NUMBER, COORDINAT | S, ANDROCATION | AGRS MAUSOLEUM, | MANILA, F | | | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or no | ome of other) | TYPE OF GRAVE | PLOT No. R | ROW No. | GRAVE No. | |
| STOHAGE | | NUNEW | 11ma 04 0, | MARKER | (事務報告) | 9 <u>4</u> 4 | 1 時間 | |
| 14 Jan 48 | 1300 | Casket | ı | None | 813 | Л | 3325 | |
| WAS THIS A REBURIAL? | | INDICATE NAME, NUMBER, COORD | INATES OF PREVIO | J | | VE. | | |
| (Yer or notiESTORED | | | | | | | GRAVE No. | |
| Yes | USAF Cen | netery Leyte #1, P. | .I. | | | ļ | 5865 | |
| | <u>' </u> | TING BURIAL RITES | | ON TAGS NOT USED. URIED WITH BODY | DESCRIBE IDENT | IFICATION | | |
| TYPE OF RELIGIOUS CEREMONY | ļ | | CONTAINERS B | JRIED WITH BODY | | | | |
| | 1 | İ | İ | | | | | |
| IDENTIFICATION TAG BURIEL | MITH. IDENT | TIFICATION TAG ATTACHED TO | Ļ | | | | | |
| BODY (Yes or no) CTA | | RKER (Yes or no) | | | | | | |
| Yes | ł | Yes | | | | | | |
| BODY BURIED ON DECEASED | LEFT, NAME (Lost | | RANK | SERIAL NO. | ORGANIZATION | GRAVE | No. | |
| 11400 | | 3, (| | , | 1 | CRII | Γ 1 : | |
| UNKNOWN X-3405- | _ | | | • | 1 | | 3327 | |
| BODY BURIED ON DECEASED | | et first middle initial) | RANK | SERIAL NO. | ORGANIZATION | GRAVE | | |
| ZAU TET | RIGHT, HARE (MI | n, pres, medase initial) | TOSAIN. | Jenine no. | | Cay | | |
| | <u> </u> | •• | | b 1 | | - | 2222 | |
| UNKNOWN X-3402- | | <u> </u> | 1 SIGNATURE HEA | SRS OFFICED VERIFYIN | I DEPORT | | _3323_ | |
| SIGNATURE OF PERSON PREI | ARING REPORT | | SIGNATURE CERT | | NG REPORT | | | |
| THE MINUS. | | ~ ` | | 2770 | T 4 | | | |
| y o'Aquino, 1/5 | S, GMC | | | | Inf | | | |
| | | al for U.S. and allied dead, sig | | | | | | |

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| | Section UN | (IDENTIFIE) | DEMAINS | | | - | | | - T |
|-------------------------|--|--|---|--|---|--|---|---------------------------------|--|
| LEFT LITTLE FINGER R | INSTRUCTION (a) Great mains. Fill social security planes wabic | ONS: at care will in anatom y number; les, and ta agerprint, c or as man vill be indic | be taken i ical charac position o nks. or prints, a y as possib cated on th | to record teristics I body for tre the mo ble. —If no te tooth ch | pelow, and and in airp ost valuable ofingerprinart in acco | I any other danes, vehic e of all clue nt or prints o ordance with | clues under ' les, and tanks | 'Other,' sucl ; and serial r | inidentified re- h as shoe size numbers of air- thumbs in the on of each and hart will not be |
| LEFT RING FINGER | | WEIGHT | COLOR OF | · | COLOR OF | | BIRTHMARKS | , SCARS, OR TA | TTOOS |
| LEFT MIDDLE FINGER | WEAPON AND SI | | ucs | LAUNDRY | MARKS | | | WAS BURIED (|)R FOUND |
| LEFT INDEX FINGER | FILLINGS | ··- | Sil | LVER FILL LO FILLIN | ing ig | | 3-20 | <u> </u> | |
| LEFT Thumb | CAVITIES | | | CAVITY | | \$ (*) | | | 25 06 00] 7 |
| RIGHT THUMB | MISSING T | | | OTH MISSIN | (G | DIAGRAM | REPRESENTS | V THE MOUTH ! | NIDE OPEN |
| RIGHT INDEX FINGER | 8RIDGE WO | RK S | | GOLD B | | 15 (14 13 | | WEP SAFE |) i4 13 1 |
| RIGHT MIDULE FINGER | FURNISH SKETC | H AND MAP | REFERENCE | AND COOF | RDINATES FO | OR BURIAL IN | OTHER THAN E | STABLISHED C | EMETERY |
| RIGHT RING FINGER | REMARKS: | | | | | | | | • |
| RIGHT LITTLE FINGER | Leyte,#1 gated an AGRS Mau 3403-B, | ., P.I. d desi usoleum with U | , bones gnated , Manil NKNOWN | as UNI la, P.: X-340; | #o bodi KNOWN I I. Cros 3-A. | ies were 1-3403-1 ss-refer | N X-337, found. and UNK ence thi | They wer NOWN X-3 | e segre- |