

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Leyte #1 CIB #251

SUBJECT

Formerly unk. Leyte #1 X-169

Also Manila Maus. X-3330

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293

APO 707

SUBJECT: Assignment of GIL Numbers

31 March 1949

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 QMGT 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P.I., have been assigned GIL numbers as indicated below:

a. Unknown X-1068 (formerly Unknown X-3837, USAF Cemetery Manila #2), assigned GIL #248.

b. Unknown X-3267 (formerly Unknown X-397, USAF Cemetery Leyte #1), assigned GIL #250.

c. Unknown X-3330 (formerly Unknown X-169, USAF Cemetery Leyte #1), assigned GIL #251.

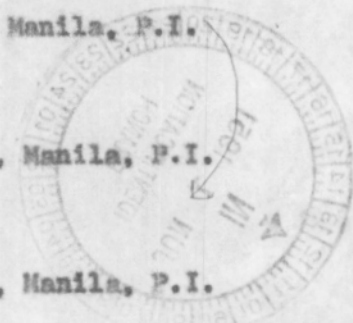
d. Unknown X-3615-C, AGRS Mausoleum Manila, P.I. assigned GIL #252.

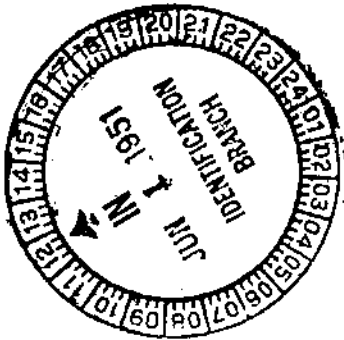
e. Unknown X-4608-C AGRS Mausoleum, Manila, P.I., assigned GIL #253.

f. Unknown X-4815-B, AGRS Mausoleum, Manila, P.I. assigned GIL #255.

g. Unknown X-4610-B, AGRS Mausoleum, Manila, P.I. assigned GIL #254.

h. Unknown X-4811-B, AGRS Mausoleum, Manila, P.I. assigned GIL #256.





i. Unknown X-3615-B, AGRS Mausoleum, Manila, P.I.,
assigned OIL #257.

j. Unknown X-3701 (formerly Unknown X-58, USAF Cemetery
Lot #1), assigned #258.

k. Unknown X-4618-B, AGRS Mausoleum, Manila, P.I.,
assigned OIL #259.

l. Unknown X-3996 (formerly Unknown X-99, USAF Cemetery
Sta. Barbara No. 1), assigned OIL #261.

3. It is requested that all pertinent records your office be
amended to indicate that the above-mentioned Unknowns have been assigned
OIL numbers.

FOR THE COMMANDING GENERAL:

FRANK O CALOHAH JR.
CWO USA
Asst Adj General

IDENTIFICATION DATA

| | | | | | | | |
|---|--|--|--|---------------------------------|-------------------------------------|--|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3330 | | | (Formerly UNK X-169 USAF Cemetery Leyte #1, P.I.) | | | 2. DATE OF REPORT 10 Jan 48 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | | 4. PLOT 813 | 5. ROW WANGER BAY CRYPT J | 6. GRAVE 3254 | 7. DATE OF DISINTERMENT 8 Dec 47 | |
| | | | | | REINTERMENT STORAGE 14 Jan 48 | | |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------|-----------------------------------|--------------------------|---------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 6'- 1 1/8" | 10. COLOR OF HAIR UTD | 11. RACE Unknown |
|----------------------------|-----------------------------------|--------------------------|---------------------|

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

UTD - Due to condition of remains

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

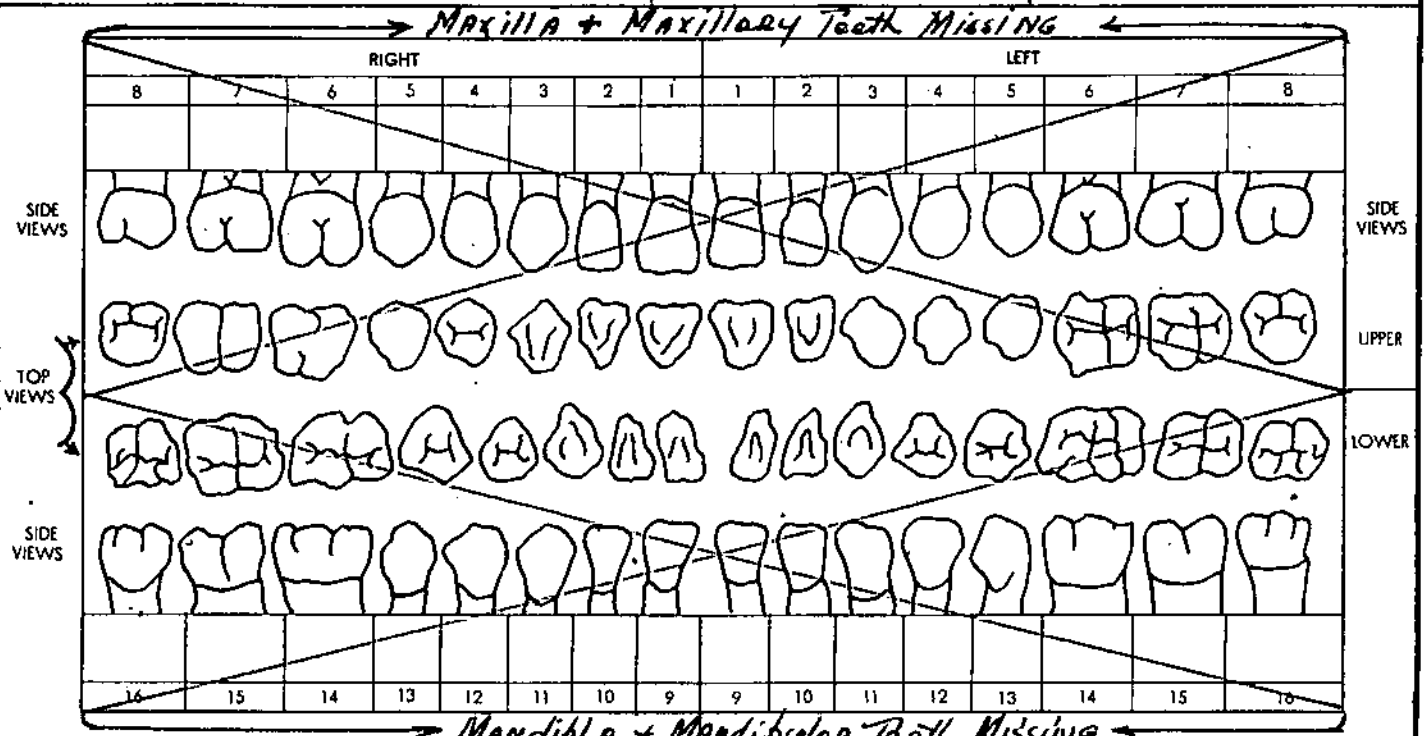
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

18.

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|--|----------|-----------|
| 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: | | |



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 and mandible missing. No teeth found with remains.

CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2d Lt., MSO

s/ Alexander P. Pettice

s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



2 Ribs 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 or ROI bottle found with remains. No other means of identification. Circumference of head, unable to determine due to condition of remains.
Approximate weight of remains is 1 1/2 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2d Lt., MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

p/ ALEXANDER P. PETTICE SP-6
CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Alexander P. Pettice



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

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

DATE OF REPORT

19 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3330 (Formerly UNK X-169 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

Limon, Leyte, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

21 Nov 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

REPAIR BRANCH
RECORDS BRANCH
JUN 7 2 48 PM '48
ARMED DIVISION
CAMPBELL, J
SIL # 251
LETTER

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSCLEUM, MANILA, P. I.

| | | | | | | |
|--|---|--|--|-----------------|-----------------------------------|-----------------------------------|
| DATE OF BURIAL STORAGE 14 Jan 48 | HOUR 1300 | BURIED IN (Shroud, blanket, or name of other) STORED Casket | TYPE OF GRAVE MARKER None | PLOT No. 813 | ROW No. J | GRAVE No. CRYPT 3254 |
| WAS THIS A REBURIAL? (Yes or no) RESTORED Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | | | | | GRAVE No. 3803 |
| 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) STORED UNKNOWN X-3341 | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 3256 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3394-0 | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 3252 | |
| SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/S. QND | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT L. B. 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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

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

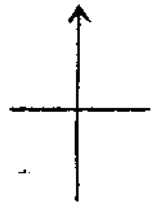
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

OTHER IDENTIFICATION CLUES

| | | |
|---------------|--|--|
| FILLINGS | | |
| CAVITIES | | |
| MISSING TEETH | | |
| CROWNED TEETH | | |
| BRIDGE WORK | | |
| | | |

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



REMARKS:

QMG Form No 1044, 1044-A and 1044-B accomplished.

12 MAY 1949

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT

U 114

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN X-169.

| (Last Name) | (First) | (Initial) | (Serial No.) | (Rank) | (Organization) |
|---|---------|-----------|---|--------|--|
| Limon, Leyte, P. I. | | | 21 Nov 1944 | | KIA |
| 1300 hrs 1 Aug 1945 | | | USAF Cemetery Leyte # 1, F.I. | | |
| 3803 | | | Rog Cross | | Buried with body <input type="checkbox"/> Attached to marker <input type="checkbox"/> |
| | | | | | (Identification Tags) Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Hebrew <input type="checkbox"/> |
| Disinterred from Grave 299, USAF Cemetery Valencia # 1, Leyte, P.I. | | | | | |
| Other pertinent data to enable grave to be located. (Where necessary sketch to locate grave should be furnished) | | | | | |
| (Name and address of Emergency Addressee) | | | (Name and address of legal next of kin) | | |

Limon, Leyte, P. I.

21 Nov 1944

KIA

(Place of Death)

(Date of Death)

(Cause of Death)

1300 hrs 1 Aug 1945

USAF Cemetery Leyte # 1, F.I.

(Time and Date of Burial)

(Place of Burial - Name and No. of Cemetery, if in a cemetery)

3803

Rog Cross

Buried with body Attached to marker

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

Metal tag buried with remains and attached to marker

Protestant Catholic Hebrew

Disinterred from Grave 299, USAF Cemetery Valencia # 1, Leyte, P.I.

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

1777

Fingerprints (right hand) if right hand missing furnish prints of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25e (2) TM 10-630)

Place X mark
below when
prints are of
left hand

Unable to take tooth chart on disinterment.

Thumb

1

2

3

4

List of personal effects and disposition of same

NONE

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— READING, Warren C. 13 007 761 S/Sgt Co I 34 Inf 3804

On Left— JACKMAN, Sail E. 37 001 342 S/Sgt 164 Inf Regt 3802

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., QMC

Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

RESTRICTED

299
u 114

Graves Registration

Form No. 1

(Revised May 11, 1943)

REPORT OF INTERMENT

(TR. 10-630 and AR 30-1815)

U.S. No. X-7

(Last name) Limon, Leyte, P.I. (First) _____ (Initial) _____ (Serial No.) _____ (Rank) K.I.A. (Org) _____

(Place of death) 13 February 1945 (Date of death) 21 Nov 44 (Cause of death) USA Cem. Valencia # 1 Leyte, P.I.

(Time and date of burial) _____ (Name of cemetery) _____ (Name of co-ordinates or location) _____

(Grave number) 299 (Row number) 9 (Plot number) _____ (Cross of marker) _____

Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No

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

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

Body buried on RIGHT Bellikka, Arnie W. 37027800 Pfc Co O 164th Inf 309

(Name) (Serial No.) (Rank) (Org) (Grave No)

Body buried on LEFT Reading, Warren 13007761 S/Sgt Co I 34th Inf 298

(Name) (Serial No.) (Rank) (Org) (Grave No)

(Name and address of EMERGENCY ADDRESSEE) _____ (Name and address of LEGAL HEIR OF REM) _____

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

Serial # 15 of 616

No personal effects found on the body.

RESTRICTED

TAKE FINGERPRINTS OF BOTH HANDS (AD 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 rifles:
Color of hair: Wear glasses?
Race: Is tooth chart attached?

(If possible, have med. pers. take a tooth chart)
In space below, locate and describe any scars,
birthmarks, moles, deformities, etc.:

Note below any identifying class 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.

Walter McDonald

(Sig. of officer or other person reporting burial)

(verified by Army GRS officer)

LEFT HAND

2

1

THUMB

RECEIVED
6 JUN 1945

RIGHT HAND

THUMB

Just

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00188

DATE

15 05 48
DAY MONTH YEAR

NAME

UNKNOWN X-000169 0

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

0 7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

3803 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNK X-169
UNK X-3330 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 sept 1948

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

PERRY E. WHITE
Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Identification Tags show UNK X-3330 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48

BY PERRY E. WHITE

CASKET SEALED BY

PERRY E. WHITE

EMBALMER (Signature)

Perry E. White

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt., INF.

HONORIO V. AURELIO, 1st Lt., INF.

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

HONORIO V. AURELIO, 1st Lt., INF.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | |
|-----------------------------|---------------------------------------|
| FROM AGRS Mausoleum | TO Fort McKinley Military Cemetery |
| KIND OF CONVEYANCE Truck | 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 |