

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk keys ~~101~~ X-120

SUBJECT

Also 293 unk manus manuals X-36524

GNC FORM 1121
1 Aug 45

AIRMAIL

RESTRICTED

QUOMT 208
THE FAR EAST

27 September 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. Proceedings of the Field Board of Review recommending the following identifications are returned herewith disapproved:

Unknown X-3688 AGPS Mausoleum, Manila (formerly Unk. X-120 Leyte#1)
as Russel, Sam J., Opl., 34683407.

Unknown X-3680-A	AGPS	Maus.	Manila	(formerly	Unk. X-114	Leyte #1)
" X-3479	"	"	"	"	Unk. X-117	"
" X-3280	"	"	"	"	Unk. X-118	"
" X-3651	"	"	"	"	Unk. X-119	"
" X-3282	"	"	"	"	Unk. X-121	"
" X-3281	"	"	"	"	Unk. X-127	"
" X-3410	"	"	"	"	Unk. X-128	"
" X-3480	"	"	"	"	Unk. X-179	"

as a Group Burial, the remains of the following decedents:

Dissler, Frederick E.		T/S	32065191
Klatte, Richard L.	T/S	36206716	
Mathews, Walter L.	T/S	34665190	
Hute, Kenneth H.	T/S	36013715	
Pawlowics, Leo C.	T/S	36608077	
Pintchek, Joseph	T/S	37355478	
Shopire, Barnett I.	T/S	12201720	
Walker, Eugene S.	T/S	32282215	

2. Investigation in this Office reveals that there are believed to be between eighty and one hundred Army personnel killed or missing in action as the result of the incident which was responsible for the death of the above named deceased. No complete official casualty list has ever been compiled. Therefore paragraph 48 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

AIRMAIL

RESTRICTED

X 293
WILL
P. 1
X-3652
Maus Maus

AIRMAIL
RESTRICTED

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GPO Far East

SUBJECT: Identification of World War II Deceased 27 September 1949

3. Lack of dental data and the fragmentary condition of the remains precludes any possibility of individual identifications.

4. The identification of Unknown X-3260 as Deck Engineer Carroll S. Larson, Z-369261, Merchant Marine associated with the same incident, was resounded per letter to your headquarters 9 September 1949.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. M Proceedings (Russel)
2. M Proceedings
(Group Burial)

T. H. METZ

Lt. Colonel, GMC
Memorial Division

RES
RES

TEC

J.E.Ball:irs

Salsor

JW

cc--Administrative Section
cc--Cinops

RESTRICTED

AIRMAIL

1/bpm
 1
 H-8/1
 R/33
 Caremark
 Interred 30 Jan 1950
 6 32 Ft. McKinley
DISINTERMENT DIRECTIVE
CARL R. H. MARK
 Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00142	DATE 15 05 48 DAY MONTH YEAR	
NAME 293 UNKNOWN		SERIAL NUMBER X-000120	RANK	ARM Q
CEMETERY USAF CEMETERY LEYTE NO 1		DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		3120	PHILIPPINE ISLANDS	6

293 SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME IDENTIFICATION X-120 WPK X-3652 (MAUSOLEUM)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> 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
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two (2) Identification tags read WPK X-3650.

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE EMBALMER (Signature) PERRY E. WHITE

CASKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE I. ALLISON, Sgt., Inf. THEOPHIL M. ANTON, 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.
 THEOPHIL M. ANTON, 1st Lt., Inf.
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report GMC 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 <i>Carroll Mark</i>	DATE JAN 30 1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

18 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 120, Flot _____,
Row _____; Grave 3120, USMC USAF Cem. Leyte#1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. B. MCENEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3652 (Formerly UNK X-120 Leyte #1)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5413	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'3"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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

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

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

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>	<p>SIDE VIEW</p>
	<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
				A od	P	P	P	P	P	P	A od				A o		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	A mo	A mod	A od	A od	P	P	P	P	P	P	A od	A m		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."

REMARKS: All teeth present with remains shows sign of attrition.

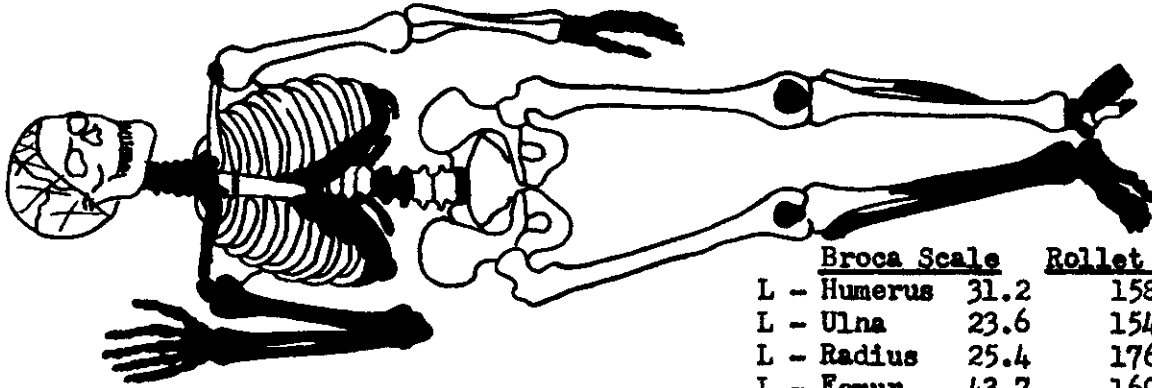
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca Scale	Rollet Measure
L - Humerus	31.2	158 cm
L - Ulna	23.6	154 cm
L - Radius	25.4	176 cm
L - Femur	43.7	160 cm
L - Tibia	34.1	156 cm

Average height: 160 4/5 cm or 5'3"

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, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

"UNIDENTIFIABLE"**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3652 (Formerly Unk X-120 USAF Cem Leyte #1, P.I.)		2. DATE OF REPORT 10 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW DANGER BAY U
		6. GRAVE CRYPT 5413	7. DATE OF DISINTERMENT 11 Dec 47 REINTERMENT 11 Feb 48 STORAGE
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3"	10. COLOR OF HAIR UTD	11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS None			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD			
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Severely	
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Severe fracture of skull, R-tibia & L-fibula	
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS UTD			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None			

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
					A	P	P	P	P	P	P	A				A
					od							od				o
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
		A	A	A	A	P	P	P	P	P	P	A	A		A	
		mo	mod	od	od							od	m		o	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	15

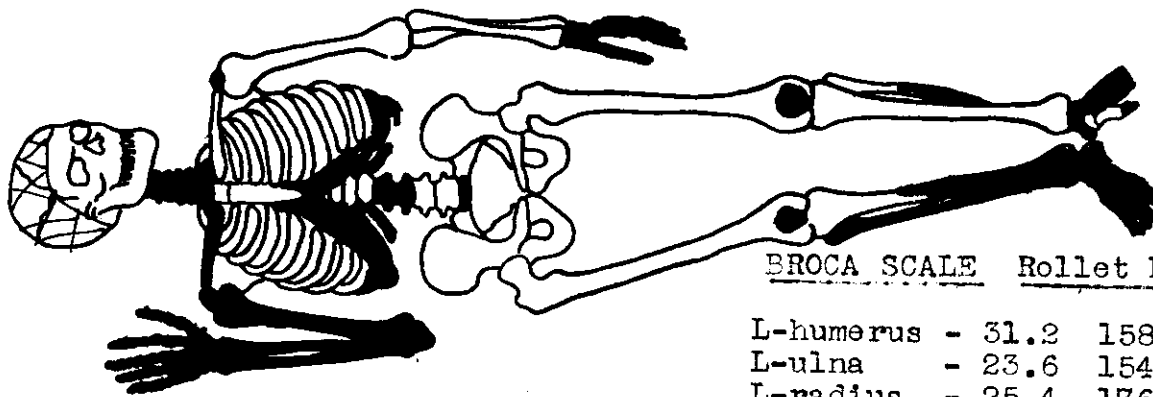
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: All teeth present with remains shows sign of attrition.

CERTIFIED TRUE COPY:
G. T. Gamboa
 G T GAMBOA, 2d Lt., MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



BROCA SCALE Rollet Measure

L-humerus	- 31.2	158 cm
L-ulna	- 23.6	154 cm
L-radius	- 25.4	176 cm
L-femur	- 43.7	160 cm
L-tibia	- 34.1	156 cm

Average height 160 4/5 cm or 5'3"

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 personal effects, no ROI bottle nor ID tags found with remains. Circumference of the skull cannot be determined due to condition of remains. Estimated weight of remains 6 lbs.

CERTIFIED TRUE COPY:

G T GAMBOA
2d Lt MSC

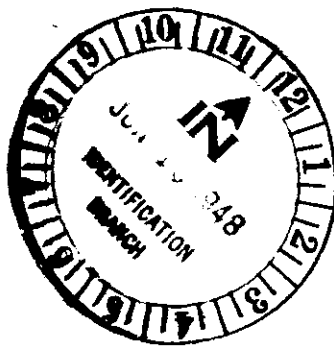
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JOHN J CONNORS
CIP, Laboratory, Manila, P.I.

SIGNATURE

s/ John J Connors

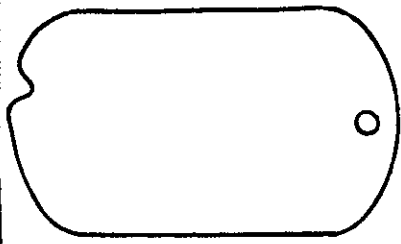


/smr

JUN 16 1948

RESTRICTED

U3115A

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE		DATE OF REPORT 20 Feb 48			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.								
NAME (Last, first, middle initial) UNKNOWN X-3652 (Formerly Unk X-120 USAF Cem 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 Aboard SS Jeremiah H. Daily, Leyte Gulf, P.I.		CAUSE OF DEATH KIA- Shrapnel wounds, 2nd degree burns, extensive, result of enemy bombing.				DATE OF DEATH 12 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										
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 11 Feb 48		HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. WANGER BAY 812	ROW No. U	GRAVE No. CRYPT 5413		
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					PLOT No.	ROW No.	GRAVE No. 3120	
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-3653				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5414			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3651				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5412			
SIGNATURE OF PERSON PREPARING REPORT T. C. AQUINO, T/5, QMC					SIGNATURE OF GRS OFFICER VERIFYING REPORT D. S. PANOPYO, 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

Handwritten scribbles and numbers at the bottom left of the page.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


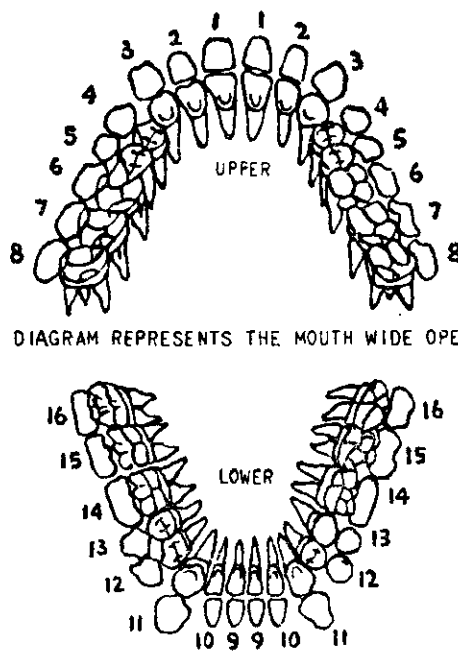




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

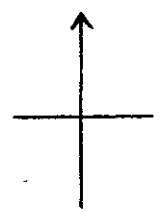
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

Probable American

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.

12 MAY 1948

UNKNOWN AMERICAN SOLDIER X-120

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily, Leyte			12 Nov 1944		KIA-shrapnel wounds,
(Place of death) Gulf, P. I.			(Date of death)		(Cause of death) 2nd deg burns, extensive,
1300 hrs 23 July 1945			USAF Cemetery Leyte		result enemy bombing.
(Time and date of burial)			(Name of cemetery) # 1, P.I.		(Name or co-ordinates of location)

3120			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 () Attached to marker Yes () No ()
 Religion DISINTERRED from Grave 394, USAF Cemetery Tacloban # 1, Leyte, P.I.
 (UNKNOWN AMERICAN SOLDIER X-39)

Metal tag buried with remains and attached to Marker.

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

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

Body buried on RIGHT	END OF ROW				
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER X-119				3119
	(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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 79-19/43).
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)
Tooth chart taken on disinterment.
In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

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

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

John E. Bobis
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 GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

**REGISTER OF DENTAL PATIENTS AT
UNKNOWN AMERICAN SOLDIER
X-120**

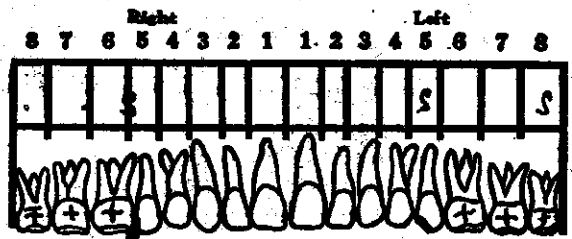
(1) SURNAME **Grave 3120, USAF Cemetery** (2) CHRISTIAN NAME **Leyte # 1**
 (3) RANK **P. 1.** (4) COMPANY **P. 1.** (5) REGIMENT OR STAFF **GRPS**
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper left # 8--silver filling		
Upper left # 5--silver filling		
Upper right # 5 and 6--silver filling		between them.
Lower left # 15--gold filling		
Lower left # 12--gold filling		
Lower left # 9, 10, 11--missing--fell out.		
Lower right # 15--gold filling		
Lower right # 14--gold filling		
Lower right # 13--gold filling		
Lower right # 12--gold filling		
Lower right # 9 and 10--missing--fell out.		

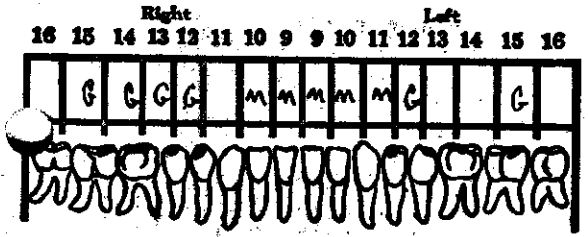
Charles R. Sego
Charles R. Sego, Pvt, GRS

***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy
 Periodontoclasia _____
 Dental foci suspected: Yes No
 Other conditions _____

Date 23 July, 1945

Charles R. Sego, Pvt, GRS
~~XXXXXXXXXXXX~~

*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)	(X)
-----	-----

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

REPORT OF INTERMENT (TM 10-630 AND AR 30-1015)

267110

UNKNOWN AMERICAN SOLDIER X-120

Aboard USS Jeremiah (Prv) (Initial) (Serial number) KIA - Chapnel (Organization), 2nd
Daily, Leyte, Gulf, P.I. 12 Nov. 1944 deg burns, extensive, result enemy bombing
(Place of death) (Date of death) (Cause of death)

1300 hrs 23 July 1945 USAF Cemetery Leyte #1, P.I. (Name and date of burial) (Name of cemetery) (Name and coordinates of location)

DISINTERRED from Grave 354 USAF Cemetery Tacloban #1, Leyte, P.I. (Name and coordinates of location)
(UNKNOWN AMERICAN SOLDIER X-39)

3120 (Grave number) (Row number) (Plot number) Reg Cross (Type of marker—Registration V-shaped or other)

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

Religion

A TRUE COPY Metal tag buried with remains and attached to marker.

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

LEANDER A. O'NEILL

1st Lt., Infantry (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT END OF ROW (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-119 (Name) (Serial number) (Rank) (Organization) (Grave number) 3119

(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

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 ?
Is tooth chart attached ?	YES

(If possible, have medical personnel take a tooth chart)
Tooth Chart taken on disinterment.
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/ S/Sgt. John W. Bobis, GRS
(Signature of officer or other person reporting burial)

/s/t/ FRANCIS E. SIMON, 1st Lt., GAC
(Verified by Army GRS Officer)

4
3
2
1
THUMB

REGISTRATION AND RECORDS BRANCH
SEP 1 1943
MEDICAL DIVISION

4
3
2
1
THUMB

RIGHT HAND

REGISTER OF DENTAL PATIENTS AT

UNKNOWN
AMERICAN SOLDIER X-120

(1) SURNAME Grave 3120 (2) CHRISTIAN NAME
USAF Cemetery Leyte #1, P.I.

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

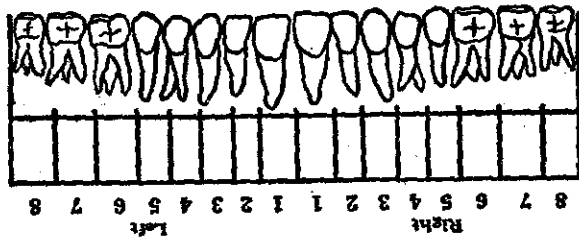
(6) AGE YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS

(10) DISEASE OR INJURY WITH LOCAL COMPLICATIONS, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper left # 8	--silver filling	
Upper left # 5	--silver filling	
Upper left # 5	and 6 -- silver filling	between them
Lower left # 1	-- gold filling	
Lower left # 1	-- gold filling	
Lower left # 9	10, 11-- missing--	fell out.
Lower right # 15	-- gold filling	
Lower right # 14	-- gold filling	
Lower right # 13	-- gold filling	
Lower right # 12	-- gold filling	
Lower right # 9 and 10	-- missing--	fell out.

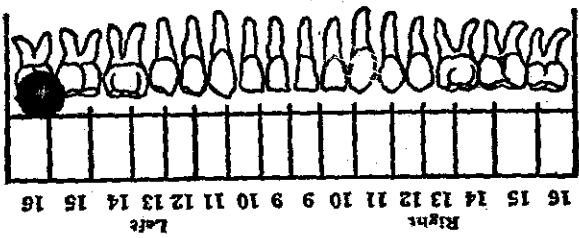
/s/t/ CHARLES R. SECO, PVT, GDS
Dental Corps, U. S. A.

REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

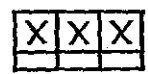
James
L. J. O'NEILL
1st Lt., Inf.

Date 29 July 1945

/s/ Charles H. Reed, Lt. Col.
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)



Teeth replaced by fixed bridge
(oval to include abutments)



CONFIDENTIAL
REPORT OF INTERMENT
(TM 16-630 AND AR 30-1035)

27 Jan 45

8451

UNKNOWN AMERICAN SOLDIER

X-39

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jermiah H. Daily,	Leyte Gulf,	12 Nov 1944	KIA shrapnel wounds,	2nd degree	
(Place of death)	Leyte, P. I.	(Date of death)	burns,	(Cause of death) extensive,	
1000 hrs 15 Nov 1944	USAF Cemetary, Tacloban # 1,	result of enemy bombing.			
(Time and date of burial)	(Name of cemetery) Tacloban,	(Name or co-ordinates of location)			
		Leyte, P. I.			

354

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 Attached to marker Yes No

Religion

Report of interment buried (In Bottle) with remains

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

Fingerprints unobtainable due to conditions of remains

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

Body buried on RIGHT	UNKNOWN AMERICAN SOLDIER	X-40			355
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER	X-38			353
	(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

(21)

Incl 33

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.

T/Sgt Henry J. Morrison CFS
 (Signature of officer or other person reporting burial)

ROY E. SUZBACHER Lt., OMC
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
 10 JAN 1945

DDMG FORM 1047
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-3652

CEMETERY

Manila Maus.

PLOT

812

ROW

21

GRAVE

5413

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Valid No. X-120 Leyte #1
Consol. w/ X-120 Leyte #1