FILE IDENTIFICATION TOPPER

FILE NUMBER 293 Und	& Leyte#1 x	1-125
UBJECT		
also 293	renk maus	manila X-3788

OMC FORM 112

QUAT 293 CIS PAR HABI

15 June 1949

SUPPLY: Identification of World War II Incomed

The commanding General Philippine Command APO 707, c/o Postmaster San Francisco, California AFTH: AGES, PRIICOM ZONE

1. Reference is made to the following Unknown remains now stored at AGAS Wansoloum, Wanila, P.I.:

Unknown X-3760 (formerly Unk. Y-124, USAF Cem., Leyte #1, F.I.)
Unknown X-378E (formerly Unk. Y-125, USAF Cem., Leyte #1, P.I.)
Unknown X-2858 (formerly Unk. Y-167, USAF Cem., Santa Parbara #1,
Luson, P.I.)
Unknown Y-189

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE COARTENNASTER GENELALI

T. F. MATA
I.t. Colonel, (MC
Memorial livision

REB

T. A. Fields:jdk Salser JE

cc: /dministrative Section

NJS

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REMARKS: Unidentifiable - OQMG BRANCH	Shelicated Almor Discrepance THE STATE 27 ASKET SEALED BY ASKET BOXED AND ATE 27 Sept 4 I hereby and that the reserved and the reserved	ENTIFICA ES 1 WO (2 AND PLACE Sept MARKED BBY H certify (Identification (Identification) Identification (Identification	BY STEVENSON LII SON, Sgt., Infegoing operations we	JS NO UN ROBE EMBALMEN SHIPPING ere conduct	MY F. STEVY R (Signature) RONORIO V. HONORIO V. SIGNATURE OF	EVSON Sobert F. ST BERT F. ST BY AURELIO, 1 polished under m AURELIO, 1	St Lt., by immediate	Inf.	
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1. V

P. C. State Control of the Control o

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE APO 900

20 April 1949 Date

SUBJECT: Unidentifiable Remains

The Quartermaster General Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-125, Plot ____,

Row ____, Grave 3204, USMC Leyte #1, P.I. have

been reviewed and it is the opinion of this office that insufficient

evidence is available to establish the identity of this deceased,

and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Captain, QMC

Chief, Records Branch

Attch: Form 1044

Received OQUG

Not identifiable from information presently available

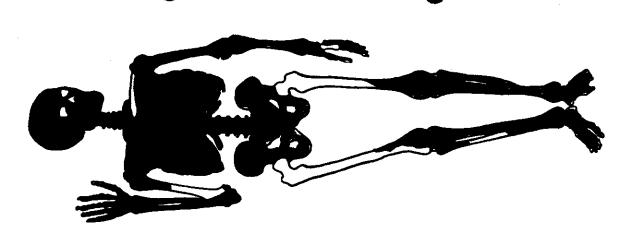
mal.#16

2 ~	IDENTIFICA	TION D	ATA _)		•
1. REMAINS OF UNKNOWN	(2)				2. DATE OF RE	
	(Formerly Thk. X - 125				20 April	
3. NAME OF CEMETERY		4. PLOT		6. GRAVE		TE OF
ACRS PHILOCOLLI	ar reima Pl	BARG	ER BAY CI	वारा	DISINTERMENT	REINTERMENT
ACAS I LUCIAL	y (neg − 2 −), vá stemovi Ng − 1 ± − 100.	812	W	5770		
	PHYS ICAL D	ESCRIPT 10	<u>. </u>	1	<u></u>	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO			LL. RACE	
U.T.D.	J.T.D.	J.T.	٠.) ,		Jakaowa	ı
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUND	WITH REMA	N5		h	
			-			
	M C N E					
	1. C & E					
13.GIVE DESCRIPTION OF TATT	DOS OR SCARS ON BODY AND/OR SU	CH INFORM	TION OBT	INED FROM	OTHER SOURCES	
	J.T.D.					
			·			
14. WAS BODY BURNED?	TO WHAT EXTENT?					
YES NO	Badly burned.					
YES NO						
	Severely ALED FRACTURES AND BONE MALFOR	MATIONS				<u>-</u>
	MOM B					
SERVICE, ETC. (If lound	HING, EQUIPMENT AND PERSONAL E ry marka ara indistinct such n	otation z	hould be s	made and a	PE, COLOR, SIZ <i>pecimen forwar</i>	E, MARKINGS, ded through
channels for exeminatio	n when facilities are not avai	lable in	the area)			
	NONE					
					•	
	•					
				•		
	NO DENTITIES NOT THE	y seek ar or	Land &	77		
				•		
XV	REASON OF LALL OF LA			ja višusta	40.00	
"Li	READOR OF TAXING OF					
					•	

OMC FORM 1044 REV 18 MAR 47

18. T	OOTH CHART	
. MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	TOP VIEW TOOTH Missing	SIDE VIEW
CROWNED TEETN: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain G	rown DDDDD
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling Silver Filling	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed	
## RIGHT ## 3 2 ## A F I I I ## A F I I ## A F I I I	LEFT 1 1 2 3 4 5 2 1 S I N G A A A A A A A A A A A A A A A A A A	Side Views UPPER LOWER 14 15 16
DERTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AN ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP." No loose teeth present with	remains.	Melmole Acoen officer, CIP

SVERED



20. (Wherei	MASS BURIAL CERTI	FICATE (IF A	PPLICABLE) s is impos	*ible)			
I CERTIFY THAT THE GROUP REMAINS OF THE FOLLOWING ANATOMICAL PARTS:	CONSIST OF PARTS OF _				THE PRESENC	CE OF ONE	OR MORE
•							
			SIGNATURE O	F MEDICAL	AEEIAEO		

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains. Estimated weight of remains -1 1/3 lbs.

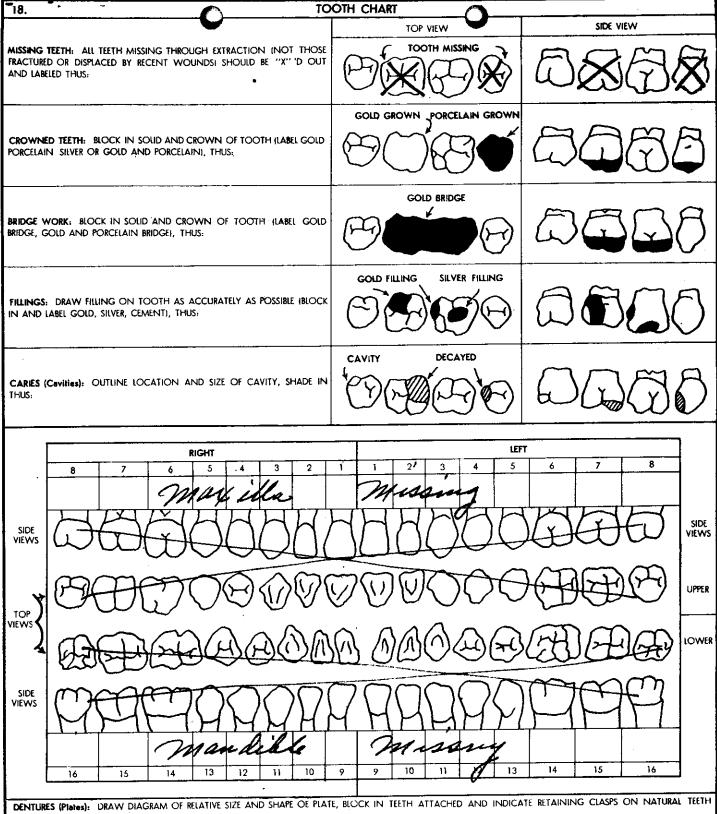
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT Laboratory Officer, CIP SIGNATURE

James & McKernell

• • • • • • • • • • • • • • • • • • • •	IDENTIFIC	ATION	DATA	3		
. REMAINS OF UNKNOWN					2. DATE OF REPO	ŔŤ
UNKNOWN X-3788 (For	merly UNK X-125 USAF Co	m Leyte	#1. P.	r.)	13 Feb 2	48
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DAT	
		44	GER BAY	CRYPT	DISINTERMENT	REINTERMENT
AGRS Mausoleum,	Manila, P.I.	812	W	5770	10 Dec 47	2 14 Feb 48
		L DESCRIPTIO)N			
, ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR			11. RACE	······································
UID	UID		UID			UTD
· ·	CIAL IDENTIFICATION FOUND WITH REMA					
¹₩0 (2)	ID tags with the only UNKNOWN X-125	inscript	tion for	ınd:		
(This to	ag placed with remains)	•				
. GIVE DESCRIPTION OF TATTOOS (OR SCARS ON BODY AND OR SUCH INFO	RMATION OUT	AINED FROM	OTHER SOUR	CES	
					-	
UTD						
		···				
4. WAS BODY BURNED ?	Badly burned.					
YES NO	TO WHAT EXTENT #					
YES NO	Severely					
	ACTURES AND BONE MALFORMATIONS					
υτυ						
	QUIPMENT AND PERSONAL EFFECTS FOUNtitude to made and specimen forwarded through					
Ł						
*						
NONE						
						2.0
						•
	•				-	



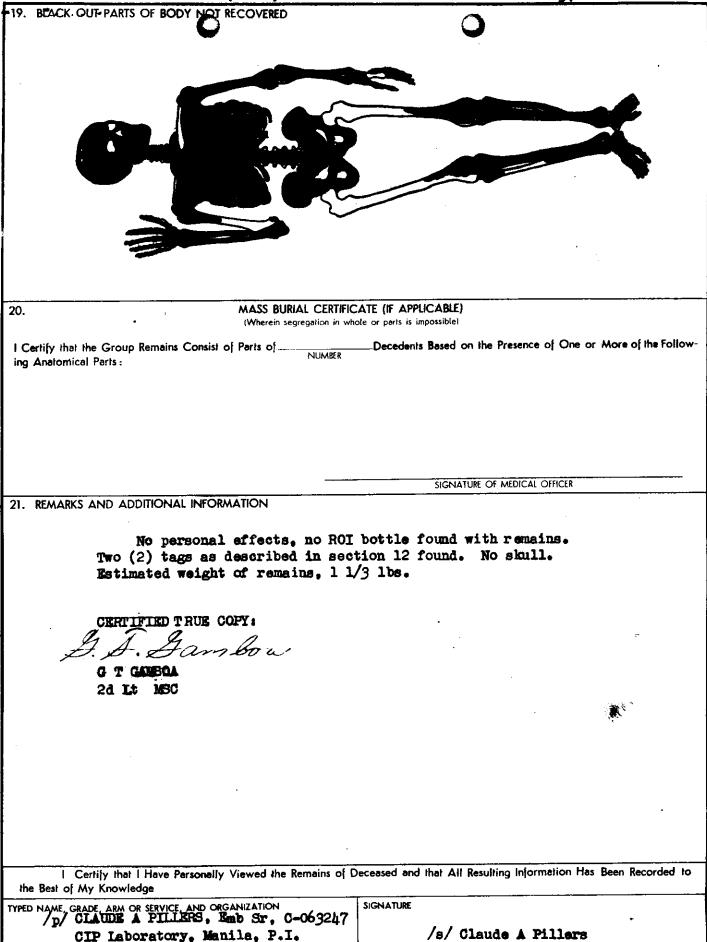
WITH THE WORD, "CLASP."

Maxilla and mandible missing. No loose teeth found with remains.

TRUE COPY:

2d Lt MSC

/s/ John J Connors





DESCRIPTION	Δ=	D=0-11		
REPURT	OF	DISTATERM	ENT	FOR TDENTIFICATION

							Place <u>Le</u> y	LE CONTRACTOR	
]	Date _ 26_	Ng 45	······································
1.	Ren	nains of	UNKNOW	N X-125	Grav	e 3204	Serial Numb	er	
	Ran	ık		<u> </u>	tion For	merly UN	KNOWN X-2	22, Dul	9g
·	Dis	interre	d (date):		r.				
		26 Aug			r.	rom (give	complete 1	ocation)	•
		By: Gro	ip_pfc_se	aho	Un	it Rese	K CBS		7
						Lo Daso	it, ono		
3.		uried (mplete loc		
		6 Aug	45	USAF C	emetery	Leyte,	1, P.I.	Grav	re 3204
		by: Gro	P Pre Se	ego Unii	Base K,	GRS Na	ture of rel	ourial	Blanket_
•	Repo	ort as t	o nature	of original	i burial	and condi	tion of boo	ly upon d	icinton-
									(T2TH/GL-
		ouy de	сощровес	l, no sku	11, 000	on enare	Turbossic	Te.	
•							······································		
•	(a)	Identif	ication t	ags: Buried	with bo	dy? No	On grave	marker?	No
	(b)	Other n	eans of i	dentificati	on found	upon dis	interment	and gene	ral re-
		marks:	Metal ta	g made by	GRS b	uried wi	th remain	s and a	ttached
	ŧ	o mark	er		·	·			
•	What (a)	does e Height	kamination	n of body s	how as r	egards the	following	identiy	ing items?
	(b) (c) (d) 1	Weight Hair-Co Qu Ch Hair on Lo Que Permanen peculian	(estimated lor	on body (old missing parts (red	d scars,	3 Diagram	represents	inouth wi	3 14 15 16 .de open 32
	(b) (c) (d) 1	Weight Hair-Co Qu Ch Hair on Qu Permanen peculian	(estimated lor	on body (old missing parts (red	d scars,	Diagram 17 18 19 20 0	AND PROPERTY.	nouth wi	3 14 15 16 .de open 32
	(b) (c) (d) (e) (f) (f) (f)	Weight Hair-Co Qu Ch Hair on Lo Que Permanen peculian Wounds of	(estimated lor	on body (old missing parts (red	d scars, arts)	Diagram 17 18 19 20 02 21 02	represents	11 12 1 10 12 1 10 12 1 10 29 28 27	15 16 .de open 32
	(b) (c) (d) (e) (f) (f) (f)	Weight Hair-Co Qu Ch Hair on Qu Permanen peculian	(estimated lor	on body (old missing parts (red	d scars, arts)	Diagram 17 18 19 20 21 22 roved: FR	represents 23242526	11 12 1 10 12 1 10 12 1 10 29 28 27	3 14 15 16 .de open 32
1	(b) (c) (d) (f) (f)	Weight Hair-Co Qu Ch Hair on Que Permanen peculian Wounds of time	(estimated lor	on body (old missing parts (red	d scars, arts)	Diagram 17 18 19 20 21 22 roved: FR Title) GR	represents 23242526	inouth with with 27 29 27 SIMON.	15 16 .de open 32
I I	(b) (c) (d) (e) (f) (f) (f) (g) (f) (g) (g)	Weight Hair-Co Qu Ch Hair on Lo Que Permanen peculian Wounds of time terment vised b	(estimated lor	parts (recty)	d scars, arts)	Diagram 17 18 19 20 21 22 roved: FR Title) GR	represents Company of the company o	11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 16 de open 32 si
I I	(b) (c) (d) (e) (f) (f) (f) (g) (f) (g) (g)	Weight Hair-Co Qu Ch Hair on Que Permanen peculian Wounds of time	(estimated lor	parts (recty)	d scars, arts)	Diagram 17 18 19 20 21 22 roved: FR Title) GR	represents CONTROL CONTROL CONTROL NCIS M. S	11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 16 de open 32 si

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

- 1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
- 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
- 3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.
- 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, ect. This statement should be as complete as possible.
- 5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
- . (b) State whether or not body appears to have been a hospital case.

 Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
- 6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (a) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

ACT OF TAXO PROPERTY		
MISSING TEETH	All teeth missing through pre-	Tooth missing
	vious extraction (not those frac-	Tooth
	tured or displaced by recent	missing
	wounds) should be scratched out,	in the state of th
	thus:	TEN VIEW
CROWNED TEETH_	Elock in solid the crown of tooth	Gold crown
	(label gold, porcelain, or gold	crown crown
	and porcelain) thus:	Gold ·
		With crown
BRIDGE WORK	Block in solid the crown of tooth	Gold & porcelain bridge
·	(label gold bridge, gold and	Gold Gold
•	porcelain bridge), thus:	
	3.,	bridge
FILLINGS	Draw filling on tooth accurately	Silver filling
· ·	as possible (block in and label	Gold Gold
	gold, silver, cement), thus:	filling (Silling
		MB
CARIES (CAVITIES	Outline location and size of cav-	Cavity Decayed
	ities, shade in thus:	Decayed Decayed
	•	
	and the second of the second o	W.F. WOS
DENTURES (PLATES) Draw diagram of relative size and sha	ape of plate block in
The state of the s	teeth attached and indicate retaining	clasps on natural teeth
78.5	with the word "clasp".	3
	The transfer of the second of	

^{7.} Show name of person supervising the disinterment and the name and title of the person approving same.

^{8.} Show name of person supervising the reburial and the name and title of the person approving same.

/ CDI_		<u></u>	REST	RICTED	JUN QUE	•	1 31	92
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)			REPORT OF			DAT	TE OF REPOR	रा
(Superseures (The Form 1)	•		(AR 30-1810 a		A 372 A	GF	2 Mar	48
Imprint Identification DO NOT T		ible.	Section 1.—IDENTIFICATION			1		
			NAME (Last, first, middle initial) INKNOWN Y_228		TRIP T	SER	IAL No.	
(UNKNOWN X-3788 USAF Cem Leyte	#1. P.I.	LY UNK A-125		Unknow	a.
7		\bigcap	GRADE	ORGANIZATIO		BRA	NCH OF SER	VICE
\		0	Unknown	Unkno	OWTS.	1	Unknow	
	•		RACE	RELIGION			HAN U.S. D	
			Unknown	Unkno		NAME OF	COUNTRY	CAD, GITL
PLACE OF DEATH			CAUSE OF DEATH	Offant)WIL	1 - 1 -		
Dulag, Leyte,	ът			wounds.	multiple.	DAT	E OF DEATH	
			badly bu				26 Oct	44
EMERGENCY ADDRESSEE (N	ame, relationsh	hip, and d	address)					
Unknown								
IDENTIFICATION TAGS FOUN (1, 2, or none)	ID ON BODY		IF NO TAGS FOUND ON BODY, I	ESCRIBE MEANS	OF IDENTIFICATION (f unidentified,	fill in section	I on reverse)
None					-			
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes	or no)						
Yes (2)								
LIST PERSONAL EFFECTS FO	IND ON BOD	V AND D	ISDOSITION OF SAME					
Section 2.—BURIAL. If off NAME, NUMBER, COORDINAT	ES, AND LOCA	Aïruli O	hed cometery, furnish sketch FCEMETERY MAUSOLEUM, MAN		dinates on reverse.			
DATE OF BURIAL	HOUR		URIED IN (Shroud, blanket, or no	ime of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE NO
14 Feb 48	1300		Caskat		None	8 1 2	35 R 1854	1000
WAS THIS A REBURIAL? (Yes or no)	·		ICATE NAME, NUMBER, COORD	INATES OF PREV			RAVE	5770
Yes	USAR	r Cem	etery Leyte #1. I	э т		PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS			IG BURIAL RITES		TION TAGS NOT USED,	DESCRIBE IN	NTIFICATIO	3204
CEREMONY				CONTAINERS	BURIED WITH BODY	DESCRIBE IDE	MITTICKTIO	N DATA AND
IDENTIFICATION TAG BURIED	WITH I	DENTIEL	CATION TAG ATTACHED TO					
BODY (Yes or no)		MARKE	R (Yes or no)					
Yes			Yes	<u> </u>				
BODY BURIED ON DECEASED	LEFT, NAME ((Last, fir:	st, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAV	/E No.
UNKNOWN X-3790) - B							771
BODY BURIED ON DECEASED	RIGHT, NAME	(Last, fi	irst, middle initial)	RANK	SERIAL NO.	ORGANIZATIO		/E No.
UNKNOWN X-3786	•							769
SIGNATURE OF PERSON PREP	ARING REPOR	RT .	\	SIGNATURE OF	GRS OFFICER VERIFYIN	G REPORT		1147
AQUINO, T	5. QMC			CALVIN	F FINN W.	in PA		
DISTRIBUTION OF REPORT	Signed or	riginal f	or U.S. and allied dead, sign	ned original an	d one conv for energy	FA	Ouzetaan	ton General
through Headquarters GR	S Officer. C	Copies i	or retention in theater as pr	escribed by the	eater commander.	uezu, 10 121 0	Agarternias	ster General

RESTRICTED

		Section 3.—LE INTIFIED REMAINS.
LITTLE FINGER		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 chart at left, or as many as possible.
RING FINGER	LEFT .	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
ດ ກ	1.	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND
MIDDLE FINGER	TET!	OTHER IDENTIFICATION CLUES
NOEX FINGER	LEFT	FILLINGS SILVER FILLING GOLD FILLING 3 2 2 3
D C	LEFT	CAVITIES CAVITY DECAVED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	RIGHT	CROWNED TEETH
	RIGHT	BRIDGE -WORK GOLD BRIDGE 14 13 14 13 10 10 10 10 10 10 11 11 11
	RIGHT	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
,	RIGHT RING FINGER	REMARKS:
19 MAY 1848	RIGHT	QMC Form 1044. 1044-A and 1044-B accomplished.

LEPATRIATION RECORDS BRAD

DEMORIAL DIVISION

IDENTIFICATION IMPOSSIB AT PRESENT TIME

IDENTIFICATION SECTION

CATEGORY III CASE NO CLUES

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

UNKNOWN X-125

(Last name) (Initial) (First) (Serial number) (Rank) Dulag, Leyte, P. I. 26 Oct 1944 KIA-shrapnel wounds,
(Place of death) Multiple. Sauly bullned. (Organization multiple, Sadly burned. O900 hrs 24 July 1945 USAF Cemetery Leyte # 1 P I
(Name of cemetery) (Name or co-ordinates of location)

3204 Reg Cross (Row number) (Plot number) (Type of marker—Regulation V-shaped or other) (Grave number) Disposition of identification tags: Buried with body Yes () No (x) Attached to marker Yes () No (x)

DISINTERRED from Grave 189, USAF Cemetery Dulag # 1, Leyte, P.I. Religion ·----(UNKNOWŃ--X=22-)------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 UNKNOWN X-126 (Organization 3205 (Grave number) (Serial number) (Name) (Rank) Body buried on LEFT UNKNOWN X-124. (Name) (Serial number) (Organization (Rank)

(Name and address of LEGAL NEXT OF KIN) List only personal effects FOUND ON BODY and disposition of same: NONE RESTRICTED

(Name and address of EMERGENCY ADDRESSEE)

1139 -- OM Printing Plant -- 5-30-45,-- 30M

(Verified by Army GRS Officer)

RIGHT

borreg'		Leyte, P.I.	26 October 1944	KIA - Shrapnel Wounds, Kui	
1000	26 Oct		(Date of death)	Badly Burning of death) Layte, P.I.	
:	(Time and date		(Name of cemetery)	(Name or coordinates of location)	
189		5	1	Cross	
(Grave number)		(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)	
Disposition of identification tags: Buried Embossed Plate attached to			Marker	Attached to marker Yes No 2	
Ong	copy of	Gr Form #1 place	sed in sealed bottle	and Buried with Body	
- 1		(If no identification tag	s, what means of identification are bur	led with the body?)	
	Tat	(If no identification t	ags, but identity definitely established,	give particulars)	

| Comparison to the control of the c

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

(Name and address of EMERGENCY ADDRESSEE)

64A

(Name and address of LEGAL NEXT OF KIN)

IL DECEASED ONIDENTIFIED 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 vou are able: Apparent nationality: Height: Weight: Laundry marks: Number of rifle: Color of eyes: Color of hair:-Wear glasses? Is tooth chart attached? Race: (If possible, have medical personnel take a tooth chart) In space below, locate and describe any scars, birthmarks, mo 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 LAND-MARKS,