

FILE IDENTIFICATION TOPPER

FILE NUMBER

293116 Leyte #1 X-603 (also Manila mass X-3731)

SUBJECT

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Unk. Sypte #1 (misc)

X-605 X-194 X-210 X-336 X-177
X-186 X-183

SYNOPSIS AND DATES

X-603

NEW CLASSIFICATION

Misc filed
293 Unk. Sypte #1

X-605

11/15/50
DNT

RECLASSIFICATION SHEET

QMCMT 293
CNS Far East

25 January 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

2212

Unknown X- 3311	(formerly X-605, Leyte #1)
" X-3315	" X-194, " "
" X-3363	" X-210, " "
" X-3402	" X-336, " "
" X-3419	" X-177, " "
" X-3423	" X-183, " "
" X-3758	" <u>X-603</u> , " "
" X-3311	" <u>X-186</u> , " "

2. Records of this Office indicate that the Mausoleum number for Unknown X-186, Leyte #1 is X-3311 instead of X-3911, as recorded on QMC Form 1044 forwarded by your Office.

3. Subject cases have been received and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

~~XXXXXXXX~~

OPZ 293

APO 900

6 January 1950

SUBJECT: Unidentifiable Remains

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 OPZ 293, OPZ (War Dept), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown Remains, presently stored at AGNS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-2212	AGNS Malm	UNKNOWN X-3419	AGNS Malm
X-3255		X-3423	
X-3315-A		X-3738	
X-3363-A		X-3311	
X-3402-A			

2. Forwarded herewith, for your consideration, are new GOC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

8 Incls
GOC Forms 1044 w/Certificates
of Unidentifiability

JOSE SHYLLA
1st Lt., Infantry
Adjutant

/bpm

1

Interred 7 Feb 1950
D 3 41 Ft. Kinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 08647	DATE 15 09 48 DAY MONTH YEAR
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NAME <i>241</i> UNKNOWNX-000603	SERIAL NUMBER	GRADE	ARM Q	RACE O	RELIGION 6
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CEMETERY LEYTE NO 1 P I	PLOT	ROW	GRAVE 6265	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME UNKNOWN X-603 UNKNOWN X-3738 (Maus)	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 29 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY W. A. MULLINS 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

Two (2) tags Mausoleum no. UNK X-3738.

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Sept 48 BY W. A. MULLINS

CASKET SEALED BY W. A. MULLINS	EMBALMER (Signature) s/ W. A. Mullins
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CASKET BOXED AND MARKED DATE 29 Sept 48 WEYMAN L McGUIRE, Sgt, MC	SHIPPING ADDRESS VERIFIED BY EDWARD F FERNANDEZ, Capt., Inf.
--	---

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

s/ Edward F Fernandez, Capt., Inf.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

25 FEB 1950
REPATRIATION
BRANCH

[Handwritten Signature]

1948

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>Charles Hornak</i>	DATE FEB 7 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
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

6 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 603, Plot _____,
Row _____, Grave 6265, USMC Leyte #1, P.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


E. B. MCNEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received Jan 19 1950 OQMG
Not identifiable from
information presently
available Robert W. Miller

Jan 5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3738 (formerly UNK X-603 USAF Cem Leyte #1,PI)				2. DATE OF REPORT 6 Jan 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5724	7. DATE OF
				DISINTERMENT 22 Dec 47	REINTERMENT 14 Feb 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'6 7/8		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 type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None					
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					

Incl 82

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:

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	A	X	I	L	L	A		M	I	S	S	I	N	E	
Side Views (Upper and Lower rows)															
Top Views (Upper and Lower rows)															
Side Views (Lower row)															
A	A	A													
0	0	0										X	A	A	A
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."

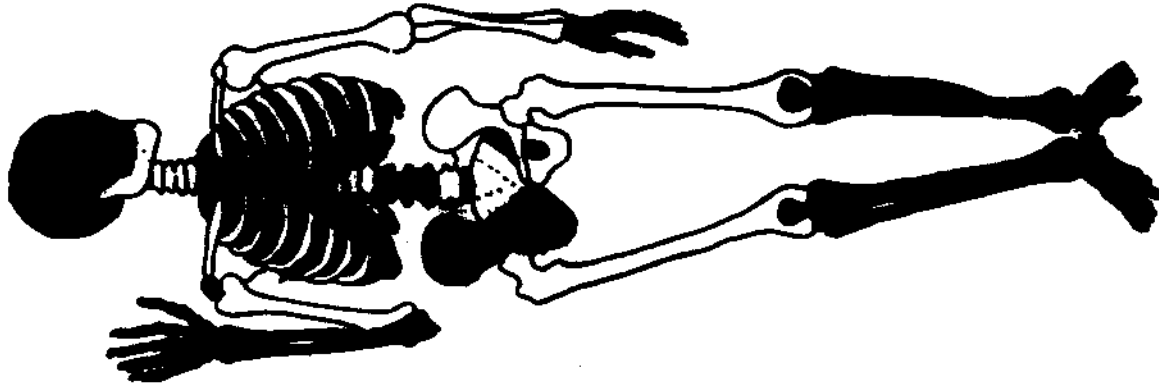
REMARKS: Maxilla and maxillary teeth missing from remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Sect.

Incl 5²

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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, burial bottle, personal effects, or other means of identification found with remains, Est. weight of remains - 4½ 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

PAUL R. NICHOLS
Chief, Ident. Sect.

SIGNATURE

A handwritten signature in cursive script that reads "Paul R. Nichols".

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3738 (Formerly UNK X-603 USAF Cem Layte #1, P.I.)				2. DATE OF REPORT 12 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5724	7. DATE OF DISINTERMENT 22 Dec 47
				REINTERMENT 14 Feb 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 7/8"	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

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
<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		
M A X I L L A R Y								M I S S I N G									
SIDE VIEWS																	
UPPER																	
LOWER																	
SIDE VIEWS																	
A			D			D			D			D			D		
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."

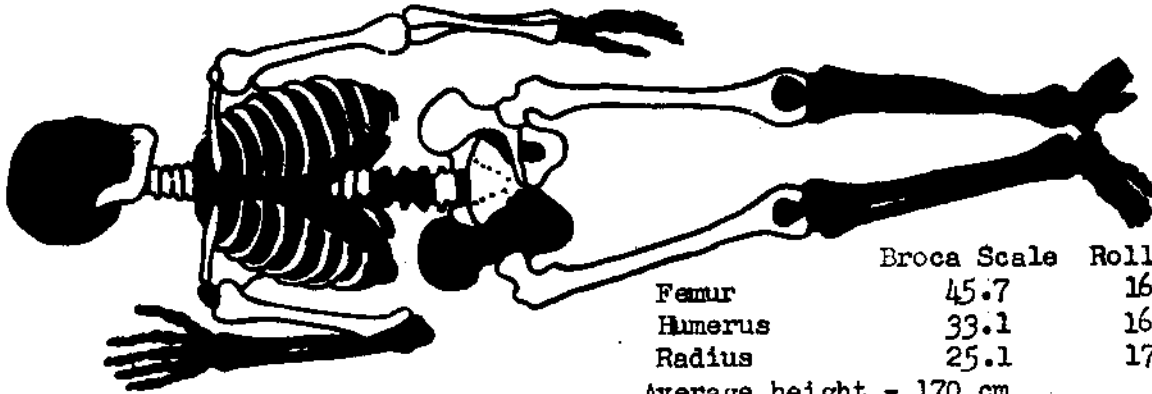
REMARKS: Maxilla and maxillary teeth missing from remains.

CERTIFIED TRUE COPY:

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

/s/ John H Bennett Jr

19. BLACK OUI PARTS OF BODY NOT RECOVERED



	Broca Scale	Roller Table
Femur	45.7	168 cm
Humerus	33.1	168 cm
Radius	25.1	174 cm
Average height - 170 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 Identification tags, personal effects, burial bottle or other means of identification found on remains. Circumference of the skull is unobtainable. Skull missing. Estimated weight of remains, 4½ 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/ JOHN J CONNORS, SP-6
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ John J Connors

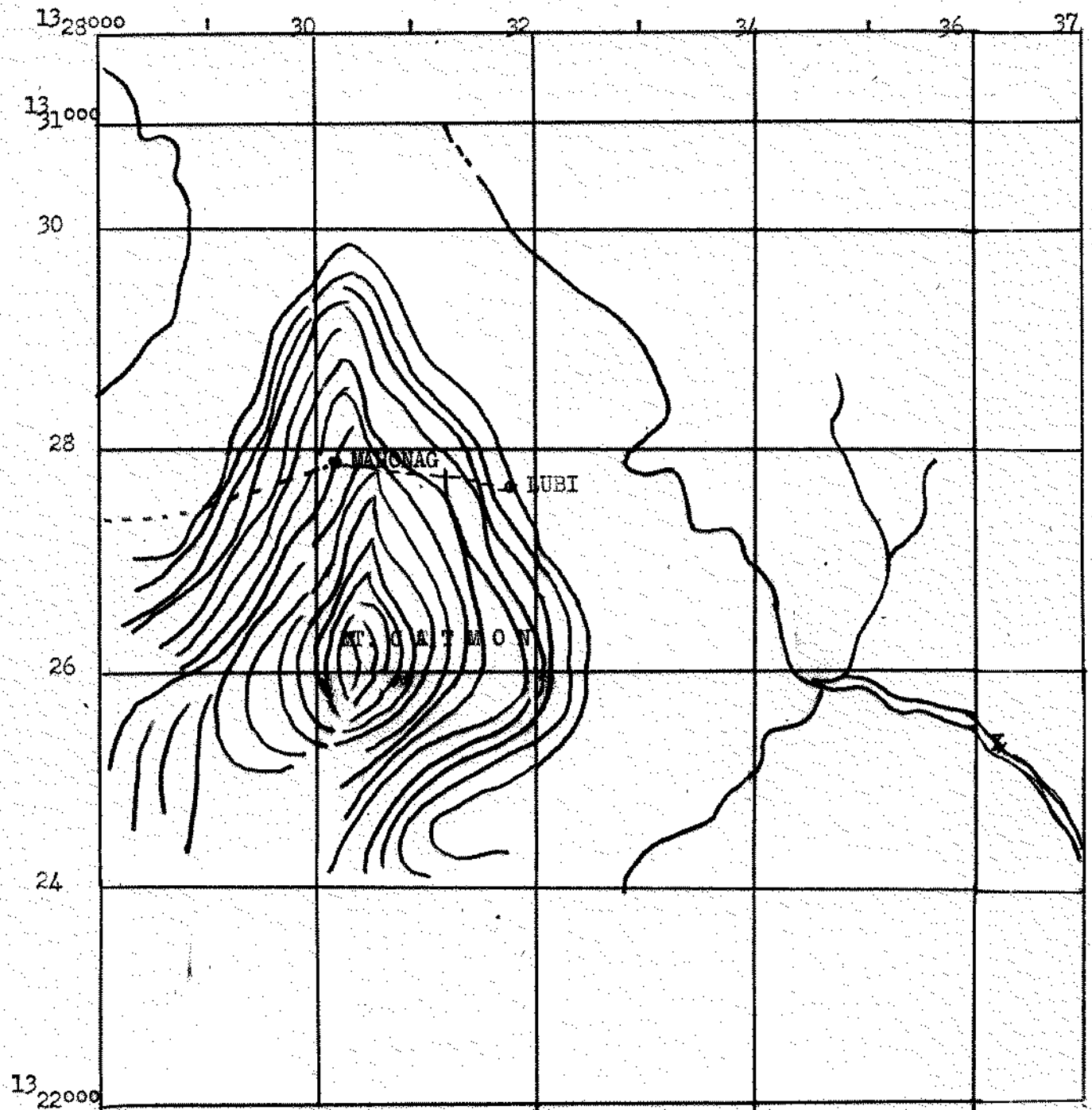
RESTRICTED

HEADQUARTERS
USAF CRIME LABORATORY NO. 1
WFO 1000

SEARCH AND RECOVERY REPORT
SRIP

1. DATE AND TIME OF DEPARTURE: May 12, 1947 0800
2. PARTY COMPOSED OF: 4 MM
3. TOWN OR BARRIO: Lubl PROVINCE AND ISLAND: Leyte, P.I.
4. PERSONS INTERVIEWED:
 - a. Andres Kasakit
 - b. Butiquio Kamantang
 - c.
 - d.
 - e.
5. GUIDES:
 - a. Andres Kasakit
 - b. Butiquio Kamantang
 - c.
6. LOCATION OF REMAINS (GRID COORD.): 1325.3 - 1326.2
7. DATE AND TYPE OF RECOVERY: 15 May 1947 Isolated burial
8. NUMBER OF REMAINS RECOVERED: One
9. CONDITION OF REMAINS: Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None
 - b.
 - c.
 - d.
 - e.
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b.
 - c.
 - d.
 - e.
12. DATE AND TIME RETURNED: 16 May 1947 1730
13. REMARKS: (SEE REVERSE SIDE)
This unknown body was found approximately 2 km. east along Daguitan River. The location of the remains was 25 yards from the bank of the Daguitan River.

Marcial M. Tangente
T/ Sgt. Marcial M. Tangente
Search Party Leader



X- Location of Remains when recovered: Unk. X-603
 Map Ref: Special Map of Leyte (Mt. Catmon) Sheet 4543*IV
 Grid Coord: 1326.3-1336.3 Scale 1:50,000

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

26 May 1947

DATE

UNKNOWN X-603

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Vicinity of Lubi, Leyte

USAF Cemetery Leyte #1, Leyte, P.I. 6265

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE																											
LOCATION																											

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE		A	A	A			⊗	⊗	⊗	⊗	⊗		⊗	X	A	A	A		0								
LOCATION		0	0	0											0	0	0		f								

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

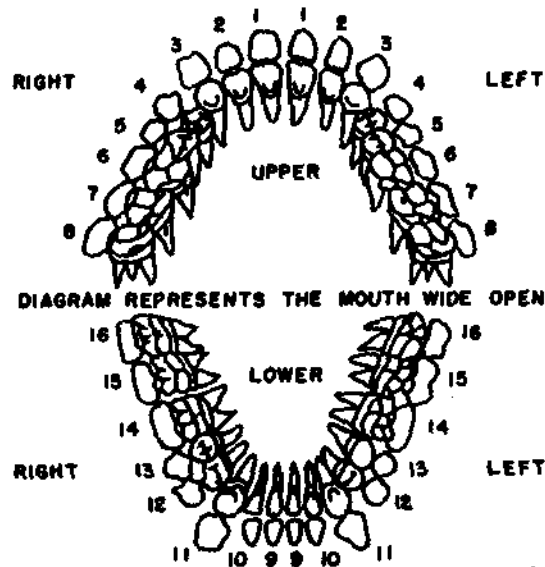
INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William C. Clark
VERIFIED BY GRS OFFICER

WILLIAM C. CLARK, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

26 May 1947
DATE

JUN 22 1948

RESTRICTED

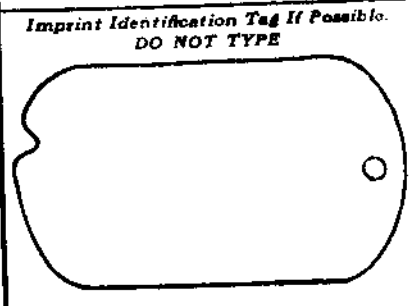
37358

WD QMC FORM 1042
(Rev. TAGS 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE

(AR 30-1810 and AR 30-1815)

DATE OF REPORT
27 Feb 48



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3738 (Formerly UNK X-603)
USAF Cem Leyte #1, P.I.)

GRADE: Unknown ORGANIZATION: Unknown

RACE: Unknown RELIGION: Unknown

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

SERIAL NO.
Unknown

BRANCH OF SERVICE
Unknown

PLACE OF DEATH
Vicinity of Lubi,
Leyte, P.I.

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

CAUSE OF DEATH
Unknown

DATE OF DEATH
Unknown

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)
Yes (2)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If used, fill in section 2 on reverse)

REAPATRIATION RECORDS BRANCH

JUN 7 2 42 PM '48

MEMORIAL DIVISION

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Feb 48	1300	Casket	None	812	W	5724

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery, Leyte #1, P.I.			6265

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
UNKNOWN X-3739				5725
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
UNKNOWN X-3737				5723

SIGNATURE OF PERSON PREPARING REPORT
L. S. PANOFIO, T/5, OMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
L. S. PANOFIO, 2nd 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 scribble: 352

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

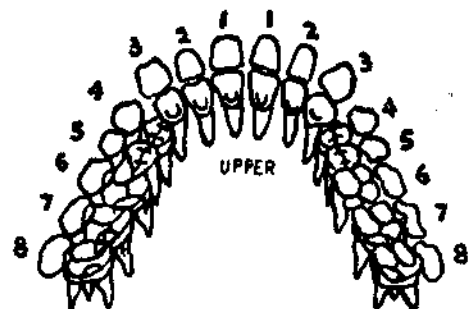
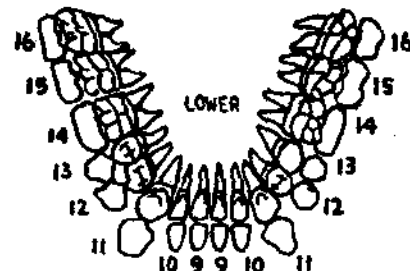
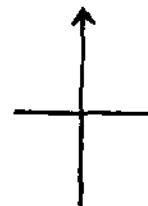


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:


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

12 MAY 1948

RESTRICTED

III

6265

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 3 June 1947	
Imprint Identification Tag if Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-603		SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -	
PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)					
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 (Unknown Tags)					
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 USAF Cemetery Leyte #1, Leyte, P. I.					
DATE OF BURIAL 29 May 1947	HOUR 0900	BURIED IN (Shroud, Masket, or name of casket) Casket "C" Type	TYPE OF GRAVE MARKER Reg/Cross	PLANT No. -	GRAVE No. 6265
WAS THIS A REBURNIAL? (Yes or no) No	IF A REBURNIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE Recovered at Grid Coord: 1325.3-1336.3, Special Map of Leyte (Mt. Catmon) Sheet 4543.IV Scale 1:50,000 Isolated Burial		FLOODING -	ROW No. -	GRAVE No. -
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment buried in bottle with body		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes		RANK -	SERIAL No. 37678122	ORGANIZATION -
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) HEKING, Lawrence E.			GRAVE No. 6264		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-371			GRAVE No. 6266		
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Stagle, G.R.S.			SIGNATURE OF GRS OFFICER VERIFYING REPORT William C. Clark, 1st Lt., QMC		
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

Incl 21

Section 1.—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.


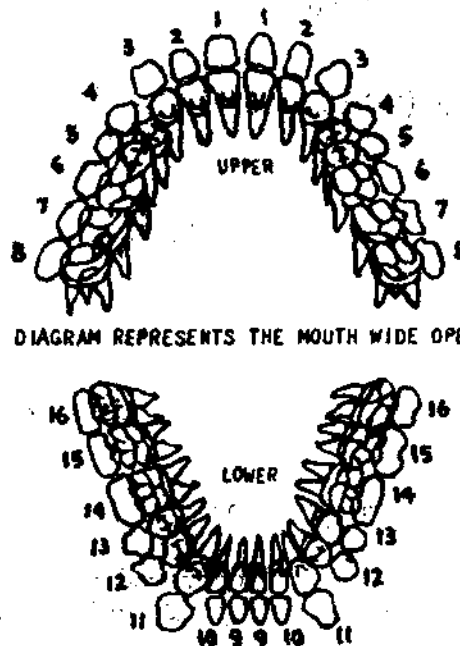




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

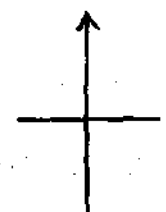
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of LUBI, Leyte, P.I.

OTHER IDENTIFICATION CLUES

SEE ATTACHED QMC FORM 1045

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:

This grave was formerly occupied by Unknown X-370 who was disinterred and concentrated the remains of ARMSTRONG, Donald H.

12 JUN 1947