

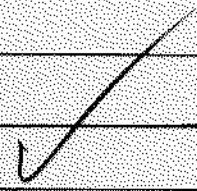
FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Ark. State II, X-614

SUBJECT

Also Nevada News X-2248



QMC FORM 1121
1 Aug 45

QMGT 293
GRS Far East

29 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

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

Unknown X-250
" X-400
" X-1466 (formerly Unk. X-69, Finsch. #2)
" X-1476 (formerly Unk. X-51, Finsch. #2)
" X-1489 (formerly Unk. X-47, Finsch. #2)
" X-85 (formerly Unk. X-226, Finsch #5)
" X-2248 (formerly Unk. X-314, Leyte #1)
" X-3777 (formerly Unk. X-357, Leyte #1)
" X-3778 (formerly Unk. X-359, Leyte #1)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

OSGR 293.9

SUBJECT: Unidentifiable Remains

3 JUN 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 QMGSU 293, GFS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains presently stored at AGRS 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-85	UNKNOWN X-5138 (formerly X-327-B (AGRS Mslm)
" X-2248	" X-5140 (formerly X-327-D AGRS Mslm)
" X-3697	" X-5143 (formerly X-327-C AGRS Mslm)
" X-3777	" X-5144 (formerly X-327-E AGRS Mslm)
" X-3778	" X-5146 (formerly X-327-J AGRS Mslm)
" X-5135 (formerly X-216-E AGRS Mausoleum)	

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

FOR THE COMMANDING GENERAL:

11 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MAESZAL
1st Lt. AGD
Asst Adj Gen

/bpm		Interred 23 Nov 1950 L 9 39 Ft. Kinley <i>Carl R. H. Mark</i>		DISINTERMENT DIRECTIVE		M.K	
/fbp		SECTION A NAME AND BURIAL LOCATION OF DECEASED Cemetary Superintendent CARL R. H. MARK		DIRECTIVE NUMBER 7740 00524		DATE 15 05 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER		RANK		ARM	
UNKNOWN		X-000614				Q	
CEMETERY		DISPOSITION OF REMAINS					
USAF CEMETERY LEYTE NO 1		7701 80 CODE DIST. PT.					
PLOT		ROW		GRAVE		COUNTRY	
				8533		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 (BY ADMINISTRATIVE ORDER)				NAME AND ADDRESS OF NEXT OF KIN			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		RANK		DATE OF DEATH	
UNK X-614 UNK X-2248 (Maus)						24 Sept '48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		UNKNOWN				CLIFFORD INGROVILLE Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
Shelter Half				Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES /							
2 Identification tags - UNKNOWN X-2248, AGRS Mausoleum							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY					
24 Sept '48		CLIFFORD INGROVILLE					
CASKET SEALED BY				EMBALMER (Signature)			
CLIFFORD INGROVILLE				<i>Cliff Ingroville</i> CLIFFORD INGROVILLE			
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
24 Sept '48							
DATE		BY HORACE L ALLISON, Sgt Inf CELESTINO E. ABELLAR, 1st Lt., PA					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
				<i>Celestino E. Abellar</i> CELESTINO E. ABELLAR, 1st Lt., PA SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							
REMARKS: Unidentifiable - OQMG							

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>Barrett H. Mark</i>	DATE MAR 23 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 <i>(UNKNOWN)</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>(OF CONVEYANCE) (UNLITAE CODES) FAMILY: BRITISH THE 125402</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>LOUIS MC WINTEN COWLEYBA</i>	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
APO 900

26 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 614, Plot _____,
Row _____, Grave 8533, USMC 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. McNEELAR
H. B. McNEELAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

23 Aug 49 OQMG

for by
M. Durwan 24 Aug 49

Incl #2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2248 (Formerly Unk X-314 Leyte / 1)				2. DATE OF REPORT 26 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.		4. PLOT 810	5. ROW K	6. GRAVE 3671	7. DATE OF
					DISINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT 175 lbs	9. ESTIMATED HEIGHT 5' 9"	10. COLOR OF HAIR U.T.D.		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U. T. D.</p>					
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 <p align="center">N O N E</p>					
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) <p align="center">N O N E</p>					

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 2²

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:			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
MANDIBLE								MISSING							
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."

No loose teeth present with remains.

"UNIDENTIFIABLE"

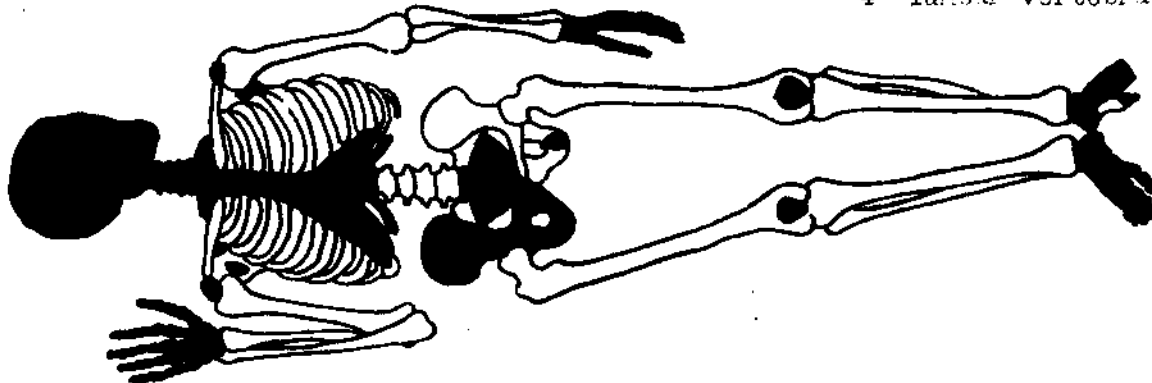
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

RECEIVED,

18 ribs
4 lumbar vertebrae



Estimated height: 5' 9"

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 XRI, 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2248 (Formerly Unk X-614
 USAF Cemetery Leyte #1, P.I.)

~~XXXXXXXXXX~~
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 810 HANGER K BAY CRISP
Row Grave 3671

AGRS Mausoleum Manila, P.I.

1. Arrived at ~~AGRS~~ 28 Nov 47
Vicinity of Lubay
2. Place of death Leyte, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

Leyte #1

3. Remains recovered or disinterred by _____
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>/</u> <small>(Type)</small>		
Raincoat	<u>/</u>		
Overcoat	<u>/</u>		
Jacket, Field	<u>/</u>		
Jacket, Combat	<u>/</u>		
Mackinaw	<u>N</u>		
Sweater	<u>O</u>		
Jacket, HBT	<u>N</u> <u>E</u>		
* Shirt, Wool OD	<u>/</u>		
Undershirt, Wool	<u>/</u>		
Undershirt, Cotton	<u>/</u>		
Trousers, HBT	<u>/</u>		
* Trousers, Wool OD	<u>/</u>		

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth **No tooth chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of ~~head~~ **skull** in inches **UTD -skull missing**
 (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands
 Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of **U** hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, **T** and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) **D** Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, ~~hooked~~, overlap)

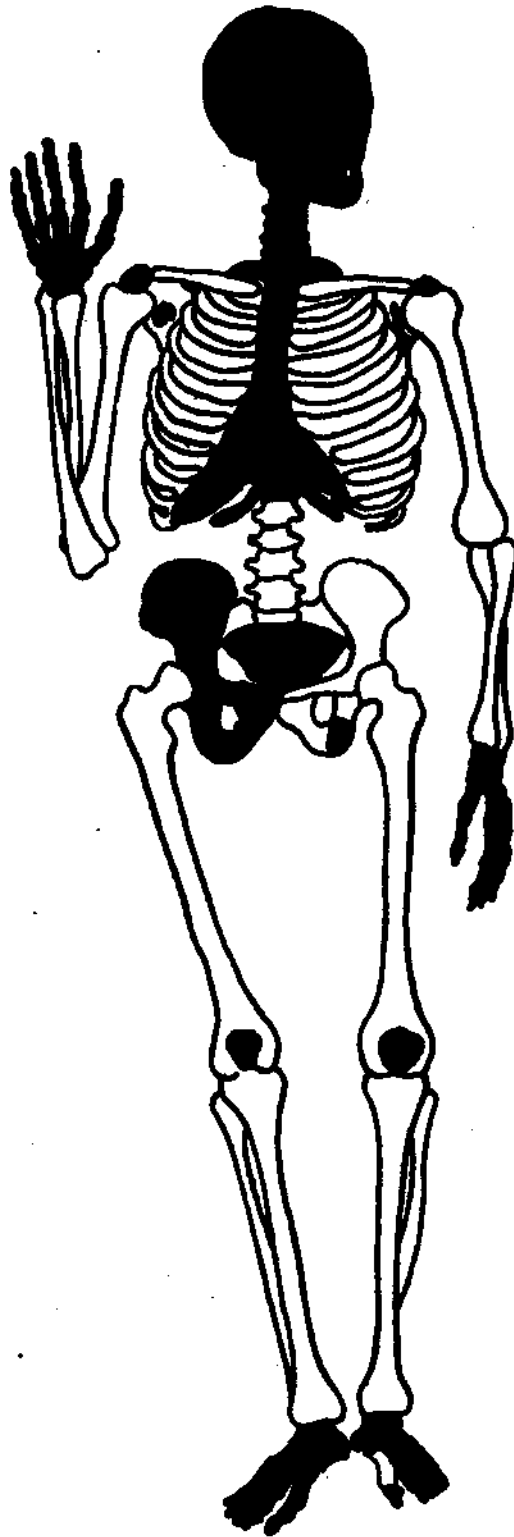
Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-2248



Ribs fragments - 18

Scapulae - 4

AMS
CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name) UNKNOWN X-614	Serial Number -
---------------------------------------	--------------------

Grade -	Organization -
------------	-------------------

Name, Number and Location of Cemetery USAF Cemetery Leyte #1, P.I.	Plot	Row	Grave No. 8533
---	------	-----	-------------------

2. Date of Disinterment 20 October 1947	
--	--

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in Type "C" casket burial. Skeletal remains incomplete. Skull, mandible, one hip bone and cocyx missing. Substitute tags on remains and on marker coincide with R.O.I. on file. No identification found on remains. Condition of remains precluded dental charting.

4. What Identification Found at Time of Disinterment: On Marker

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. 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, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned teeth



Bridgework



Fillings



Caries (Cavities)



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

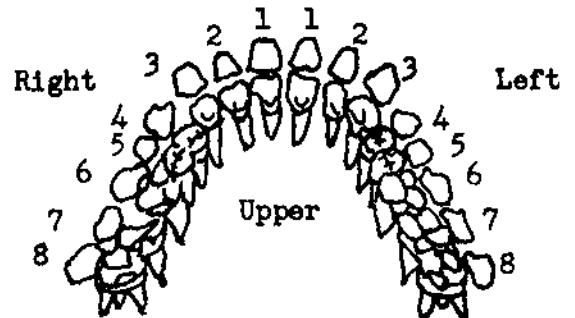
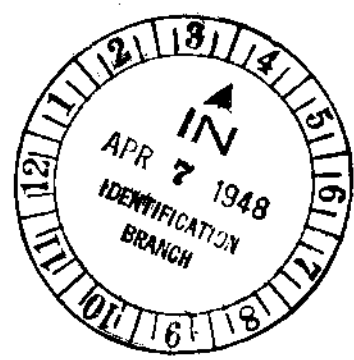
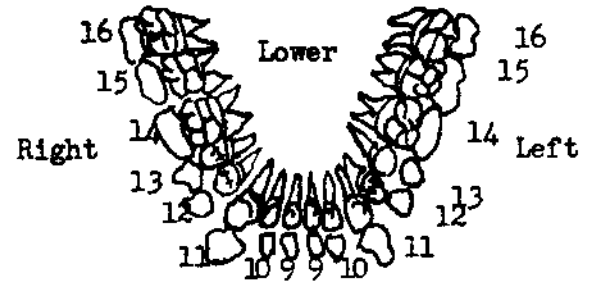


Diagram represents the mouth wide open



5-34880-7A

K-614

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

Unknown X 614

Cemetery Leyte #1

Plot _____ Row _____ Grave 8533

Isolated grave approximately 2 km. east
 along Daguitan river. Remains were 25
 yards from the banks of the Daguitan river.

1. Arrived at cemetery 18 June 1947
(Hour) (Date)

2. Place of death Lubi, Leyte, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or ~~discovered~~ by 1st Plat., 3008th QM GR Co.
(Name and organization)

4. Evacuated to Cemetery by 1st Plat., 3008th QM GR Co.
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<small>(Type)</small>		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 Web Equipment _____ (type) _____
 (Other item) _____
 (Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
 Insignia _____
 (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Skeletal chart attached.

Age _____ Height _____ Weight _____ Description of wounds _____
 Bandages or dressings _____ Scars _____
 (Length, width, location)
 Tattoos _____
 (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks _____
 (Yes-no; description, location)
 Sunburn or tan, other than hand and face _____
 Complexion _____
 (Light, medium, dark, clear, pimples, pocks, freckles)
 Build _____
 (Large, fat, thin, muscular)
 Hair _____
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair _____
 (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee	(Light, color, extent)		
Eyes	(Color, setting, shape)	Eyebrows	(Color, bushiness, extent across nose)
Nose	(Size, shape, straight)	Ears	(Size, set close to or far from head)
Mouth	(Large, medium, small)	Lips	(Small, large, full)
Teeth	(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	(Prominent, receding, pointed, dimples, double)		
Jaw	(Large, small, normal)	Circumference of head in inches	(Hat band)
Neck	(Size, length, short, normal, wrinkled)	Larynx	(Prominent, normal)
Shoulders	(Broad, straight, small, rounded)	Arms	(Length, muscular, color, extent and quantity of hair)
Hands			
Fingers	(Short, thick, long, slender, size of knuckles, missing fingers or joints)		
	(Unusual characteristics of fingertips)		
Chest	(Size of nipples, color, quantity and extent of hair, large, small, normal)		
Waist	(Size of navel, appendectomy, amount, quantity, and color of hair)		
Back	(Quantity and extent of hair)	Circumcision	(Yes-no)
			Pubic Hair (Color)
Hernioplasty	(Yes-no; location)		
Legs	(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	(Size, corns, callouses, flat)	Toes	(Slender, straight, crooked, overlap)
Evidence of healed fractures	(Nose, arms, legs, etc.)		

NOTE: Use attached charts "A" and "B" to indicate parts not received.

X-614
X-614

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? No If not, explain No skull received with
(Yes-no) remains.

9. Remarks Estimated height - 5' 7 5/8"

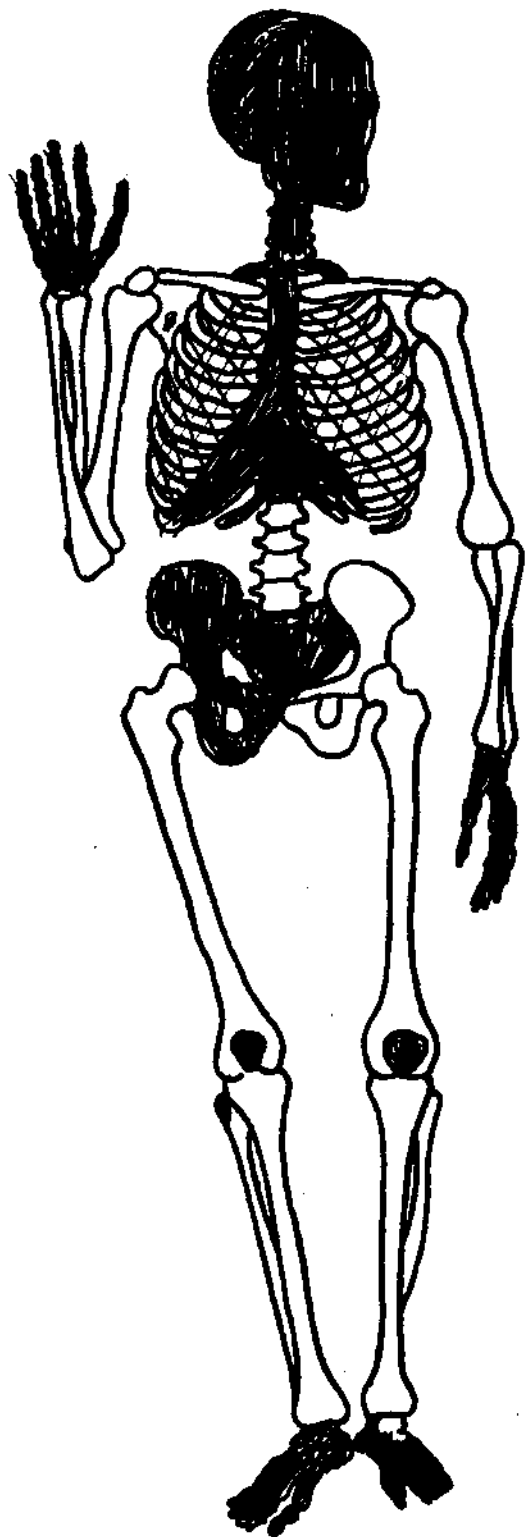
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

[Signature]
(Officer's Name)
[Signature] [Signature]
Rank Service
[Signature]
(Organization)

X-614

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



18 ribs received

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 68 SEARCH # 1

1. DATE AND TIME OF DEPARTURE: 12 May 1947 at 0800 Hrs.
2. PARTY CONSISTED OF: 4 EM
3. CAMP OR BARRIO: Labi PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Andres Kasakit
 - b. Eutiquio Kamantang
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10°57' 59" N- 124°45' 52" E
2 Km East along Daguitan river.
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: - (1) (~~2~~) (~~3~~) (~~4~~) (~~5~~) (Check one)
9. CONDITION OF REMAINS: Completely Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 16 May 1947 at 1730 Hrs.
13. REMARKS: (SEE REVERSE SIDE):

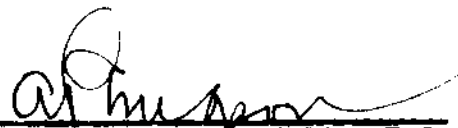
REMARKS:

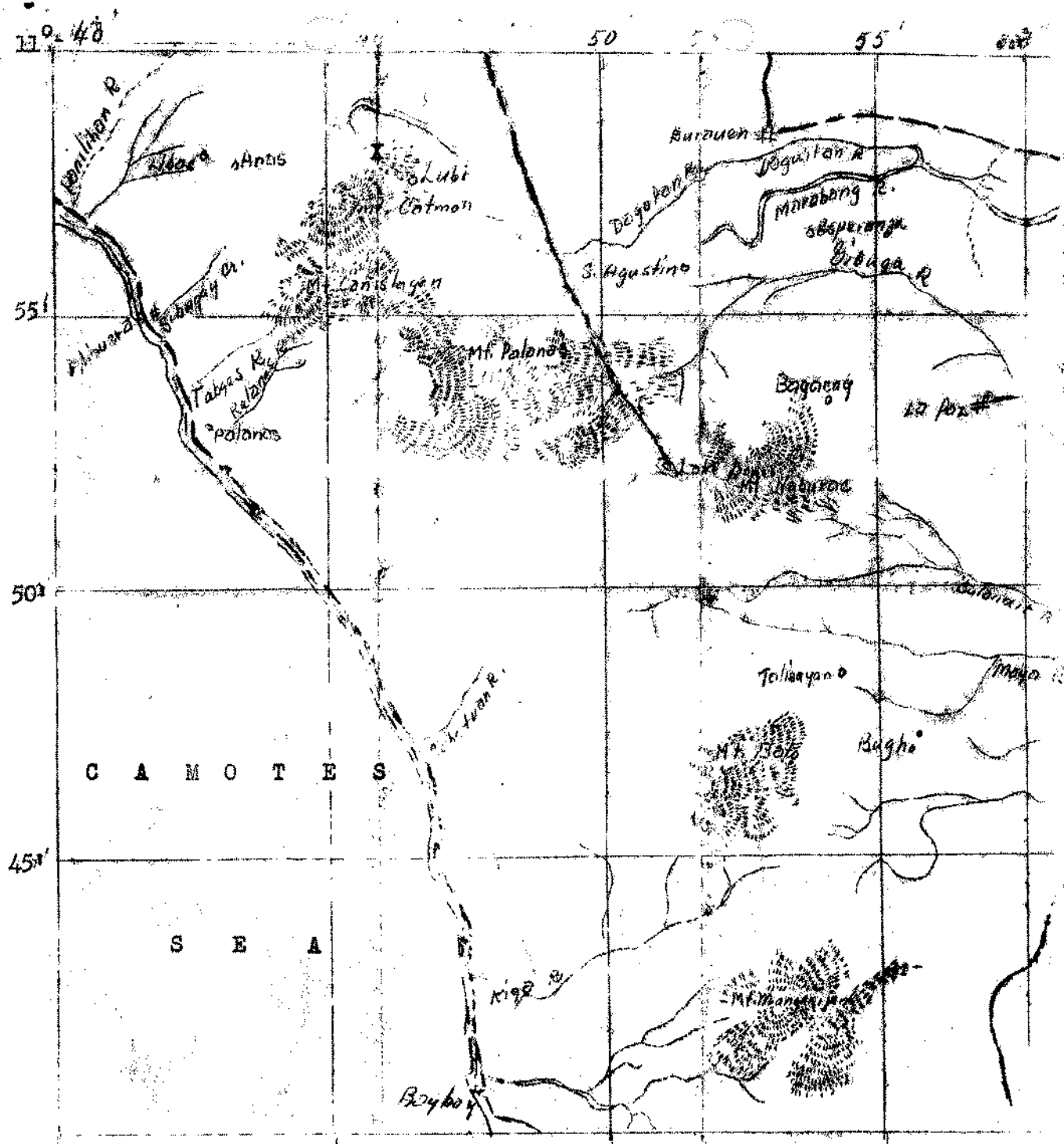
This Unknown body was found approximately 2 kilometers east along Dagotan river. The location of the remains was 25 yards from the banks of the Daguitan river.

/s/t/ T/Sgt. Tangente M. Marcial

Search Party Leader

A TRUE COPY:


A. P. SINGSON, 1st Lt., Inf.



X- Location of remains when recovered: Unknown X-614
 Map Reference : Map of Leyte, Series of 1934, Scale 1: 200,000
 Grid Coord: 10°57'59"N - 124°45'52"E.

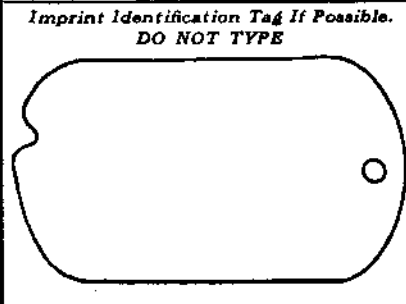
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

2 Dec 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2248 (Formerly Unk X-614 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE BTB Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
--	----------------------------------	---------------------------------

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
APRC MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 29 Nov 47	HOUR 12:52 PM	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 810	ROW No. 3AV K	GRAVE No. CRYPT 3671
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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. 8533
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) UNKNOWN X-2251-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3673
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-2246	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3669
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SIGNATURE OF PERSON PREPARING REPORT R.R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT U.S. PANOFID 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


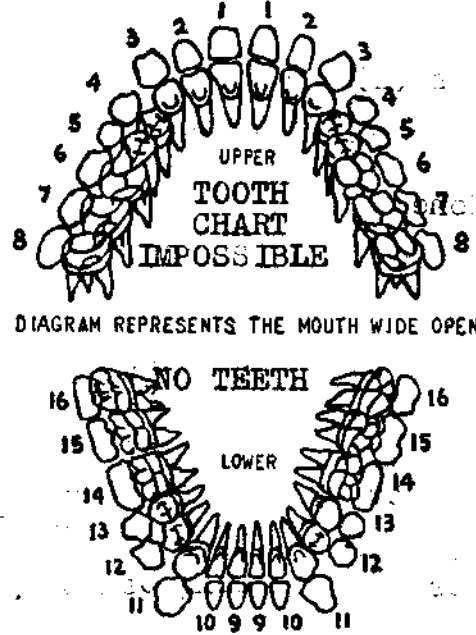




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO TEETH</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:

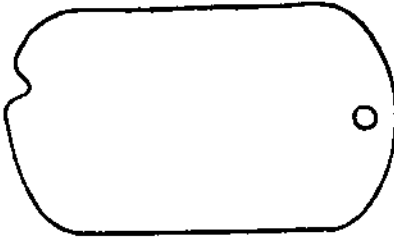
Identification Check List accomplished.

20 JAN 1948

RESTRICTED

fca

8533 306

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 28 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-614			SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE Possibly Army		
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 N O N E						
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 27 August 1947	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8533
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 10°57' 59" N-124°45' 52" E Map of Leyte, Series of 1934, Scale 1:200,000			LOT No.	ROW No.	GRAVE No. Isolated Burial
TYPE OF RELIGIOUS CEREMONY Catholic and Protestant	PERSON CONDUCTING BURIAL RITES HUGH F. KENNEDY, Major, Ch.C. Rev. Magno Managbanag		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					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-613			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8532
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-615			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8534
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack S. Siggle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. SINGSON, 1st Lt., Infantry			
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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


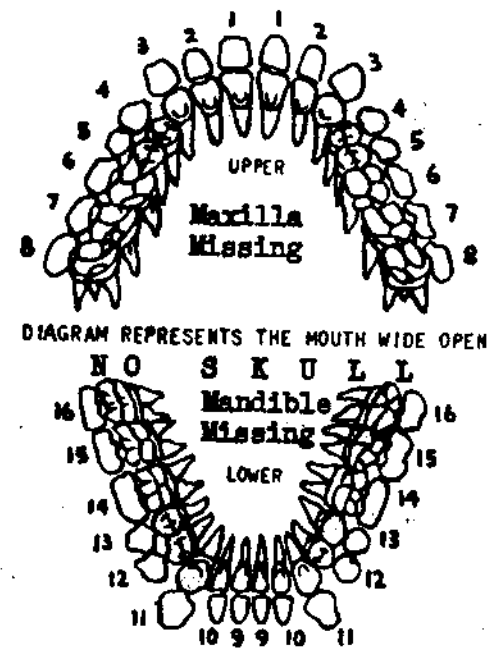




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

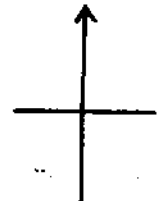
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of Lubi, Leyte

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER LEFT RING FINGER LEFT MIDDLE FINGER LEFT INDEX FINGER LEFT THUMB RIGHT THUMB RIGHT INDEX FINGER RIGHT MIDDLE FINGER RIGHT RING FINGER RIGHT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN NO SKULL</p>
CAVITIES  CAVITY DECAYED		
MISSING TEETH  TOOTH MISSING		
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
BRIDGE WORK  GOLD BRIDGE		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		



REMARKS:

Condition of remains precluded dental charting.

SEP 1947