FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Inf Leyte #1 X-702

Formerly Leyte #1 X-33

Also Marila Maus X-3726

QMC FORM 1121
1 Aug 45

nfm

1

Interred 26 A[illegible] 1 1950
L 2 59 Ft. [illegible]inley

PREPAR[illegible] BY PHILCOM

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	7740 81603	21 04 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 702					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
USAF CEMETERY LEYTE NO. 1, P. I.			901	7701	80

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-702				22 April'49

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[1] REMAINS [1] MARKER			RICHARD HOYT Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

UNK X-3726 Maus

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 April 1949 BY RICHARD HOYT

CASKET SEALED BY	EMBALMER (*Signature*)
RICHARD HOYT	s/ Richard Hoyt

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 22 Apr'49 BY RAYMOND H. TANGUAY, Sgt 1c, RA	PAUL E. HEINEMAN, 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.

s/ Paul E. Heineman, 1sLt., INF
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

File
6/9/58
[illegible]
Repair Bd

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM: AGRS MAUSOLEUM		TO: US MILITARY CEMETERY	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER: Earl Romark	DATE: APR 26 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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	7740 81603	24 04 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 702					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
USAF CEMETERY LEYTE NO. 1, P. I.			901	7701	80

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED DATE BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMGMT 293
GMG Far East

26 April 1949

SUBJECT: Resolution of Unidentified Remains

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, formerly interred in USAF Cemetery, Leyte #1, P.I., now stored at AGRS Mausoleum, Manila, Philippine Islands:

X-2849 B	(formerly X-613)
X-3715	(formerly X-65)
X-3726 A	(formerly X-[illegible])

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

FOR THE QUARTERMASTER GENERAL:

T. N. MEIZ
Lt. Colonel, QMC
Memorial Division

RKB

D.Degan:lrc
Sals er
JW

NJS

cc--Administrative Section

MEM

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7740 00054	15 (DAY) 05 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000033	0	0	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1	0	7701 (CODE) 80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		901	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	UNKNOWN		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *1*

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED DATE BY	SHIPPING ADDRESS VERIFIED BY

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

FILE

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 **1194**

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
UNKNOWN X -3726 - A (Formerly UNK X-33 USAF Cemetery Leyte # 1, P.I.)				4 March 49
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	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 - Skeletal chart and Dental chart attached.

14. WAS BODY BURNED?	TO WHAT EXTENT?
[ ] YES [X] NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
[ ] YES [X] NO	

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Received 15 April 1949 [redacted]
Not identifiable from
information [redacted]
[redacted] Deg 25 apr 49

Incl #14

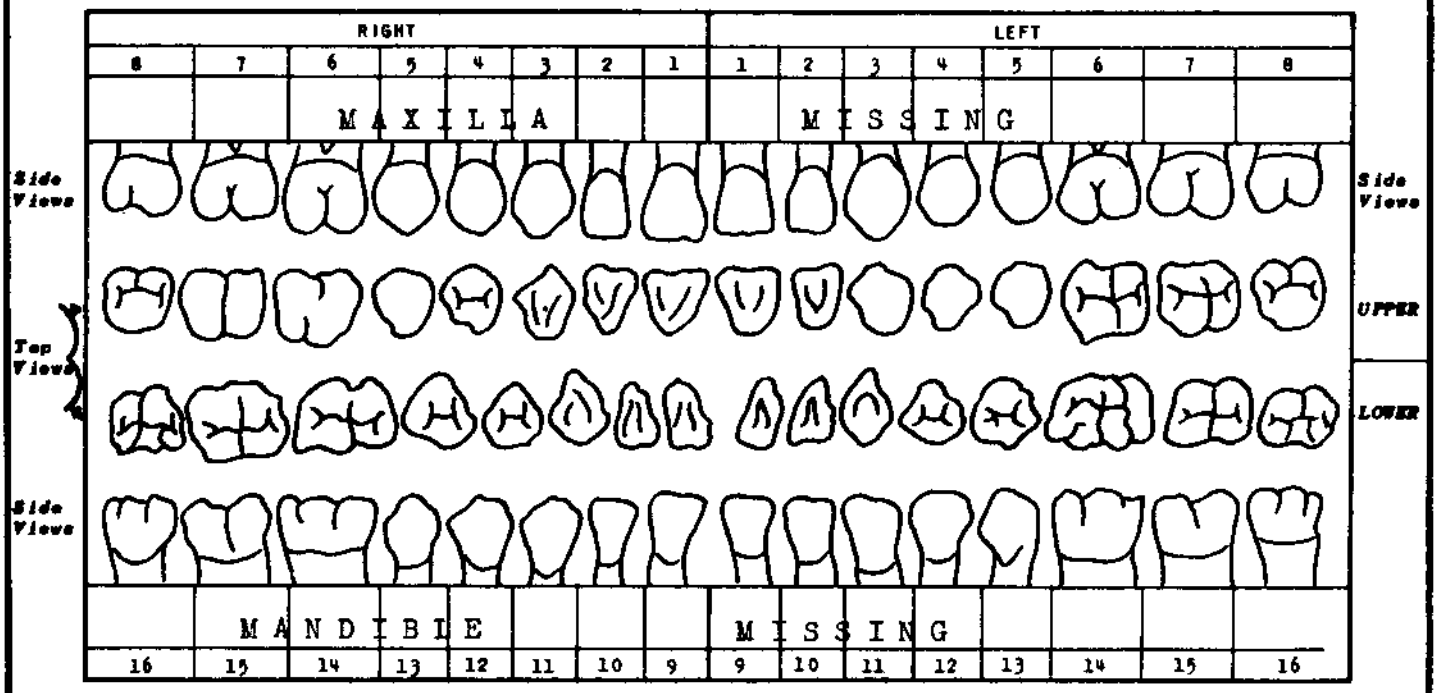
OMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

29E-21-12-47

UNKNOWN X 3726-A

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:	Tooth Missing	
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	



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: No maxillary and mandibular teeth found with remains.

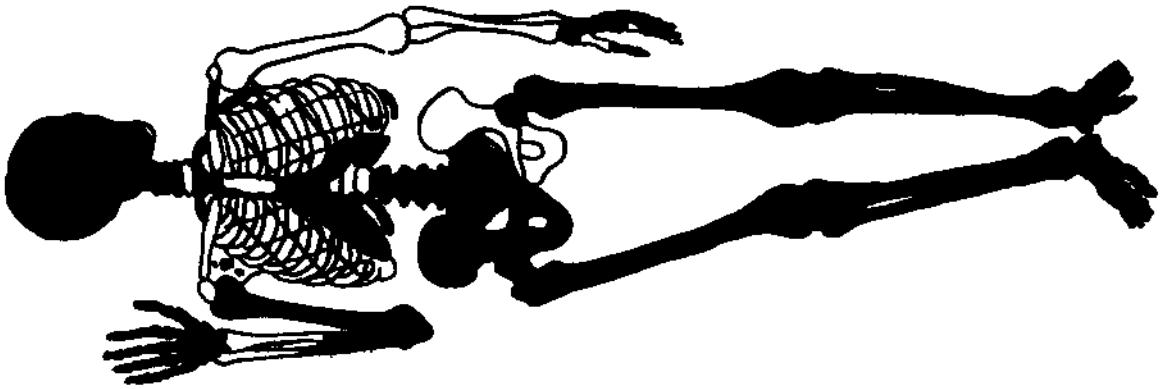
"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

F. J. McDermott
for
EARL E LOPES
Sgt., Med.

QMC FORM 10442
18 MAR 47

29E-21-12-47

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

While processing Unk X-3726 AGRS Mausoleum, Manila, P.I., we found right humerus which was 33.2 cm. longer than left. So we classified it as Unk X-3726-B, the subject case as X-3726-A. No ROI burial bottle, identification tags, personal effects, or other means of identification received with remains. No skull nor teeth received unable to determine the physical height due to the condition of remains. Estimated weight of remains 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	SIGNATURE
J. J. McDERMOTT Laboratory Officer, CIP	J. J. McDermott

QMC FORM 18 MAR 47 1044b

29E-21-12-47

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		2. DATE OF REPORT
UNKNOWN X-3726	(Formerly UNK X-33 USAF Cemetery Leyte #1, P.I.)	11 Feb 48

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
AGRS Mausoleum, Manila, P.I.	812	V	5596	24 Dec 47	12 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	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-Skeletal chart and Dental Chart attached.

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
[ ] YES [X] NO	

15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
[ ] YES [X] NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

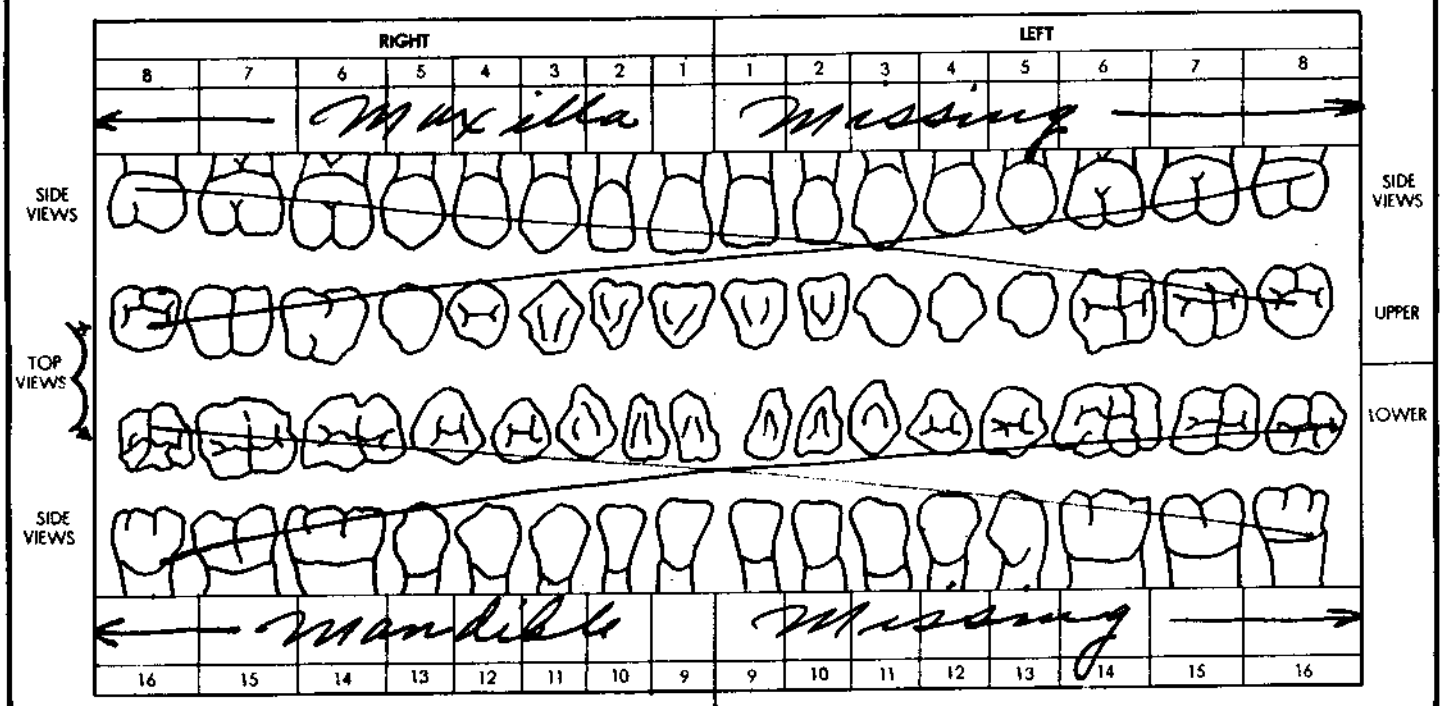
NONE

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

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:	TOOTH MISSING	
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	



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: No maxillary & mandibular teeth found with remains.

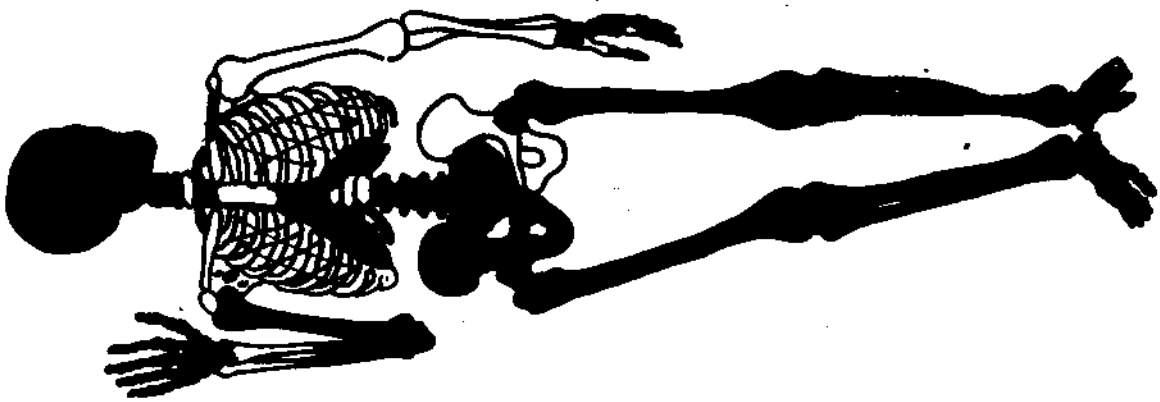
CERTIFIED TRUE COPY:

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

/s/ John J. Connors

QMC FORM 1044a
18 MAR 47

19. BLACK OUT PARTS OF BODY NOT COVERED



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

While processing Unk X-3726 AGRS Mausoleum, Manila, P.I., we found right humerus which was 33.2 cm longer than left. So we classified it as UNK X-3726-B, the subject case as X-3726-A. No ROI burial bottle, ID tags, personal effects, or other means of identification received with remains. No skull nor teeth received unable to determine the physical height due to the condition of remains. Est. weight of remains 3 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	SIGNATURE
p/ CLEMENT G. SWAN Emb Sr C-064862 CIP Laboratory, Manila, P.I.	/s/ Clement G. Swan

OMC FORM 18 MAR 47 1044b

QMCForm 1044
Rev. 1 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

8 January 1948

1. Remains of (Name)

UNKNOWN X-33

Serial Number

Grade

Organization

149th Inf

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

901

2. Date of Disinterment

24 December 1947

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

Original made in shelter halve burial. Skeletal remains incomplete. Skull and major bones missing. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Surpervising Disinterment and Reinterment.

/s/t/ JAMES H. JAMESON, Major, TC

CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA, 1st Lt., MSC

RESTRICTED

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)

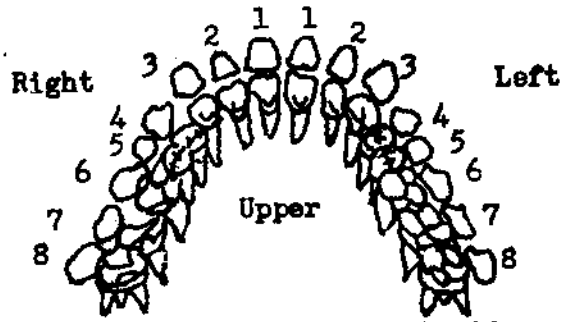
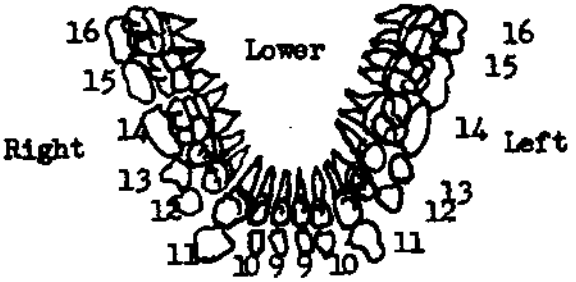


Diagram represents the mouth wide open



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

5-34880-4M

/rsc CORRECTED

RESTRICTED

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 22 April 1949

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial): UNKNOWN X-702 Leyte#1 (Formerly UNK X-3726-A, AGRS Mausoleum, Manila, P.I.)

SERIAL NO.: Unknown

GRADE: Unknown

ORGANIZATION: 149th Inf.

BRANCH OF SERVICE: Army

RACE: Unknown

RELIGION: Unknown

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

PLACE OF DEATH: Dulag Area, Leyte, P.I.

CAUSE OF DEATH: KIA*multiple shrapnel wounds

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): See Remarks

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME: None

"IDENTIFIABLE" BY REASON OF SUFFICIENT IDENTIFYING DATA"

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
STORAGE 12 Feb 48	1180	Casket	None	BANGER BAY CEMETERY 812	V	5596

WAS THIS A REBURIAL? (Yes or no): 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.
		901

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): Yes

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNKNOWN X-3726-B				5597

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNKNOWN X-3725				5595

SIGNATURE OF PERSON PREPARING REPORT: J. J. McDermott
J. J. McDERMOTT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Golden J. Frame
GOLDEN J. FRAME, 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 Officer. Copies for [illegible] as prescribed by theater commander.

RESTRICTED

Page 72

Section -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.

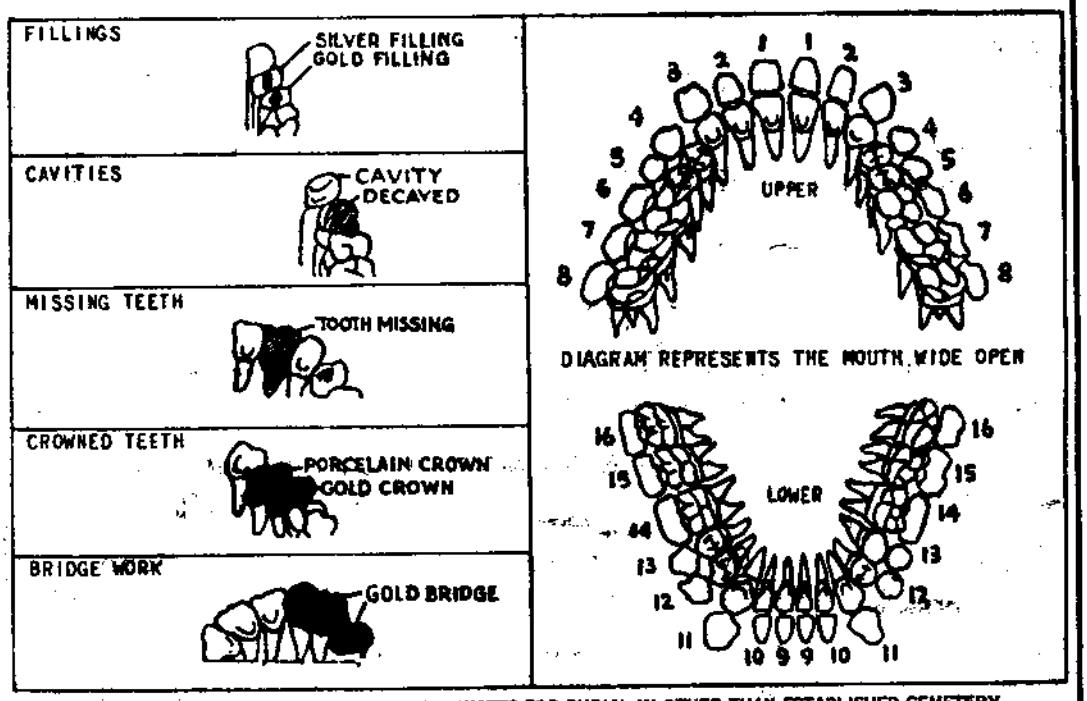
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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



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

REMARKS: Upon original processing UNK X-33 USAF Cemtery Leyte #1, P.I. at CIP Laboratory, Manila, remains of two (2) bodies were found, segregated and designated as UNKs X-3726-A and X-3726-B AGRS Mausoleum, Manila, P.I. Remains was determined to be unidentifiable and was redesignated Leyte #1 Unknown X-702 to avoid duplication of former cemetery number.

25 APR 1949

296-21-12-47

/acr

RESTRICTED

U246 A

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: 24 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*): UNKNOWN X-3726-A (Formerly UNK X-33 USAF Cemetery Leyte #1, P.I.)

SERIAL NO.: Unknown

GRADE: Unknown

ORGANIZATION: 149th Inf.

BRANCH OF SERVICE: Army

RACE: Unknown

RELIGION: Unknown

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

PLACE OF DEATH: Dulag Area, Leyte, PI

CAUSE OF DEATH: KIA-multiple shrapnel wounds

DATE OF DEATH: Unknown

EMERGENCY ADDRESSEE (*Name, relationship, and address*): 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 unidentified, fill in section 3 on reverse*): See Remarks

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	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
STORAGE 12 Feb 48	1100	Casket	None	812	V	5596

WAS THIS A REBURIAL? (*Yes or no*): 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.
		901

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*): Yes

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

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNKNOWN X-3726-B				5597

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNKNOWN X-3725				5595

SIGNATURE OF PERSON PREPARING REPORT: V. Q. AQUINO, T/5, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: L. S. PANOPIO, 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 —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

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

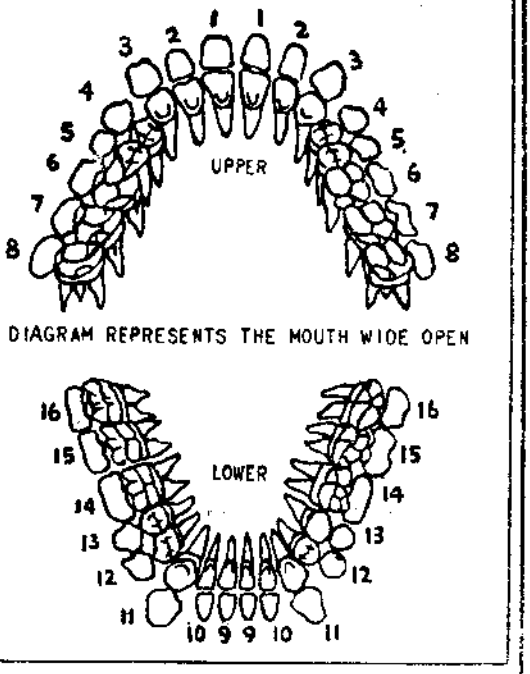
FILLINGS — SILVER FILLING, GOLD FILLING

CAVITIES — CAVITY, DECAYED

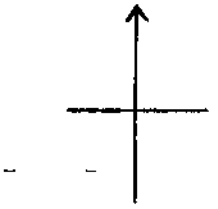
MISSING TEETH — TOOTH MISSING

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: In processing former UNK X-33 USAF Cemetery Leyte #1, P.I. at CIP Laboratory, Manila, remains of two (2) bodies were found, segregated and designated as Unks X-3726-A (subject case) and X-3726-B AGRS Mausoleum, Manila, P.I. Cross check subject case with UNK X-3726-B AGRS Mausoleum, Manila, P.I.

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

19 MAY 1948

298 21—12-47

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

RESTRICTED

RE-
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

91 9657

UNKNOWN X-33 149th Inf.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Dulag, Area, Leyte, P.I. Unknown KIA-multiple shrapnel wounds
(Place of death) (Date of death) (Cause of death)

0900 hrs 19 June 1945 USAF Cemetery Leyte #1, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

901 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 ☒

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 624 (X-60)
Metal tag buried with remains and attached to marker.
(If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT UNKNOWN X-34 902
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BEGINNING OF ROW
(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

(9)

LEFT HAND

4

3

2

1

THUMB

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:
Weight:
Color of eyes:
Color of hair:
Race:

Apparent nationality:
Laundry marks:
Number of rifle:
Wear glasses?
Is tooth chart attached? No, crushed skull.

(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.

John E. Bobis, S/Sgt, GRS
(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, 1st Lt., QMC
(Verified by Army GRS Officer)

4

3

2

1

THUMB

RIGHT HAND

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

CONFIDENTIAL

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815

10 Mar 45 — 9657

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
X-60	Unknown				149th Inf

(Place of death)	(Date of death)	(Cause of death)
Dulag Area, Leyte, P. I.	Unknown	KIA multiple shrapnel wounds

(Time and date of burial)	(Name of cemetery)	(Name or coordinates of location)
1400 9 December 1944	USAF Cemetery Dulag #1	Dulag, Leyte, P. I.

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
624			Cross

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

Embossed plate attached to marker Religion - U
One copy Form GR #1 placed in sealed bottle and buried with body
(If no identification tags, what means of identification are buried with the body?)

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

	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on RIGHT	Marodi, John (NMI)	37571066	Pvt	Co E, 149th Inf	625
Body buried on LEFT	X-59 (Unknown)			149th Inf	

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

81A

List only personal effects FOUND ON BODY and disposition of same: None

Incl 89

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.

Robert W. Gore

(Signature of officer or other person reporting burial)

ROBERT W. GORE, 2d Lt., Inf

Roy J. Schlemacher

(Verified by Army CRS officer)

ROY J. SCHLEMACHER, 1st Lt., MC

8075 65A

LEFT HAND: 4, 3, 2, 1, THUMB

RIGHT HAND: 4, 2, 1, THUMB