

*Reynolds*

FILE IDENTIFICATION TOPPER

FILE NUMBER

*295 and Sept # 1 x 716*

SUBJECT

*Old Manila Mass x-5067*

*Associated with 295 to bar, Guyton S.*

X-5067 - Reassigned Leyte #1 X-716

Interred at US Military Cemetery  
26 April 1950

VOID

*[Handwritten signature]*

1

DISINTERMENT DIRECTIVE

243 unk. Letter #1 X-716  
DIRECTIVE NUMBER 7748 02477  
DATE 15 04 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN  
SERIAL NUMBER X-005067  
GRADE  
ARM 0  
RACE 0  
RELIGION 6  
CEMETERY MANILA MAUS NO 1 P I  
PLOT 802  
ROW W  
GRAVE 5858  
DISPOSITION OF REMAINS 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
SERIAL NUMBER  
GRADE  
DATE OF DEATH  
DATE DISINTERRED  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION UNKNOWN  
RELIGION  
IDENTIFICATION VERIFIED BY  
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 GMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY  
CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 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

8 SEP 1950

Krecher

1600

nfm <b>1</b>	Interred 26 Apr 1950 L 13 55 Ft cKinley <i>Carroll Mark</i>		PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>			
	CARL R. H. MARK Cemetery Superintendent		DIRECTIVE NUMBER <b>7740 81619</b>		DATE <b>21 04 50</b> DAY MONTH YEAR	
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		NAME		SERIAL NUMBER	GRADE	ARM
<b>UNKNOWN X - 716</b>		<b>UNKNOWN X - 716</b>				
CEMETERY		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
<b>USAF CEMETERY LEYTE NO. 1, P. I.</b>				<b>2524</b>	<b>7701</b> CODE	<b>80</b> DIST. CTR.
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN			
<b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			<b>(BY ADMINISTRATIVE DECISION)</b>			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED	
<b>UNKNOWN X-716</b>					<b>25 Oct 49</b>	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER					<b>GERARD A BRICK</b> Embalmer NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL			CONDITION OF REMAINS			
<b>Shelter Half</b>			<b>Skeletal</b>			
OTHER MEANS OF IDENTIFICATION						
<b>Formerly X-5067 Mausoleum</b>						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE <b>25 Oct 49</b>		BY <b>GERARD A BRICK</b>				
CASKET SEALED BY			EMBALMER (Signature)			
<b>GERARD A BRICK</b>			<b>s/ Gerard A Brick</b>			
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY			
<b>RAYMOND H TANGUAY</b> DATE <b>25 Oct 49</b> , Sgt 1c, RA			<b>L. W. RICHARDSON, M/Sgt., RA</b>			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
<b>s/ L. W. Richardson, M/Sgt., RA</b> SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS						
<i>not file 6/9/50 H. W. King Report</i>						

## 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 <i>Barclay</i>	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

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7740 81619**

DATE  
**21 04 50**  
DAY MONTH YEAR

NAME  
**UNKNOWN X - 716**

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY  
**USAF CEMETERY LEYTE NO. 1, P. I.**

PLOT ROW GRAVE  
**2524**

DISPOSITION OF REMAINS  
**7701 80**  
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN  
**(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 SHIPPING ADDRESS VERIFIED BY  
DATE 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

SEA 1944



# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7741 02472	DATE 15 04 49 DAY MONTH YEAR		
NAME	SERIAL NUMBER UNKNOWN - 403027	GRADE	ARM	RACE	RELIGION
CEMETERY MANILA VAUS 101 F 1	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS 7701 10 CODE DIST. CTR.	

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <b>FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS</b>	NAME AND ADDRESS OF NEXT OF KIN  <b>(BY ADMINISTRATIVE DECISION)</b>
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**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY  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	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY
DATE	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

QUART 293  
OFS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-60 (formerly X-166, USAF Cem #5, Finsch., N.G.)  
Unknown X-104 (formerly Unknown X-148, USAF Cem #5, Finsch., N.G.)  
Unknown X-485 (formerly Unknown X-128, USAF Cem #5, Finsch., N.G.)  
Unknown X-2227 (formerly Unknown X-612, USAF Cem #1, Leyte, P.I.)  
Unknown X-2300 (formerly Unknown X-641, USAF Cem #1, Leyte, P.I.)  
Unknown X-2321 (formerly Unknown X-617, USAF Cem #1, Leyte, P.I.)  
Unknown X-3404 (formerly Unknown X-338, USAF Cem #1, Leyte, P.I.)  
Unknown X-3407 (formerly Unknown X-341, USAF Cem #1, Leyte, P.I.)  
Unknown X-3661 (formerly Unknown X-62, USAF Cem #1, Leyte, P.I.)  
Unknown X-3747 (formerly Unknown X-10, USAF Cem #1, Leyte, P.I.)  
Unknown X-4577  
Unknown X-4898  
Unknown X-5067

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

FOR THE QUARTERMASTER GENERAL:

T. B. NETZ  
Lt. Colonel, OMC  
Memorial Division

REB

T.A. Fields:jdk  
Salsar  
JW

NJS

cc: Administrative Section



COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSOF 293.9

AMP 707

SUBJECT: Unidentifiable Remains

16 May 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 (MGMU 293, GHS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGHS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN Y-26	UNKNOWN Y-3404
" Y-60	" Y-3407
" Y-104	" Y-3661
" Y-485	" Y-3747
" Y-2227	" Y-4577
" Y-2300	" Y-4898
" Y-2321	" Y-5067

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

FOR THE COMMANDING GENERAL:

JOHN A. WAFSZAL  
1st Lt., AGS  
Asst Adj Gen

14 Incls:

QMC Forms 1044 w/certificates  
of Unidentifiability.

CSGR 293  
Labar, Eugene S.

2nd Ind.

JAM/MM/rpq

HEADQUARTERS, PHILIPPINES-RYUKYUS COMMAND, APO 707

5 JUN 1948

TO: Quartermaster General, Dept of the Army, Washington 25, D. C.  
ATTN: Memorial Division

1. In compliance with 1st Indorsement, forwarded herewith are QMC Forms 1042 and Revised QMC Forms 1044 for 2nd Lt. Eugene S. LA BAR and Eugene S. LABAR.

2. Original QMC Forms 1042 for the above-named deceased have been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 6 June 1948, file 23-48.

FOR THE COMMANDING GENERAL:

2 Incls:  
1-QMC Forms 1042  
2-Revised QMC Forms 1044

2

M. O. BILLBE  
Capt, A. G. D.  
Asst Adj Gen

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

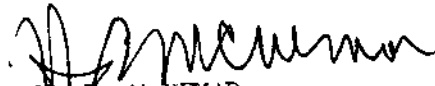
29 April 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to ~~Unknown~~ <sup>LA BAR,</sup> ~~Eugene~~, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 2524, 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:

  
I. B. MCNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

*2 in # 4*

SEARCHED.....  
INDEXED.....  
SERIALIZED.....  
FILED.....  
APR 29 1949  
FBI - PHILADELPHIA

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-5067			(Formerly LA BAR, Eugene S., AGRS Mausoleum, Manila, P.I.)			2. DATE OF REPORT 29 April 1949	
3. NAME OF CEMETERY			4. PLOT 802	5. ROW W	6. GRAVE 5858	7. DATE OF DISINTERMENT REINTERMENT	

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 2 1/8	10. COLOR OF HAIR UTD	11. RACE Unknown
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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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


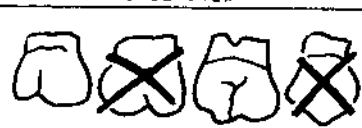






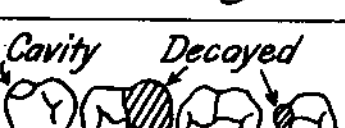

NONE

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

"BY REVISION OF IDENTIFICATION DATA"

*Final #112*

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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							
Side Views															
UPPER															
Side Views															
LOWER															
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 found with remains.

*J. J. McDermod*  
 J. J. McDERMOTT  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED

Received:

7  
2



Broca      Rollet  
Humerus - 31 cms    158 cms  
Over ht 158 cms or 5' 2 1/8"

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:      NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

"BY REMAINS"

"BY DATA"

"BY 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. MOURMONT  
Laboratory Officer, SIP

SIGNATURE  
*James J. Mourmont*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>LA BAR, Eugene S</b>						2. DATE OF REPORT <b>20 Mar 48</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>				4. PLOT <b>802</b>	5. ROW <b>W</b>	6. GRAVE <b>5858</b>	7. DATE OF DISINTERMENT <b>16 Dec 47</b>	REINTERMENT <b>3 Feb 48</b>
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5' 2 1/8"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>UTD</b>								
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  <b>NONE</b>								
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)  <b>NONE</b>								

**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

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), 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

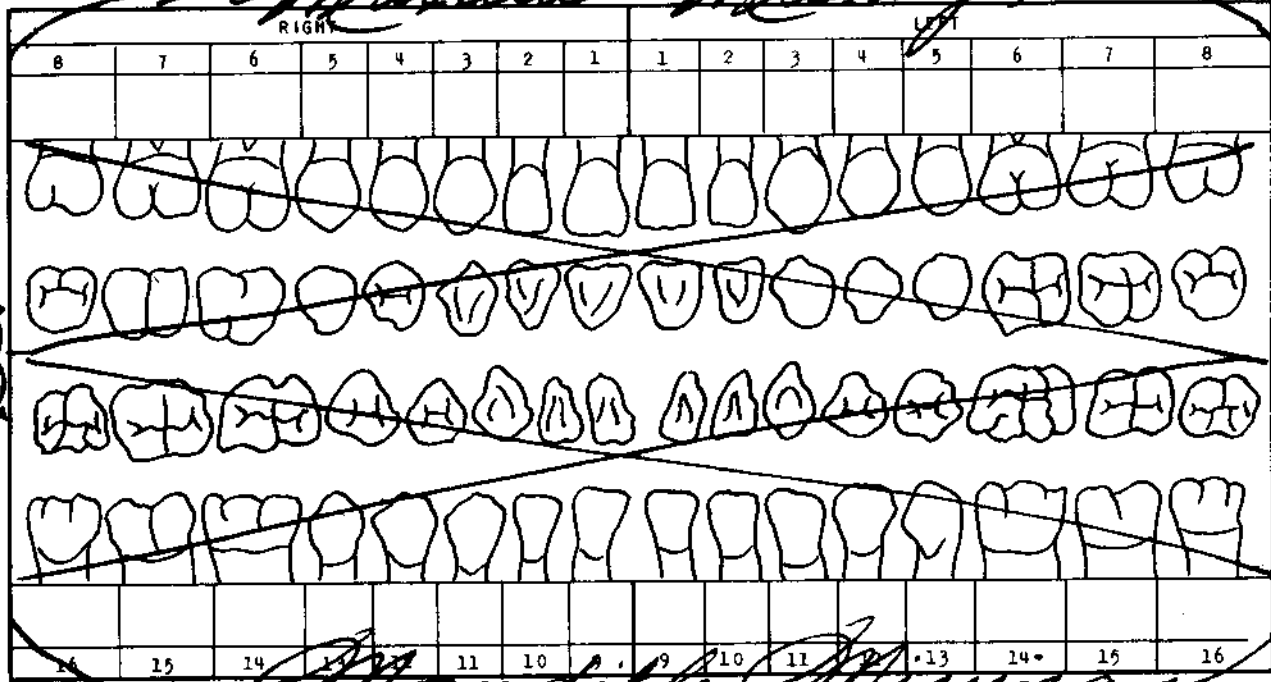


**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



*Maxilla Missing*



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

Mandible and Maxilla missing. R-13 and L-10 teeth present.

CERTIFIED TRUE COPY:

*[Signature]*  
L S PANOFIO  
1st Lt INF

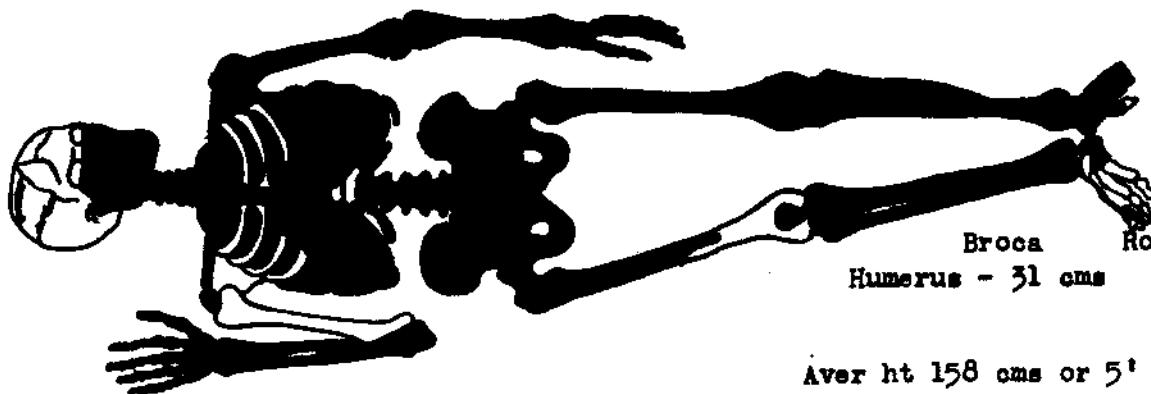
/s/ Robert F. Stevenson /s/ Joseph D. Murphy T/5



19. BLACK OUT PARTS OF BODY NOT RECOVERED

37

7-Ribs  
3-Dorsal



Broca      Rollet  
Humerus - 31 cms    158 cms

Aver ht 158 cms or 5' 2 1/8"

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

According to previous ROI subject remains is identified as La Bar, Eugene S.  
No ID tags, personal effects, burial bottle or other means of identification found with remains.  
Circumference of the skull is unobtainable due to condition of remains; skull fragmented.  
Estimated weight of remains 3 lbs.

CERTIFIED TRUE COPY:

*L S PANOPIO*  
L S PANOPIO  
1st Lt INF

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/ ROBERT F. STEVENSON Ungraded  
OIP Laboratory, Manila, P.I.

SIGNATURE  
/s/ Robert F. Stevenson

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
Washington 25, D. C.

QMGT 293  
Labar, Eugene S.  
O-499810

25 January 1949

SUBJECT: Identification of Unknown Deceased.

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

1. Reference is made to Report of Storage for remains of Eugene S. Labar, formerly interred in Grave 2987, USAF Cemetery Leyte #1, P. I., now stored in Crypt 4941, Bay R, Hanger 802, AGRS Mausoleum, Manila, P. I. Reference is further made to Report of Storage for the remains buried as 2/Lt. Eugene S. Labar, O-499810, formerly interred in Grave 2524, USAF Cemetery Leyte #1, now stored in Crypt 5858, Bay W, Hanger 802, AGRS Mausoleum, Manila. These Reports of Storage refer to the same individual.


2. The remains formerly buried in Grave 2524 were identified as those of Lt. Labar by identification tags. The remains formerly buried in Grave 2987 were identified as the same individual by two identification cards found on the body.

3. A dental chart could be accomplished only for the remains formerly buried in Grave 2987. Comparison of this chart with that of Lt. Labar proves that these are actually his remains. The identification has been approved by this office and accepted by the next of kin.

4. In view of the above it is requested that the remains formerly buried in Grave 2524, USAF Cemetery Leyte #1, now stored in Crypt 5858, Bay W, Hanger 802, AGRS Mausoleum, Manila, be reverted to unidentified status, and that a corrected Report of Storage be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

A TRUE COPY:

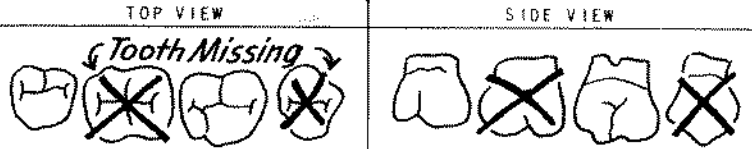
  
H. B. Mc NEMAR  
Captain, QMC

/s/t/ T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

## IDENTIFICATION DATA

1. REMAINS OF LINKDOWN <b>LA BAR, Eugene S</b>				2. DATE OF REPORT <b>20 Mar 48</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>802</b>	5. ROW <b>V</b>	6. GRAVE <b>5858</b>	7. DATE OF DISINTERMENT <b>16 Dec 47</b>	REINTERMENT <b>3 Feb 48</b>
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5' 2 1/8"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>UTD</b>						
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  <b>NONE</b>						
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)  <b>NONE</b>						

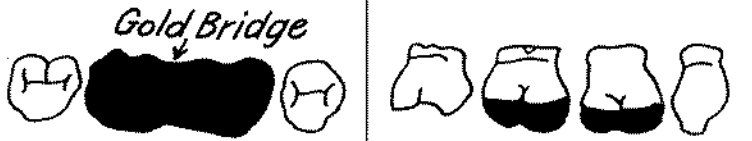
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



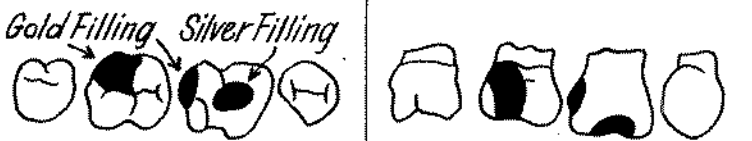
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



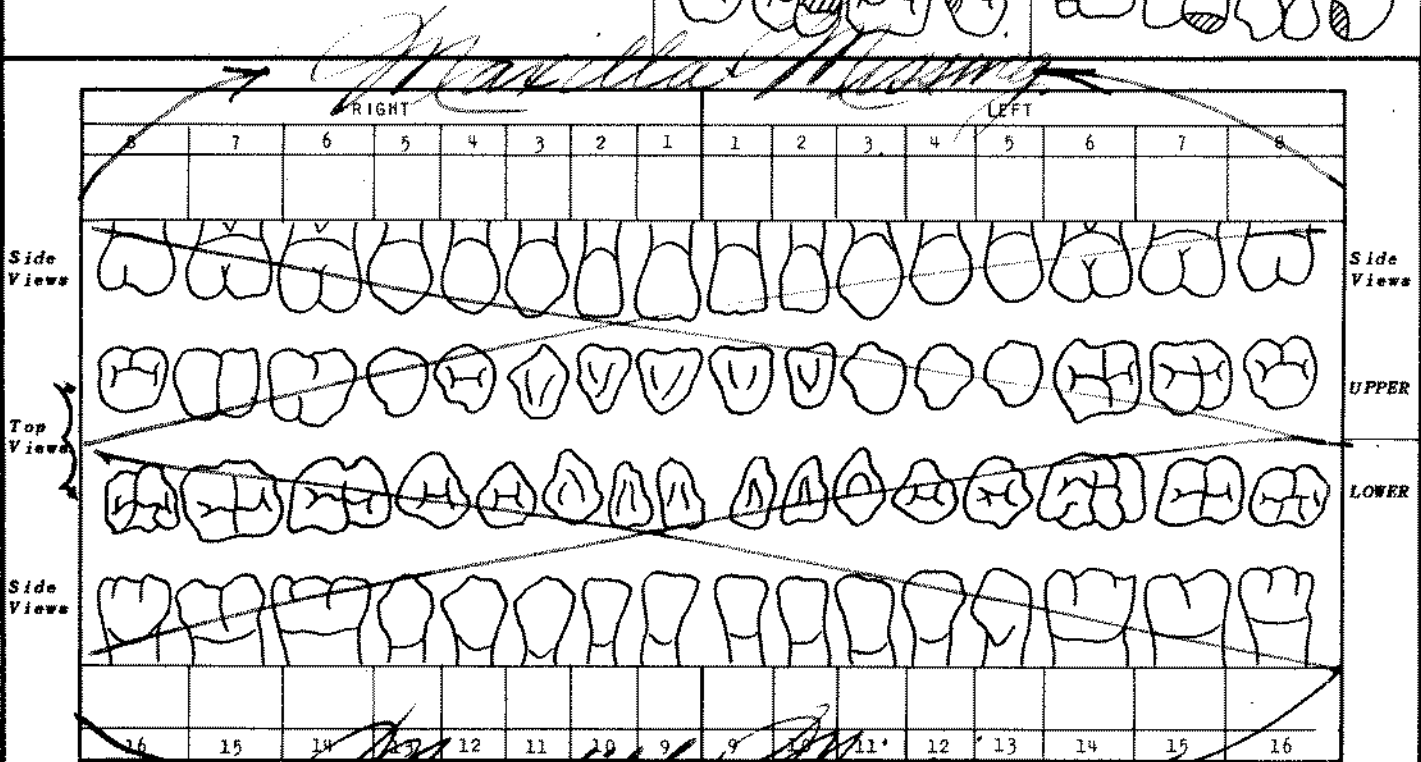
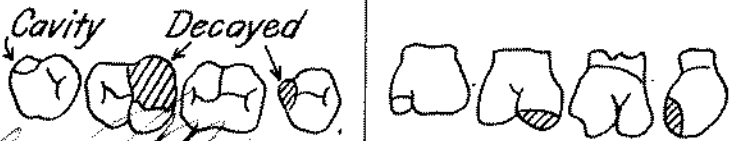
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**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."

**Mandible and Maxilla missing. R-13 and L-10 teeth present.**

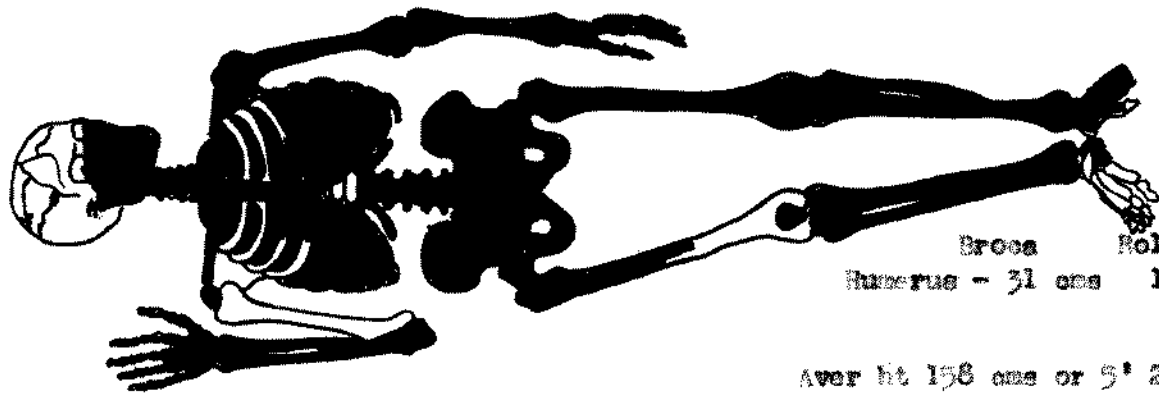
**CERTIFIED TRUE COPY:**

*[Signature]*  
**L S FANOPIO**  
**1st Lt INF**

**/s/ Robert F. Stevenson /s/ Joseph D. Murphy T/S**

19. BLACK OUT PARTS OF BODY NOT DISCOVERED

12



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

According to previous DOI subject remains is identified as La Bar, Eugene G.  
No ID tags, personal effects, burial bottle or other means of identification found with remains.  
Circumference of the skull is unobtainable due to condition of remains; skull fragmented.  
Estimated weight of remains 3 lbs.

IDENTIFIED TRUE COPY:

L S LANDRICO  
1st Lt INF

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

/s/ ROBERT F. STEVENSON Ungraded  
OIF Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F. Stevenson

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

24 May 1948

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-713 Leyte # 1 (Formerly Unk X-5067, AFPS Mausoleum, Manila, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Unknown	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) See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

UNIDENTIFIABLE  
REASON OF LACK OF IDENTIFICATION DATA

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

DATE OF BURIAL 3 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 302	ROW No. .	GRAVE No. 5358
----------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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. 2524
---	--	---------------	--------------	-------------------

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) COLMAN, Robert H.	RANK GM3c V6	SERIAL No. 627172	ORGANIZATION U.S.S. ST. Louis	GRAVE No. 5858
---	-----------------	----------------------	----------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SIMP, Walter	RANK Pvt	SERIAL No. 36044931	ORGANIZATION Co "A" 126 Inf.	GRAVE No. 5857
---	-------------	------------------------	---------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT W. J. McDERMOTT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT U. B. McNEAR, Capt., GRC
---	---

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- IDENTIFIED 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	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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>	

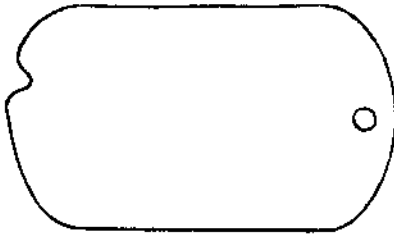
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



**REMARKS:**

Remains Manila Mausoleum, Unknown X-5067 (Formerly known LA BAR, Eugene S.) was determined to be unidentifiable and was redesignated Loyte Cemetery Unknown X-716.

KEPAINIA RECORDS BRANCH  
 JUN 15 11 24 AM '50

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT <b>9 February 1949</b>		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) <b>UNKNOWN X-5067 (Formerly LA BAR, Eugene S., AGRS Mausoleum, Manila, P. I.)</b>			SERIAL NO. <b>Unknown</b>	
		GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>	
		RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Unknown</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Subject remains was reverted to unknown status as per ltr fr the DA, OCMG, Wash. 25, D. C., file QMONT 293, Labar, Eugene S., O-499810, dtd 25 Jan 49, subject; Identification of Unknown Deceased. (True Copy Attached)</b>				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (2)</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>AGRS MAUSOLEUM, MANILA, P. I.</b></p>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>3 Feb 1948</b>	<b>1300</b>	<b>Casket</b>	<b>None</b>	<b>802</b>	<b>W</b>	<b>5858</b>
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
<b>Yes</b>	<b>USAF Cemetery Leyte #1, P.I.</b>					
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)					
<b>Yes</b>	<b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
<b>BOWMAN, Robert H.</b>	<b>GM3c V6</b>	<b>627172</b>	<b>V.S.S. St. Louis</b>	<b>5859</b>		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
<b>SWET, Walter</b>	<b>Pvt.</b>	<b>36044931</b>	<b>Co WA 126 Inf</b>	<b>5857</b>		
SIGNATURE OF PERSON PREPARING REPORT <b>CHARLES A. GOULD, Adm Asst.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>H. B. McNEMAR, Capt, OMC, Chief, Rec Br.</b>			
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.						

*124 00*



**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.

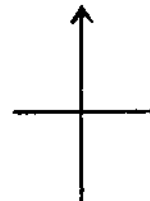
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES


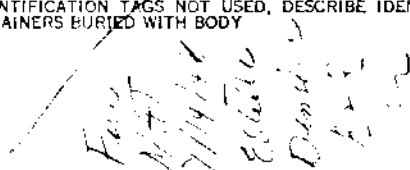
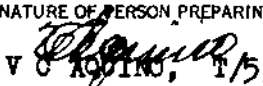
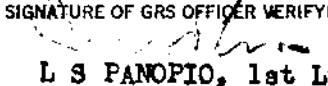
FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	


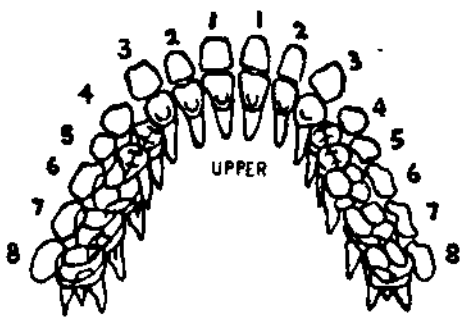
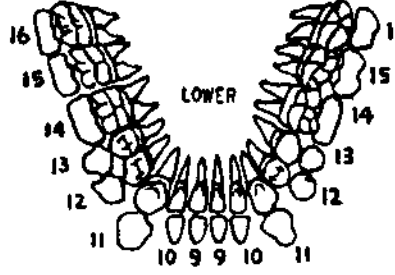




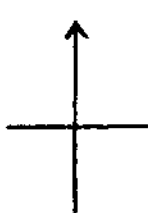

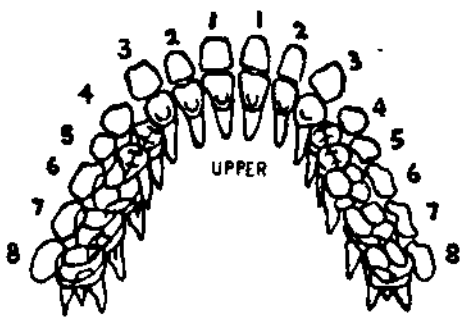
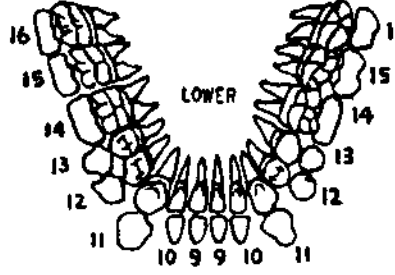




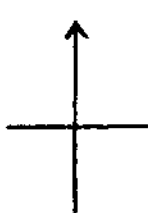

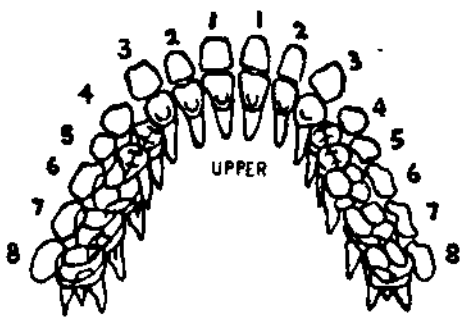
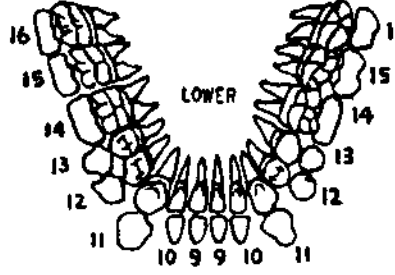




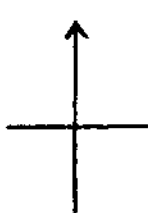
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

27 FEB 1949

W. G. M. FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STOPPAGE		DATE OF REPORT 22 April 48			
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.						SERIAL NO.		
		NAME (Last, first, middle initial)						0499810		
		GRADE		ORGANIZATION		BRANCH OF SERVICE				
		2nd Lt		B Co., 511 Para Inf. Regt		Unknown				
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY						
Unknown		Catholic								
PLACE OF DEATH			CAUSE OF DEATH			DATE OF DEATH				
Vicinity of Lubi, Leyte, P.I.			KIA			3 Dec. 1944				
EMERGENCY ADDRESSEE (Name, relationship, and address)										
Mrs. Coleman Lovenburg ( <del>Sister</del> ), 1 Bronxville Road, Bronxville, New York										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)			IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
None			See Remarks							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)										
Yes (2)										
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME										
None										
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.										
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY										
AGRS MAUSOLEUM, MANILA, P. I.										
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.			
3 Feb 48	1300	Casket		None	802	W	5858			
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE									
Yes	USAF Cemetery Leyte #1, P.I.					PLOT No.	ROW No.	GRAVE No.		
								2524		
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.				
BOWMAN, Robert H			GM3eV6	627172	V.S.S. St. Louis	5859				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.				
SWET, Walter			Evt	36044931	Oo "A" 126 Inf	5857				
SIGNATURE OF PERSON PREPARING REPORT				SIGNATURE OF GRS OFFICER VERIFYING REPORT						
 V O AQUINO, T/5, QMC				 L S PANOFIO, 1st 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.										

Section	<b>UNIDENTIFIED REMAINS.</b>							
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (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 RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS		
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS				
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">WEAPON AND SERIAL No.</td> <td style="width:33%;">LAUNDRY MARKS</td> <td style="width:34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND						
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES							
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align:top;"> <b>FILLINGS</b>   </td> <td rowspan="6" style="width:50%; vertical-align:top;">  <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p> </td> </tr> <tr> <td style="vertical-align:top;"> <b>CAVITIES</b>   </td> </tr> <tr> <td style="vertical-align:top;"> <b>MISSING TEETH</b>   </td> </tr> <tr> <td style="vertical-align:top;"> <b>CROWNED TEETH</b>   </td> </tr> <tr> <td style="vertical-align:top;"> <b>BRIDGE WORK</b>   </td> </tr> <tr> <td style="vertical-align:top;"> <b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>   <div style="text-align:center;">  </div> </td> </tr> </table>	<b>FILLINGS</b> 	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>	<b>CAVITIES</b> 	<b>MISSING TEETH</b> 	<b>CROWNED TEETH</b> 	<b>BRIDGE WORK</b> 	<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>  <div style="text-align:center;">  </div>
<b>FILLINGS</b> 		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>						
<b>CAVITIES</b> 								
<b>MISSING TEETH</b> 								
<b>CROWNED TEETH</b> 								
<b>BRIDGE WORK</b> 								
<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>  <div style="text-align:center;">  </div>								
RIGHT THUMB	<p><b>REMARKS:</b> Notations on the previous Report of Interment, USAF Cemetery Leyte #1, P.I., and on the Report of Disinterment show two (2) identification tags found with the remains. At OIP Laboratory, Manila, P.I., no identification tags found with the remains.</p> <p align="center">QMO Form 1044, 1044-A and 1044-B accomplished.</p>							
RIGHT INDEX FINGER								
RIGHT MIDDLE FINGER								
RIGHT RING FINGER								
RIGHT LITTLE FINGER								

RESTRICTED

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

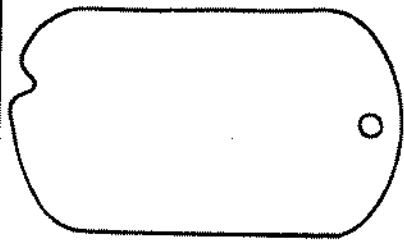
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

22 April 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

LA BAR, Eugene S.

SERIAL No.

0499810

GRADE

2nd Lt

ORGANIZATION

B Co., 511 Para Inf.  
Regt

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Catholic

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

PLACE OF DEATH

Vicinity of Lubi, Leyte,  
P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

3 Dec. 1944

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Coleman Lovenburg (Sister), 1 Bronxville Road, Bronxville, New York

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

*Reference made to X-5067*

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

3 Feb 48

HOUR

1300

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE MARKER

None

PLOT No.

802

ROW No.

W

GRAVE No.

5858

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.

2524

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)

BOWMAN, Robert H

RANK

GM3eV6

SERIAL No.

627172

ORGANIZATION

V.S.S. St.  
Louis

GRAVE No.

5859

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

SWET, Walter

RANK

Pvt

SERIAL No.

36044951

ORGANIZATION

Co "A"  
126 Inf

GRAVE No.

5857

SIGNATURE OF PERSON PREPARING REPORT

*[Signature]*  
V O [Name], 1st Lt, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*[Signature]*  
L S PANOFIO, 1st 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

*Incl 1*

**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

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: Notations on the previous Report of Interment, USAF Cemetery Leyte #1, P.I., and on the Report of Disinterment show two (2) identification tags found with the remains. At OIP Laboratory, Manila, P.I., no identification tags found with the remains.  
QIC Form 1044, 1044-A and 1044-B accomplished.

32

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

**CONFIDENTIAL**

11B11 Co

LaBar Eugene S 0-499810 2nd Lt. 511 Para Inf Rgt.  
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity Lubi, Leyte, Island, P.I. 3 Dec 44 KIA-Body completely decomposed  
 (Place of death) (Date of death) (Cause of death)

23 Jan 45 USAF Cem Manarawat #1. (Temp) (Cord) 31.1 - 25.5, Corrected  
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Special map Leyte Island, P.I. Sheet "D" Scale 1:50,000.

5 1 1 Regulation Cross  
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation Y-shaped or other)

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

Religion Catholic ✓

(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 Olivetti Michael G. 39277137 S/Sgt 511 Para Inf 6  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Wylie, James, E. 0-1300699 1st Lt 511 Para Inf 4  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Coleman Lovenburg (Sister) 1 Bronxville Road, Bronxville, New York  
 (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 FOUND ON BODY

511  
21  
26

**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.**

(Signature of officer or other person reporting burial)

*M. O. Lemme* FFA

(Verified by Army GRS officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RECEIVED  
30 APR 1945

### REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem. Leyte #1, P.I.

Date 14 Feb 46

1. Remains of LABAR, Eugene S Serial Number 0-499810

Rank 2nd Lt Organization 511 Para Inf Regt

2. Disinterred (date): 13 Feb 46 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 2524

By: Group Sgt Kuchirka Unit 4586th OM GR Co.

3. Reburied (date) 13 Feb 46 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 2524

By: Group Kuchirka Unit 4586th OM GR Co Nature of reburial shelter halve

4. Report as to nature of original burial and condition of body upon disinterment:  
Body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes  
(b) Other means of identification found upon disinterment, and general remarks: \_\_\_\_\_

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) \_\_\_\_\_

(b) Weight (estimated) \_\_\_\_\_

(c) Hair-Color \_\_\_\_\_

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face-Color \_\_\_\_\_

Location \_\_\_\_\_

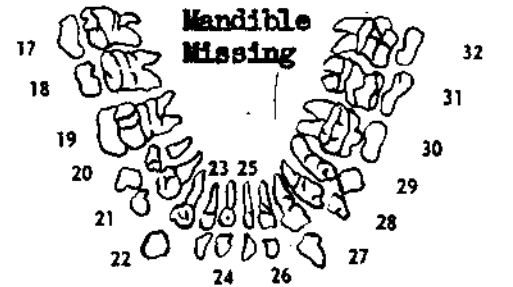
Quantity \_\_\_\_\_

(e) Permanent marks on body (old scars, peculiarities, or missing parts) \_\_\_\_\_

(f) Wounds or missing parts (received at time of casualty) \_\_\_\_\_



Diagram represents mouth wide open



7. Disinterment supervised by Sgt M Kuchirka Approved: William D. Rogers  
(Title) 1st Lt., Inf

8. Reburial supervised by Sgt M Kuchirka Approved: William D. Rogers  
(Title) 1st Lt., Inf



## 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, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. 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".

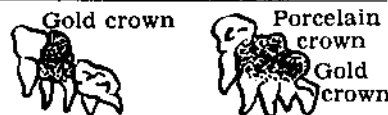
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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 (e) 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.

**MISSING TEETH**——All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



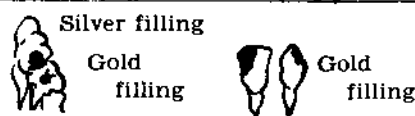
**CROWNED TEETH**——Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



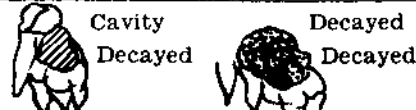
**BRIDGE WORK**——Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**FILLINGS**——Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



**CARIES (CAVITIES)**——Outline location and size of cavities, shade in thus:



**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".

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.