

FILE IDENTIFICATION TOPPER

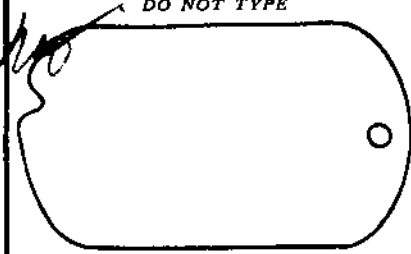
FILE NUMBER

293 amp. Letter #1 X-719

SUBJECT

Formerly Maus Manila 4955


**RESTRICTED**

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 9 June 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-719 Leyte #1 (Formerly UNK X 4222, AGAS 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)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">                     NONE                      243 unk Leyte #1 X-719                 </p>							
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 25 Oct 48	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 811	ROW No. 20-A	GRAVE No. 44	
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. 3517
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) UNKNOWN X-3671			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 39	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)* UNKNOWN X-3123			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT s/t/ JAMES J. McDERMOTT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ H. B. McNEER, Capt., GRC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

FILE 49  
 NBN  
 5/27/49  
 H. B. McNEER  
 Capt. GRC

INCL # 7

**RESTRICTED**

LEFT LITTLE FINGER	<b>Section UNIDENTIFIED REMAINS.</b>			
	<p><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.</p>			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align: center; margin-top: 20px;">  </div>			
RIGHT RING FINGER	<p><b>REMARKS:</b> Upon original processing NELSES, Arnold J., extra remains were found and assigned Manila Mausoleum UNKNOWN X-4955. Subject remains was redesignated UNKNOWN X-719 Leyte #1.</p>			
RIGHT LITTLE FINGER				

/drs <b>1</b>	Interred 13 April 1950 L 17 22 - Ft. McKinley <i>Caremark</i> CARL R. H. MARK Cemetery Superintendent		PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81345</b>	DATE <b>10 04 50</b> DAY MONTH YEAR
NAME <b>UNKNOWN X - 719</b>		SERIAL NUMBER	GRADE	ARM
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>		PLOT	ROW	GRAVE <b>3517</b>
				DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.
SECTION B - CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>	
SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME <b>UNKNOWN X-719</b>		SERIAL NUMBER	GRADE	DATE OF DEATH <b>18 Feb 1950</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS Embalmer</b> NAME AND TITLE
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>	
OTHER MEANS OF IDENTIFICATION <b>CIL #442</b>				
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)				
REMAINS PREPARED AND PLACED IN CASKET				
DATE <b>18 Feb 1950</b>		BY <b>PAUL R NICHOLS</b>		
CASKET SEALED BY <b>PAUL R NICHOLS</b>		EMBALMER (Signature) <b>s/ Paul R. Nichols</b>		
CASKET BOXED AND MARKED DATE <b>18 Feb 50</b> BY <b>RAYMOND H TANGUAY Sgt.1c, RA</b>		SHIPPING ADDRESS VERIFIED BY <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  <div style="text-align: right;"> MAT  DATE <b>22 May 1950</b>  NAME <b>J. J. J.</b>  BR. MEM. DIV. </div>				

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>U S MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Edward H. ...</i>	DATE <b>APR 13 1950</b>

### 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

PREP BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81345

DATE

10 04 50  
DAY MONTH YEAR

NAME

UNKNOWN X - 719

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

3517

DISPOSITION OF REMAINS

7701

CODE

80

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

NAME AND TITLE

- REMAINS
- MARKER

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

file 5-25-50  
Kemp...  
Report

MAIL

QMGT 293  
GRS Far East

22 March 1950

SUBJECT: Identification of World War II Deceased

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

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

- Unknown X-33, Agat Guam #2, Unit 2, Page 5
- " X-50, 4th Mar. Div. Saipan, Unit 2, Page 3
- " X-719, Leyte #1, Unit 2, Page 14 (PREV. X-31 Finsch #2)
- " X-1511, AGRS Maus. Unit 2, Page 26
- " X-3641, " " " 2, " 18

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

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cinofe

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

JMN

TEC

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

2 MAR 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (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-33 Agat Guam #2	UNKNOWN X-3641 AGRS Malm
X-50 4th Mar Div. Saipan	X-4201 Manila #2
X-719 Leyte #1	X-4202
X-1511 AGRS Malm	X-4203

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

FOR THE COMMANDING OFFICER:

8 Incls  
QMC Forms 1044/ w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant



QMCMT 293  
CIS Far East

19 September 1949

**SUBJECT:** Identification of World War II Deceased

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

1. Reference letter your headquarters, dated 10 August 1949, file CGOR 293.9, Subject: Assignment of CIL Numbers.

2. It is requested that the CIL designation of the following Unknowns be cancelled and the remains revert back to the original Unknown Numbers in accordance with letter this headquarters dated 26 July 1949, file QMCMP 293, Subject: Disinterment Discrepancies:

Unknown X-4969	AGCS Mausoleum, Manila, P.I.	
" X-1445	" " "	" (Form. X-212 USAF Com. San Barbara)
✓ " X-4955	" " "	"
" X-5641	" " "	"
" X-1458	" " "	" (Form. X-175 USAF Com. San Barbara)

FOR THE QUARTERMASTER GENERAL:

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

GSOR 293.9

SUBJECT: Assignment of CIL Numbers

APO 707

10 AUG 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 QMGAF 293, dated 2 April 1949, Subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P.I., have been assigned CIL numbers as indicated below:

- a. Unknown X-4969, AGRS Mausoleum, Manila, P.I., assigned CIL #449.
- b. Unknown X-3514-C (Formerly Unk X-2248, USAF Cem Manila #2) assigned CIL #447.
- c. Unknown X-1445 (Formerly Unk X-212, USAF Cem Sta Barbara) Assigned CIL #443.
- d. Unknown X-4702 (Formerly Unk X-3677, USAF Cem Manila #2) assigned CIL #444.
- e. Unknown X-719, Leyte #1 (Formerly X-4955, AGRS Mausoleum) assigned CIL #442.
- f. Unknown X-3641, AGRS Mausoleum, Manila, P.I., assigned CIL #445.
- g. Unknown X-1468 (Formerly Unk X-175, USAF Cem Sta Barbara) assigned CIL #441.
- h. Unknown X-3514-B (Formerly Unk X-2248, USAF Cem Manila #2) assigned CIL #446.

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned Unknowns have been assigned CIL numbers.

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR  
1st Lt            AGD  
Asst    Adj        Gen

### DISINTERMENT DIRECTIVE

1/5

293 Wick. - Leyte X 719

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7748 02210

DATE  
15 03 49  
DAY MONTH YEAR

NAME

~~UNKNOWN X - 004955~~

SERIAL NUMBER

GRADE

ARM 0

RACE 0

RELIGION 6

CEMETERY

MANILA MAUS NO 1 P I

PLOT

ROW

GRAVE

811 20A 44

DISPOSITION OF REMAINS

7701 80

CODE

DIST. CTR.

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X - 004955

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

25 Apr 49

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

RICHARD HOYT

REMAINS

MARKER

Embalmer

NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

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

Extra portions of BELLES, A. J. from Leyte.

REMAINS PREPARED AND PLACED IN CASKET

DATE

25 Apr 49

BY RICHARD HOYT

CASKET SEALED BY

RICHARD HOYT

EMBALMER (Signature)

RICHARD HOYT

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 25 Apr 49 by WYMAN L McGUIRE, Sgt, MC

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.

Paul E Heineman  
PAUL E HEINEMAN, 1st Lt., Inf

SIGNATURE OF AGRS INSPECTOR

file  
date  
Carried  
Report B.  
MAY 1950

REMARKS AND SPECIAL INSTRUCTIONS

1407

JEW *AB*

2

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7748 02210

DATE  
15 03 49

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X	004955		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA MAUS NO 1 P I	81120A		44	7701 80
				CODE DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**FORT MCKINLEY 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 DISTINTERRED
UNKNOWN X	004955			25 Apr 49
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		RICHARD HOYT 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 (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)  
Extra portions of WEIGES, A. J. From Leyte.

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 Apr 49 BY RICHARD HOYT

CASKET SEALED BY	EMBALMER ( <i>Signature</i> )
RICHARD HOYT	RICHARD HOYT

CASKET BOXED AND MARKED

DATE 25 Apr 49 BY WEYMAN L. McGUIRE, Sgt, MC 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.

*Paul E. Heineman*

PAUL E HEINEMAN, 1st Lt., Inf

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 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

AIRMAIL

QUEST 203  
CSE Far East

19 September 1949

*1052*  
*293 unknown Leyte X-719 F.R.I.*

SUBJECT: Identification of World War II Deceased

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

1. Reference letter your headquarters, dated 10 August 1949, file QUEST 203.9, Subject: Assignment of OIL Numbers.

2. It is requested that the OIL designation of the following Unknowns be cancelled and the remains revert back to the original Unknown Numbers in accordance with letter this headquarters dated 28 July 1949, file QUEST 203, Subject: Disinterment Discrepancies:

Unknown X-4009	APO Mausoleum, Manila, P.I.	
" X-1445	" " "	" (Form. X-212 USAF Com. Sgt Barbara)
" X-4055	" " "	"
" X-3641	" " "	"
" X-1400	" " "	" (Form. X-176 USAF Com. Sgt Barbara)

FOR THE QUARTERMASTER GENERAL:

C.C. Kalsner:lrc

T. H. WITZ  
Lt. Colonel, MC  
Memorial Division

JW

REB

TEC<sup>ca</sup>

cc--Administrative Section  
cc--Cincfe

AIRMAIL

*X-293 Unknown P.O. X-4055*

*1949*

JEW

3

DISINTERMENT DIRECTIVE

293 imp. Leyte 6-119

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7748 02210		DATE 15 03 49		
NAME <del>UNKNOWN</del> - 004955		SERIAL NUMBER 004955	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY MANILA MAUS NO 1 P I		PLOT 81120A	ROW 44	GRAVE	DISPOSITION OF REMAINS 7701 80	
					CODE	DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>FORT MCKINLEY 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 <del>UNKNOWN</del> X - 004955	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 25 Apr 49
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <del>UNKNOWN</del>	RELIGION	IDENTIFICATION VERIFIED BY <b>RICHARD HOYT</b> Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
**Extra portions of NEISES, A. J. From Leyte.**

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 Apr 49	BY <b>RICHARD HOYT</b>
CASKET SEALED BY <b>RICHARD HOYT</b>	EMBALMER (Signature) <i>Richard Hoyt</i> <b>RICHARD HOYT</b>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 25 Apr 49 BY <b>WEYMAN L McGUIRE, Sgt, MC</b>	<b>PAUL E HEINEMAN, 1st Lt., Inf</b>

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

*Paul E. Heineman*  
**PAUL E HEINEMAN, 1st Lt., Inf**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

19 Feb 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 719, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3517, 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 decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
E. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

March 14, 1950 OQMG  
Not identifiable from  
information presently  
available

100-7-10 Miller

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-719 Leyte #1</b>				2. DATE OF REPORT <b>19 Feb 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'10 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
-------------------------------------	---	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**N O N E**

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

*Smith 32*

18. TOOTH CHART		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:		<p><i>Tooth Missing</i></p>	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<p><i>Gold Crown, Porcelain Crown</i></p>	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p><i>Gold Bridge</i></p>	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p><i>Gold Filling, Silver Filling</i></p>	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
X	A/O	X		⊗	⊗			⊗					X	X	
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 maxillary teeth present with remains.

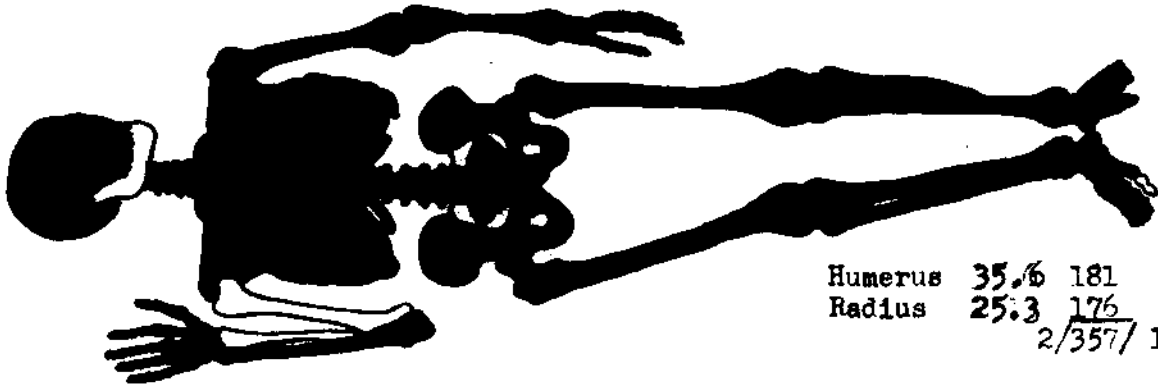
*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Humerus	35.6	181
Radius	25.3	176
	2/357/ 178½	

Estimated height: 5'10½"

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 1½ 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  
PAUL R. NICHOLS  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4955				2. DATE OF REPORT 18 October 1948			
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
			IGER WAY	CRYPT	DISINTERMENT	REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 5' 10 3/4"		10. COLOR OF HAIR U T D		11. RACE UNKNOWN	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-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 style="text-align: center;">U T D</p>							
14. WAS BODY BURNED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p style="text-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 style="text-align: center;">N O N E</p>							

<p><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:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
attrition															
Side Views															
X	A/O	X		P				P					X	X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

REMARKS:

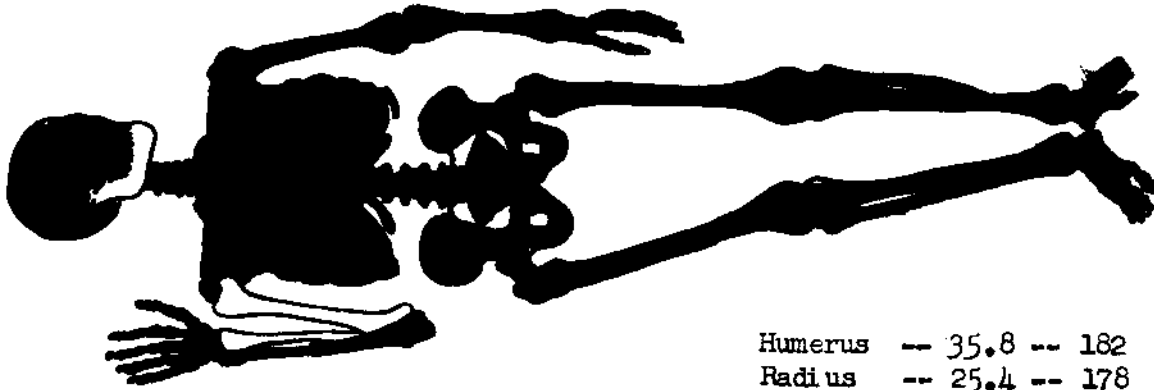
Maxilla and Maxillary teeth are missing.

CERTIFIED TRUE COPY:

*Andrew S. Robson*  
ANDREW S. ROBSON  
Capt., QMC

s/ Cpl Joseph D. Murphy

19. BLACK OUT PARTS OF BODY NOT REFERRED



Humerus	--	35.8	--	182
Radius	--	25.4	--	178
				<u>21 360</u>
				180

Est. Height - 5' 10 3/4"

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 skull.  
Estimated weight of remains - 1 lb.  
No ROI bottle nor Identification tag found with remains.  
Refer to 7th Indorsement, Hq., PHILCOM, AGRS, Dated 13 Oct 1948  
and statement from CIP dated 1 Oct 1948.

CERTIFIED TRUE COPY:

ANDREW S. ROBSON  
Capt., QMC

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/ ALTON E. JONES, Emb., Senior

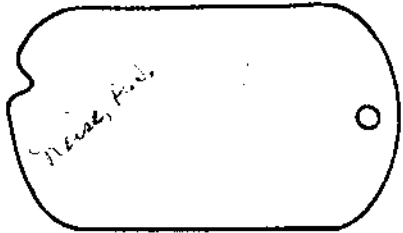
s/ Alton E. Jones

CIP Laboratory

/psc\*

30-1810-100






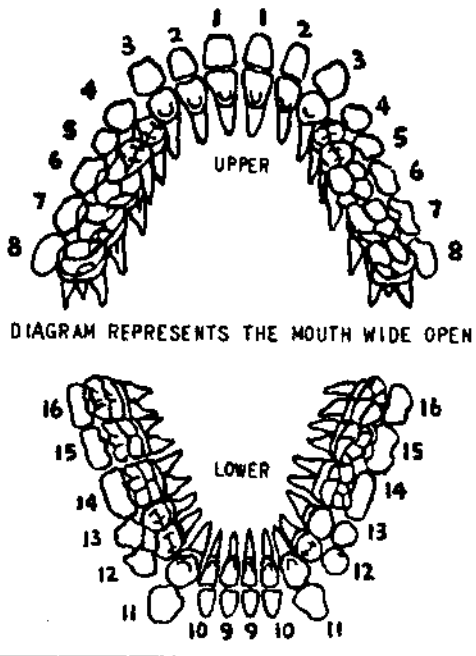
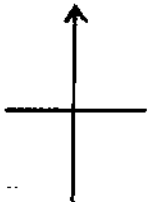
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WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 9 June 1949	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN Δ-719 Leyte #1 (Formerly UNK Δ 1955, AGM Mausoleum, Manila, P.I.).				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							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 25 Oct 48	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 811	ROW No. 20-A	GRAVE No. 44	
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. 3517	
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)						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN Δ-3671	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 39			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN Δ-3123	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 49			
SIGNATURE OF PERSON PREPARING REPORT James J. McNeill, adm asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT H. B. McNeill, 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.							

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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
Section <b>—UNIDENTIFIED REMAINS.</b>									
<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>									
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									
<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>CAVITY DECAYED</p>				
<p><b>CAVITIES</b></p>									
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>									
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>									
<p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">UPPER</p> <p align="center">LOWER</p>									
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>									
<p><b>REMARKS:</b></p> <p>Upon original processing REISED, Arnold J., extra remains were found and assigned Manila Mausoleum UNKNOWN X-4955. Subject remains was redesignated UNKNOWN X-719 Leyte #1.</p>									

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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

20 Oct 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-4955

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 8 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

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

GRS MAUSCLEM, MANILA P.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN STORED (Shroud, blanket, or name of shroud)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 Oct 48	0800	Casket	None	811	20-A	44

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			3517

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)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3671				File 39
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3123				File 49


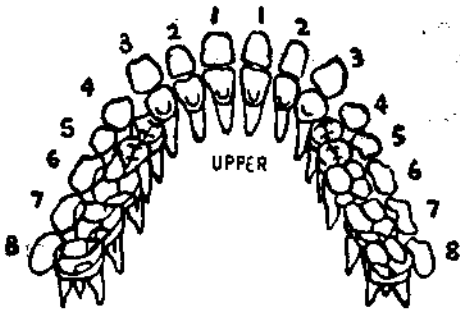




SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
J. J. McDERMOTT, Adm Asst	ANDREW S. ROBSON, Capt QMC

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 retention in theater as prescribed by theater commander.

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	<b>Section</b> -UNIDENTIFIED REMAINS.	
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	HEIGHT _____ WEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____ BIRTHMARKS, SCARS, OR TATTOOS _____	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. _____ LAUNDRY MARKS _____ WHERE BODY WAS BURIED OR FOUND _____	
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES	
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING	
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE	
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY	
REMARKS: Remains UNKNOWN I-4955, AGRS Mausoleum, Manila, P.I. were the extra remains found with remains NEISES, Arnold J., segregated after reverification of Neises' identity, in compliance with 7th Ind, Hq PHILCOM Zone, AGRS file GRPZR 293, dated 13 Oct 48 copy attached. QMC Form 1044, 1044a and 1044b accomplished.		

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