### FILE IDENTIFICATION TOPPER

| 0 Les. | -p-        | 11 /       | <u> </u>             |             | , ,            |   | ·····              |                  |
|--------|------------|------------|----------------------|-------------|----------------|---|--------------------|------------------|
|        |            |            |                      | uwwng agre  | 1              |   |                    |                  |
|        | Te.        | ndana<br>1 | Access to the second |             | <u> </u>       | *************************************** |                    |                  |
| uB     | 72/2       |            | 100                  | 771         | St. A. Away    | Χ.                                      | <b>5.</b> 6        | <b>7</b> 9.%     |
|        | اری<br>کی: | <b></b>    | Λ                    | ul, beta#X- | ul, beta#X= 4: | W, Leto # X- 43                         | 10, 1 Leto # X- 43 | ul, 1 Leta#X= +3 |

| 7        |                 |          | 1         |                   | DUE, HOUR AND DATE   |                  |
|----------|-----------------|----------|-----------|-------------------|--|------------------|
| 1<br>No. | FROM            | TÖ-      | DATE      |                   | MESSAGE  |                  |
|          | Id Br<br>Id Sec | Repat Br |           | Subje             | CT: GRAVE CORRECTION   |                  |
|          | Mem Div         | Mem Div  | Aug<br>50 | forwarded for any | file for Unknown X-721, correction of records de number, and return to | eemed necessary  |
|          |                 |          |           | l Incl.<br>a/s    | <b>NEF</b> F<br>52462  | Bohrens<br>76128 |
|          |                 |          |           |                   |  |                  |
|          |                 |          |           |                   |  |                  |
|          |                 | ;        |           |                   |  |                  |
|          |                 |          | :         |                   |  |                  |
|          |                 | :        |           |                   |  |                  |
|          |                 |          |           |                   |  |                  |
|          |                 |          |           |                   |  | X                |
|          |                 |          |           |                   |  | NA W 195         |

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

att Passo St

GRPZ 293 QMART 293 (26 April 50)

SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE, APO 900 1 M/A 1950

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

- A review of our records reveals that Unknown X-721, Leyte No. 1. was initially interred in USAF Cometery Tacloban No. 2 (Grave 357) as X-41 and subsequently reinterred in USAF Cemetery Leyte No. 1 (Grave 1178) as X-43.
- 2. Cerrected Report of Storage in question indicates former Leyte No. 1 grave number as "357" and not "537" as referred to in basic communication. Same report, however, is in error and should have indicated "1178" as the fermer Leyte Me. 1 grave number.
- Compount to the above findings and in compliance with paragraph 3 of basic communication, a corrected Report of Storage for Unknown X-721, Leyte No. 1, has been accomplished and is heregith submitted to replace the previous corrected report dated 9 June 1949.

FOR THE COMMANDING OFFICER:

l Incl Corrected ROS for X-721, Leyte No. 1, dtd 9 May 50 HAROLD B. MeNIMAR Captain, Assistant Adjutant

10

of cyto #

A'RVA'L

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

IN REPLY REFER TO QUIGHT 293 GRS Far East

26 April 1950

SUBJECT: Identification of Morld 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 Corrected Report of Storage, dated 9 June 1949, for remains stored in AGRS Mausoleum as Unknown X-721 Leyte #1. (formerly Unknown X-3679-B, AGRS Mausoleum, Manila).

- 2. Subject Report of Storage indicates that these remains, when interred in USAF Cemetery Leyte #1, were in Grave 537; whereas, Report of Storage, dated 21 February 1948, for Unknown X-3679-B, (formerly Unk X-43, USAF Cemetery Leyte #1) indicates that these remains were buried in Grave 1178, USAF Cemetery, Leyte #1.
- 3. It is requested that a Corrected Report of Storage for Unknown X-721 Leyte #1 and/or clarification of this discrepancy be forwarded to this Office by indorsement hereon.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX

Capt QMC

Memorial Division

THE ZB TO TENTE

AIRMAIL

## ARVAL

293 und 41. 1-721 (feet #1) ORS Inr Best SUMFACT: Identification of World War II Deceased **\*\*\*** Commanding Officer American Graves Registration Service Philoom Zone ANO 900. c/o Fostmaster San Francisco. California 1. Reference is made to Corrected Report of Storage, dated 9 June 1949. for remains stored in ADRS Repsoleum as Unknown X-721 Leyte #1. (formerly Unknown X-3079-3. AGRS Hausoleum, Hamila). Subject Report of Storage indicates that these remains, when interred in USAF Cometery Leyte #1. were in Grave 557; whereas, Report of Storage, dated 31 February 1948, for Unknown 3-3079-3, (formerly Unk N-43, USAF Cometery Leyte (1) indicates that these remains were buried in Grave 1178. USAF Cemetary, Leyte #1. 3. It is requested that a corrected Separt of Storage for Unknown X-731 Layte #1 and/or clarification of this discremency be forwarded to this Office by indorsement horsen. FOR THE QUARTER ASTER DEVERAL: THUMAS H. COX Capt 0 / C Memorial Division J. Miller: lak C. Salvet Administrative Section CINCFE, APO 500

293 Under 49.1. X-367918 1/2 2000 12 1/1 X293 runk P. I. 2-43 (Lytwy)

|  | Buch  | -1000 Care                | DISINTERN            | IENT DI     | PREPA<br>RECTIVE     | D (       | BY PH              | ILCO     | M                    |
|--|---|---------------------------|----------------------|-------------|----------------------|-----------|--------------------|----------|----------------------|
| <u>                                     </u>                                       | CARL R. H   | Superintendent            | <del>_</del>         | DIRECTIVE   |                      |           |                    |          |                      |
| 1  | SECTION A   | -what Tit call (1811)     |                      | DIRECTIVE N | JMBER                |           | DATE               |          |                      |
| NAME   | TAME AND BURIAL LE  | DCATION OF DECEASED       |                      | 7740        | 81621                |           | 21<br>DAY          | MONTH    | 50                   |
|  | KNOWN X -   | 721                       | SERIAL NUM           | 18ER        | GRADE                | ARM       |                    | RELIGION |                      |
| USAF CEME  | etery leyte n   | 0. 1, P. I.               | PLOT                 | ROW         | GRAVE                | 18 1      | DISPOSITION TO THE |          | . 1                  |
|  |   | SECTION B — C             | ONSIGNEE AND         | NEXT OF VI  |                      |           | CODE               |          | <b>80</b><br>IST. CT |
| NAME AND ADDRESS C   |   |                           |                      |             | OF NEXT OF K         |           |                    |          |                      |
| FT. M. N   | ATES MILITARI<br>EKINLEY, P. 1  | W.                        |                      |             | Inistrati            | ive dec   | CISION)            |          |                      |
| NAME   |   | SECTION C - DISIN         | TERMENT AND          | IDENTIFICAT | TION                 |           |                    |          | <del>-</del>         |
| TTTTVOTOUTS.   | 37. <b>3</b> 0.   | TOMBER                    | GRADE                | ATE OF DEA  | TH                   | DA        | TE DISTINT         | RRED     |                      |
| UNGIO VIII DENTIFICATION TAG O   |   |                           |                      |             |                      |           | 24 Apr             | ril l    | 9.50                 |
| REMAINS  | ORGANIZATIO   | N                         | R                    | ELIGION     |                      | ATION VE  | IFIED BY           |          |                      |
| MARKER   |   |                           |                      |             | PAU                  | L_R N     | ICHOLS             | 3        |                      |
| NATURE OF BURIAL   |   | SECTION D — PREPARA       | TION OF REMA         | NC FOD CUIT | DMCHT                | almer     | NAM                | E AND TI | TLE                  |
| INOR DISCREPANCIES   | (Prepare Discrepa   | X- ncy Report QMC Form    | -3679 16s            | เนร         | <del>-</del>         |           |                    |          |                      |
|  | -   | <b>3</b> 112 0 1 0111     | 1 1134a 10F F        | ajor disçre | Pancies.)            |           |                    |          |                      |
| MAINS PREPARED AND   | PLACED IN CASKET  |                           |                      |             |                      |           |                    |          |                      |
| MAINS PREPARED AND   |   | ВУ                        | Patition             | R NIC       | HOLS                 |           |                    |          |                      |
| MAINS PREPARED AND LITE 24 Apr   | PLACED IN CASKET  | ВҮ                        | EMBALMER (S          |             | HOLS                 | 2         |                    |          |                      |
| MAINS PREPARED AND  ATE 24 Apr  ASKET SEALED BY                                    | PLACED IN CASKET 11 1950 AUL R NICHO  | ВҮ                        | PAUL                 | R NIC       | Tuba (               | )         |                    |          |                      |
| MAINS PREPARED AND  ATE 24 àpr ASKET SEALED BY  SKET BOXED AND MARI                | PLACED IN CASKET  11 1950  AUL R NICHO  KED 144001  | DLS SAUGUAY               | PAUL<br>SHIPPING ADI | R NIC       | Jula (HOLS           | )         |                    |          |                      |
| MAINS PREPARED AND  ATE 24 Apr  SKET SEALED BY  SKET BOXED AND MARI  TE 24 Apr 504 | PLACED IN CASKET  11 1950  AUL R NICHO  KED LEYTON: Sgt le,                                 | DLS<br>DEFENDINGUAY<br>RA | PAUL SHIPPING ADI    | R NIC       | Tubak<br>HOLS<br>DBY | 750       | t., R              |          |                      |
| MAINS PREPARED AND  ATE 24 Apr  SKET SEALED BY  SKET BOXED AND MARI  TE 24 Apr 504 | PLACED IN CASKET  11 1950  AUL R NICHO  Sgt le,  ify that all the for  rt above is correct. | DLS DEFENDED ANGUAY RA    | PAUL SHIPPING ADI    | R NIC       | ARDSC ,              | der my in | nmediate           | supervi  | sion                 |

GMC FORM REV 11 FEB 48 1194

|                      | 1. SH  | IPPED                                     |             |  |  |  |  |
|----------------------|--|---|-------------|--|--|--|--|
|                      |  | 70  |             |  |  |  |  |
| AGRS HAUSOLEUI:      |  | UN MILITARY CENETERY                      |             |  |  |  |  |
| D OF CONVEYANCE      |  | NAME OF CONVOYER                          |             |  |  |  |  |
| TRUCK                | DATE   | SIGNATURE OF RECEIVER ADD                 | DATE OSC    |  |  |  |  |
| GNATURE OF SHIPPER   |  | SIGNATURE OF RECEIVER  Barel APR 2 6 1950 |             |  |  |  |  |
|                      | 2. St  | NIPPED                                    |             |  |  |  |  |
| OM .                 |  | 10  |             |  |  |  |  |
| OF CONVEYANCE        |  | NAME OF CONVOYER                          |             |  |  |  |  |
| ND OF CONVEYANCE     |  |   | DATE        |  |  |  |  |
| GNATURE OF SHIPPER   | DATÉ   | SIGNATURE OF RECEIVER                     |             |  |  |  |  |
|                      | 3. \$  | HIPPED                                    |             |  |  |  |  |
| ROM                  |  | 10  |             |  |  |  |  |
| IND OF CONVEYANCE    |  | NAME OF CONVOYER                          |             |  |  |  |  |
|                      | DATE   | SIGNATURE OF RECEIVER                     | DATE        |  |  |  |  |
| IGNATURE OF SHIPPER  | DAILE  |   |             |  |  |  |  |
|                      | 47.5   | SHIPPED                                   |             |  |  |  |  |
| FROM                 |  | TO  |             |  |  |  |  |
|                      |  | NAME OF CONVOYER                          |             |  |  |  |  |
| KIND OF CONVEYANCE   |  |   | DATE        |  |  |  |  |
| SIGNATURE OF SHIPPER | DATE   | SIGNATURE OF RECEIVER                     | VAIE        |  |  |  |  |
|                      |  | CHIEDEO                                   |             |  |  |  |  |
|                      | 5.   | SHIPPED TO                                |             |  |  |  |  |
| FROM                 |  |   |             |  |  |  |  |
| KIND OF CONVEYANCE   |  | NAME OF CONVOYER                          |             |  |  |  |  |
|                      | DATE   | SIGNATURE OF RECEIVER                     | DATE        |  |  |  |  |
| SIGNATURE OF SHIPPER |  |   |             |  |  |  |  |
|                      |  | SHIPPED                                   |             |  |  |  |  |
|                      |  | TO  |             |  |  |  |  |
| FROM                 | · · · ·                                      |   |             |  |  |  |  |
| KIND OF CONVEYANCE   |  | NAME OF CONVOYER                          |             |  |  |  |  |
| NO. OF PHIDDED       | DATE   | SIGNATURE OF RECEIVER                     | DATE        |  |  |  |  |
| SIGNATURE OF SHIPPER | -  | `   |             |  |  |  |  |
|                      |  | 7. SHIPPED                                |             |  |  |  |  |
| FROM                 | <u>.                                    </u> | 10  |             |  |  |  |  |
|                      |  | NAME OF CONVOYER                          | · · · · · · |  |  |  |  |
| KIND OF CONVEYANCE   |  | NAME OF CONTOINE                          |             |  |  |  |  |
| CICHATURE OF CHIPPER | DATE   | SIGNATURE OF RECEIVER                     | DATE        |  |  |  |  |
| SIGNATURE OF SHIPPER |  | Ĭ   |             |  |  |  |  |

#### DISINTERMENT DIRECTIVE ARED BY PHILCOM DATE DIRECTIVE NUMBER 21 04 SECTION A ---HTHOM NAME AND BURIAL LOCATION OF DECEASED 81621 7740 DAY RELIGION RACE GRADE SERIAL NUMBER NAME I - 721 UNKNOWN DISPOSITION OF REMAINS ROW PLOT CEMETERY 7701 USAF CEMETERY LETTE NO. 1, 7. L. DIST. CTR. SECTION B — CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY (BY ADMINISTRATIVE DECISION) FI. M. MOXINEY, P. I. SECTION C - DISINTERMENT AND IDENTIFICATION DATE DISTINTERRED DATE OF DEATH GRADE SERIAL NUMBER NAME IDENTIFICATION VERIFIED BY RELIGION ORGANIZATION IDENTIFICATION TAG ON NAME AND TITLE REMAINS SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT MARKER CONDITION OF REMAINS NATURE OF BURIAL OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) REMAINS PREPARED AND PLACED IN CASKET EMBALMER (Signature) DATE CASKET SEALED BY SHIPPING ADDRESS VERIFIED BY CASKET BOXED AND MARKED 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

PEN 11 FEB 48 1194

REMARKS AND SPECIAL INSTRUCTIONS

BASIC: Ltr fr Dept of the Army, OQMG, Wash. 25, D. C., file QMGMT 293 Unknown X-3679, AGRS Mausoleum, Manila, P.I., dtd 1 Sept 49, Subj: Identification of World War II Deceased

GS GR 293.9

1st Ind.

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

23 SEP 1949

- TO: The Quartermaster General, Department of the Army, Washington 25, D.C., ATTN: Memorial Division
- 1. The following information is being submitted to clarify the Certificate of Unidentifiability referred to in basic communication:

| LEYTE No. 1 X-No. | AGRS MSIM<br>X-No. | EXPLANATION   |
|-------------------|--------------------|---|
|                   | ( X-3679-A         | Letter suffix "A" dropped. Former Leyte X-No. retained. |
|                   | ( X-3679-B         | Reassigned a new X-No. X-721, Leyte No. 1".             |
|                   | <b>x-3679-</b> C   | Voided  |
|                   | ( x-3679-D         | Reassigned a new X-No. "X-722, Leyte No. 1".            |

2. The Certificate now held in suspense at your Office appertains to Unknown X-3679-A, the letter suffix "A" of which has been dropped.

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE 2nd Lt., AGD Asst. Adj. Gen

(AIR MAIL)

| DENTAL CO            | MPARISON CHART                                      |
|----------------------|---|
| UNKNOWN x- 121       | NAME  |
| R-8                  | R-e   |
| R-7                  | R-7   |
| R-6 OP               | R-6 OA  |
| R-5                  | R-5   |
| R-4                  | R-4   |
| R-3                  | R-3   |
| R-2                  | R-2   |
| R-1 PX               | R-1   |
| L-1                  | l-1   |
| 1-2                  | L-2   |
| L-3                  | L-3   |
| L-4                  | L-4   |
|                      | L-5   |
| L-5                  | <b>1</b> · · · <b>·</b> · · · · · · · · · · · · · · |
| 1-6                  | L-6   |
| L-7                  |   |
| L-8                  | L-8 X   |
| R-16 PX              | R-16  |
| R-15                 | R-15  |
| R-14 OA (m) (d)      | R-14 OX A   |
| R-13 PX              | R-13  |
| R-12 PX              | R-12 · · · · · · · · · · · · · · · · · · ·          |
| R-11                 | R-10  |
|                      | R-9   |
| R-9<br>L-9           | L-9   |
|                      |   |
| L-10                 | L-10  |
| 1-11                 | L-11  |
| L-12                 | L-12  |
| L-13                 | L-13  |
| 1-14 (22)            | L-14  |
| 1-15 m               | 1-15  |
| L-16 STUMATED HEIGHT | L-16 ×  |
| ESTIMATED HEIGHT     | HE IGHT / / A                                       |
| CCT IMATED WELGUT    | WE 15 17  |
| ESTIMATED WEIGHT     | WEIGHT 141  |
| ESTIMATED AGE        | AGE   |
| ESTIMATED AGE        | 19  |
| HAIR                 | HAIR  |
| ""                   | Brown (11)  |
| REMARKS              | · · · · · · · · · · · · · · · · · · ·               |
|                      | Neutal - 9-18-43                                    |
|                      | pular - 1-10-13                                     |
|                      | 23 och 44   |
|                      | 23 Act 4 4  |
| X-722                |   |
| X - 1 -              |   |
| Luntad, Leyle,       | Comp. 6 32 Jul.                                     |
| 1 / f + 1) / Live.   | 1 3 2 WW W-1  |
| I duntad negles      |   |
| , , ,                | V 2 3 3 14 / 1                                      |
| . 1 ./1/             | Comp ( 32 Oug,                                      |
| 20 OCT 44            | Corresp. 6 " //                                     |
| OOME FORM LOGI       |   |

00ME FORM 1961 23 FEB 51 AIR MAIL

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

QMGMT 293 Unknown X-3679 AGRS Mausoleum, Manila, P.I.

1 September 1949

SUBJECT: Identification of World War II Deceased

TOt

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

- 1. Reference is made to Certificate of Unidentifiability pertaining to Unknown X-43, Grave 1178, USAF Cemetery Leyte #1.
- 2. Remains formerly designated as Unknown X-45, Leyte #1 are now carried in this Office as Unknowns X-3679 A thru D, AGRS Mausoleum, Manila. All records in this Office concerning X-3679C were voided in accordance with letter your headquarters, dated 14 March 1949. Board Proceedings recommending the individual identification of Unknown X-3679-D as Pfc. N. J. Laubenthal, 37432045, received in this Office 23 May 1949, have been disapproved.
- 3. Request clarification of Certificate noted in paragraph #1 above. Certificate will be held in suspense pending your action.

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. METZ Lt. Colonel, CMC Memorial Division SUBJECT: Identification of World War II Deceased

TO:

Commanding General Philippine Command APO 707, c/o Postmaster San Francisco, California ATTN; AGRS, PHILOGE ZONE

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

> Unknown X-287 Santa Barbara (formerly Unknown X-4337, AGRS Mausoleum, Manila, P.I.). Previously interred as Strobel, Herbert F., USAF Cemetery Sta Barbara 🖈 🕽 .

Finschhafen 72 (formerly Unknown X-3842-A, AGRS Unknown X-500 Mausoleum, Manila, P.I.). Previously interred as Unknown X-163 Finschhafen #2, N. G.

Finschhafen #2 (formerly Unknown X-1493-B, AGRS Unknown X-304 Mausoleum, Manila, P.I.). Previously interred as Unknown X-52 Finschhafen #2, N. G.

Unknown X-341 Finschhafen #5 (formerly Unknown X-741-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-44 Finschhafen #5, N. G.

Unknown X-342 Finschhafen #5 (formerly Unknown X-3770-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-97 Finschhafen 5, N. G.

Unknown X-710 Leyte #1 (formerly Unknown X-3770-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-367 Leyte #1, P. I.

Unknown X-711 Leyte #1 (formerly Unknown X-3289-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-228 Leyte #1, P.I.

Leyte #1 (formerly Unknown X-3417-A, AGRS Mausoleum, Manila, P.I.). Proviously interred as Unknown X-155 Leyte #1, P.I.

Unimown X-712

THE CONTRACTOR OF BURNEY

### ARWALL

QMOMT 293 CRS Far East

16 September 1949

SUBJECT: Identification of World War II Deceased

Unknown X-713 Leyte 1 (formerly Unknown X-3402-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-356 Leyte #1, P.I.

Unknown X-721 Leyte #1 (formerly Unknown X-3679-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-43 Lyete #1, P.I.

Unknown X-722 Leyte #1 (formerly Unknown X-3679-D, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-43 Leyte #1, P.I.

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

FOR THE QUARTERMASTER GENERAL:

J.Millerglro

T. H. METZ

REB

Salser

Lt. Colonel, CMC Memorial Division

TEC

JW

co-Administrative Section co-Cincfe

GS GR 293.9

APO 707 13 JUL 1949

SUBJECT: Unidentifiable Remains

TO:

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

1. In accordance with the provisions of your letter, file QMCMU 293, GRS (Far East), dated 17. September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRE Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying date:

UNKNOWN X-674, AGRS Mslm Unknow X-721, Leyte #1 " X-722, Leyte #1 " X-2069, AGRS Mslm " X-4107, Manila #2 " X-4109, Manila #2

Unknown X-4989, AGRS Mslm
"X-5154, AGRS Mslm
"X-5159, AGRS Mslm

" X-5160, AGRS Mslm
" X-17, Guam #2, Agat

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

FOR THE COMMANDING GENERAL:

ll Incls

QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL 1st Lt., AGD Asst Adj Gen

| <u></u>   | FBJ)   |
|---|--|
|   |  |
| no to the same of | INTERIOR DIRECTION   |
|   | INTERMENT DIRECTIVE  |
|   |  |
|   | 7748 01922 DATE 15 01 49   |
| SECTION A —  NAME AND BURIAL LOCATION OF DECEASED   | 7748 01922   15 01 49  |
|   | DAY MONTH YEAR SERIAL NUMBER GRADE ARM RACE RELIGION   |
|   | B-003679   |
|   | THE PROPERTY AND THE PR |
| CEMETERY  | PLOT ROW GRAVE DISPOSITION OF REMAINS  |
| MANILA MAUS NO 1 P I  | 812 <i>U</i> 5443 <b>7701</b> 80   |
|   | CODE DIST. CTR.  |
| SECTION B — CON   | SIGNEE AND NEXT OF KIN NAME AND ADDRESS OF NEXT OF KIN   |
| NAME AND ADDRESS OF CONSIGNEE   | MAME AND ADDRESS OF MEAT OF AIM  |
| FORT MCKINLEY CEMEJERY  | (BY ADMINISTRATIVE DECISION)   |
|   |  |
| MANILA, PHILIPPINE ISLANDS  |  |
|   | ERMENT AND IDENTIFICATION  |
| NAME SERIAL NUMBER  | GRADE DATE OF DEATH DATE DISTINTERRED  |
|   |  |
| IDENTIFICATION TAG ON ORGANIZATION  | RELIGION IDENTIFICATION VERIFIED BY  |
|   |  |
| REMAINS UNKNOWN   | NAME AND TITLE   |
| SECTION D — PREPARAT  | ION OF REMAINS FOR SHIPMENT  |
| NATURE OF BURIAL  | CONDITION OF REMAINS   |
|   |  |
| OTHER MEANS OF IDENTIFICATION   |  |
|   |  |
| 11/1/20 1/2 H   | X-72/6-16/2000   |
| - PULL-NEW HO   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |
| MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form  | 1194a for major discrepancies.)  |
| 20 11 0 2 1   |  |
| auth 15/3-3   | 2 / May 14 K/  |
| REMAINS PREPARED AND PLACED IN CASKET   |  |
| UPWINING I UP WARE WAS COMMON A CONTRACT  | ·  |
| DATE BY   |  |
| CASKET SEALED BY  | EMBALMER (Signature)   |
|   |  |
| - A - A - A - A - A - A - A - A - A - A   |  |
| CASKET BOXED AND MARKED   | SHIPPING ADDRESS VERIFIED BY   |
| DATE BY   |  |
|   | ere conducted and accomplished under my immediate supervision  |
| and that the report above is correct.   |  |
|   |  |
|   |  |
| ***************************************   | SIGNATURE OF AGRS INSPECTOR  |
| REMARKS AND SPECIAL INSTRUCTIONS  |  |
|   | eli C  |
|   |  |
|   | APR 18 1950  |
|   |  |
|   | 1 Virginia   |

OMC FORM REV 11 FEB 48 1194

#### **HEADQUARTERS** AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE APO 900

13 June 49

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-42, Plot Row \_\_\_\_\_, Grave 357 , USIG Leyte \$1, F.I. 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:

Captain, QMC Chief, Records Branch

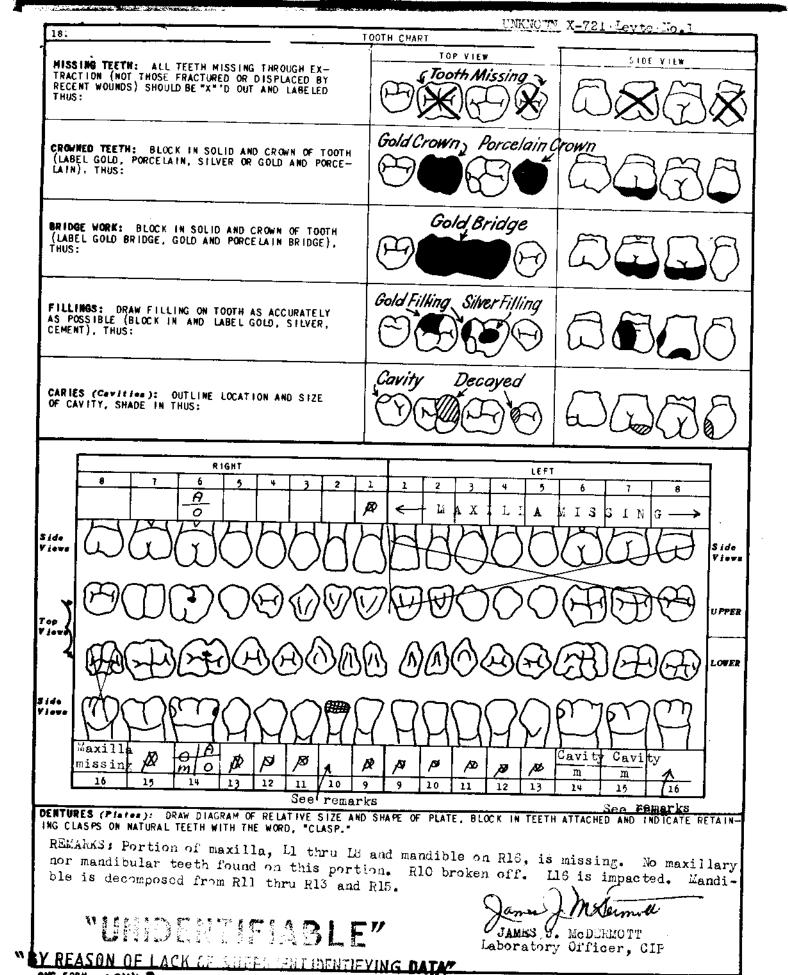
Attch: Form 1044

Not identifiable from July 1949 DOMO information presently July 1949 arailable 16 Lest 1949

Ind #2'

|                           | IDENTIFI  | CATION DATA                               |                                    |
|---------------------------|---|---|------------------------------------|
| . REMAINS OF UNKNOWN      |   |   | 2. DATE OF REPORT                  |
| NK X-721 Leyte No.1       | (Formerly Unk X-367   | 9-B AGES MAUS Mia                         | P.I.) 13 June 49                   |
| . NAME OF CEMETERY        |   | 4. PLOT 5. ROW                            | 6. GRAVE 7. DATE OF                |
|                           |   |   | DISINTERMENT REINTERME             |
|                           |   |   |                                    |
| <del> </del>              |   | 812 U                                     | 5443                               |
| ESTIMATED WEIGHT          | PHYSIC<br>19. ESTIMATED HEIGHT  | AL DESCRIPTION Tio. COLOR OF HAIR         | ly page                            |
| U T D                     | U T D   | U T D                                     | ll. RACE<br>Uknown                 |
|                           | OFFICIAL IDENTIFICATION FOR   |   | OKIB3WII                           |
|                           |   | one with the same of                      |                                    |
|                           |   |   |                                    |
|                           | иои   | 追   |                                    |
| •                         |   |   |                                    |
|                           |   |   |                                    |
| .GIVE DESCRIPTION OF TATT | DOS OR SCARS ON BODY AND/O  | R SUCH INFORMATION OBTA                   | INED FROM OTHER SOURCES            |
|                           |   |   |                                    |
|                           | ם ד ט<br>מ ד ט  |   |                                    |
|                           | u . D   |   |                                    |
|                           |   |   |                                    |
| - WAS BODY BURNED?        | TO WHAT EXTENT?   | ······                                    |                                    |
| YES A HO                  | TO ARMY CAPEARY   |   |                                    |
| . WAS BODY MANGLED?       | TO WHAT EXTENT?   |   | <del>,</del>                       |
| X YES . HO                | Most bones miss   | ing.                                      |                                    |
| . DESCRIBE EVIDENCE OF HE | ALED FRACTURES AND BONE MAI   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           | _   |   |                                    |
|                           | • % O 1   | N E                                       |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
| . LIST EVERY ITEM OF CLOT | NING. EQUIPMENT AND PERSON  | AL EFFECTS FOUND, SHOWI                   | NG THE TYPE, COLOR, SIZE, MARKINGS |
| SERVICE, ETC. (If laund   | ry morke ere indistinct sw  | ch notation chould be m                   | ede and specimen forwarded through |
| Channels for exeminating  | n when facilities are not   | evellable in the area)                    |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           | ** ~ *  |   |                                    |
|                           | N O N   | <u>ı</u>                                  | /                                  |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           |   |   |                                    |
|                           | 31 6 6 6 7 4 7  |   |                                    |
|                           | "UMPENCY  | THAT! EN                                  | •                                  |
| 11 A                      | Tell out live a complete in the second of t |   |                                    |
| "BY REA                   | SON OF LACK DE SO   | PROCEST CONTINUE                          | JC hata种                           |
|                           |   | and a second of the second section of the | IO DALA"                           |

mal # 22



18 MAR 47 1044 4

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

TYPEB NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

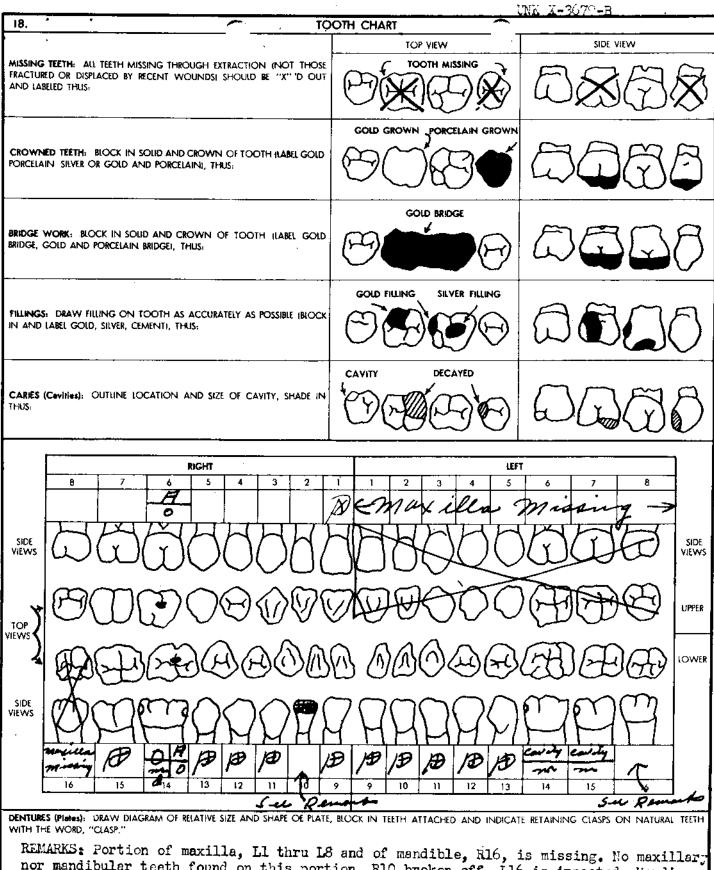
James J. M. Kermell.

JAMES J. MCDERMOTT Laboratory Officer, CIP

| <del></del>                  |  | <u> </u>             |                              |                                       |                     | · . ·  |
|------------------------------|--|----------------------|------------------------------|---------------------------------------|---------------------|--|
|                              | - IDENTI   | FICATION             | DATA                         | , , , , , , , , , , , , , , , , , , , |                     |  |
| T. REMAINS OF UNKNOWN        |  |                      |                              |                                       | 2. DATE OF REPOR    |  |
| X-3679-B (*o                 | rmerly UNK X-43, USAF (  |                      |                              |                                       | 11 Feb              |  |
| 3. NAME OF CEMETERY          |  | 4. PLOT              | 5. ROW                       | 6. GRAVE                              | 7. DATE             |  |
|                              |  | 15.                  | NGER BAY                     | CRYPI                                 | DISINTERMENT        | STORAGE  |
| AGRS Mausole                 | um, Manila, P.I.   | 812                  | ט                            | 5443                                  | 6 Jan 48            | 11 Feb 48  |
|                              |  | SICAL DESCRIPTION    |                              |                                       |                     |  |
| 8. ESTIMATED WEIGHT          | 9. ESTIMATED HEIGHT  | 10. COLOR            |                              |                                       | II. RACE            | · · · <del>- · · · · · · · · · · · · · · · ·</del> |
| UTD                          | UTD  OFFICIAL IDENTIFICATION FOUND WITH                                      |                      | TD .                         |                                       | UTD                 |  |
| 172. GIVE DESCRIPTION OF ANI | OFFICIAL DENTIFICATION FOUND WITH  | REMAINS              |                              |                                       |                     | •  |
|                              | •  |                      |                              |                                       |                     |  |
|                              | NONE   |                      |                              |                                       |                     |  |
|                              | NONE   |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
| 13. GIVE DESCRIPTION OF TATI | OOS OR SCARS ON BODY AND OR SUC  | H INFORMATION OBT    | AINED FROM                   | OTHER SOURCE                          | ŒS                  |  |
| ,                            |  |                      |                              |                                       |                     |  |
|                              | -  |                      |                              |                                       |                     |  |
|                              | UTD-Due to   | condition o          | f remain                     | 1B.                                   |                     |  |
|                              | -22 540 00   | Condition C          | I I CHECK!                   | 10.                                   |                     |  |
|                              |  |                      |                              |                                       |                     |  |
| 14. WAS BODY BURNED \$       | TO WHAT EXTENT !   | · .                  |                              | <del></del>                           |                     |  |
| YES [X                       | NO   |                      |                              |                                       |                     |  |
| 15. WAS BODY MANGLED #       | TO WHAT EXTENT #   |                      |                              |                                       |                     | · · · · · ·  |
| TE YES .                     | NO Most bones missi  | ng                   |                              |                                       |                     |  |
| 16. DESCRIBE EVIDENCE OF HEA | LED FRACTURES AND BONE MALFORMATI  |                      |                              |                                       | · "-                |  |
|                              |  |                      |                              |                                       | •                   |  |
|                              |  |                      |                              |                                       |                     |  |
|                              | NONE   |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
| 17. LIST EVERY ITEM OF CLOTH | NG, EQUIPMENT AND PERSONAL EFFECTS fon should be made and specimen forwarded | FOUND, SHOWING       | THE TYPE, COL                | OR, SIZE, MA                          | JRKINGS, SERVICE, E | TC. Ilf laundry                                    |
| THE RESERVE SHOULD RESERVE   | ion arctito de made and specimen forwarded                                   | mrough charnes for i | ехопиндікун <del>уу</del> пе | m technies bie                        | noi avallable in me | area)  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     | 1  |
|                              |  |                      |                              |                                       |                     | •  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              | NONE   |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              | . *  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              | _                                     |                     |  |
|                              |  |                      |                              | •                                     |                     |  |
|                              |  |                      |                              | •                                     |                     |  |
|                              |  |                      |                              |                                       |                     |  |
|                              |  |                      |                              |                                       |                     | _  |
|                              |  |                      |                              |                                       | <b>#</b> .          | •  |
|                              | •  |                      |                              |                                       | •                   |  |
|                              |  |                      |                              |                                       |                     |  |

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

and Army France, Plant Supply



REMARKS: Portion of maxilla, II thru IS and of mandible, R16, is missing. No maxillary nor mandibular teeth found on this portion. R10 broken off. II6 is impacted. Mandible is decomposed from R11 thru R13 and R15.

CERTIFIED TRUE COPY:

A. Sambor

2d Lt MSC

/s/ John J. Connors

s/ Robert F. Stevenson

CIP LAB MANILA, P.I.

RESTRICTED

| QMC Form 1041<br>(Rev. 1 Apr. 1916)            | COR  | REPORT OF  | INTERMEN                               |   | 1  | DATE OF REPORT            |                   |  |  |
|--|--|--|--|---|--|---------------------------|-------------------|--|--|
| Rev. of 1 Apr. 45, which may                   | be used.)  | (AR 30-1810 a  |  |   | <b>E</b> 9                               | May 19                    | 50                |  |  |
| Imprint Identification _DO NOT T               |  | Section 1.—IDENTIFICATION  |  |   |  |                           |                   |  |  |
|  |  | NAME (Last, Arst, middle initial) UNKNOWN X-721 I                |  |   | SER!                                     | UL No.                    |                   |  |  |
| l <i>(</i>                                     | 1  | 3679-B, AGRS Ma  | ahoe #T (l                             | ormeria GNK                             |  | ~?~~ ~ ~ · ·              |                   |  |  |
| )  | 1  | GRADE  | ORGANIZATION                           |   | <del></del> i                            | Unknown BRANCH OF SERVICE |                   |  |  |
| (  | 0)   |  |  |   | J. J | CH OF BERT                | N.E               |  |  |
| <b>\</b>                                       | - 1  | Unknown  | וט                                     | Unknown                                 |  |                           |                   |  |  |
| \  |  | RACE   | RELIGION                               | ,                                       | IF OTHER TH                              | AN U.S. DE                | AD, GIVE          |  |  |
| · ·  |  | Unknown  | Unkno                                  | מער                                     | NAME OF C                                | OUNTRY                    |                   |  |  |
| PLACE OF DEATH                                 |  | CAUSE OF DEATH   | <u> </u>                               |   |  |                           |                   |  |  |
| Unknown  |  | Unknovn  | Unknown                                |   |  |                           |                   |  |  |
| EMERGENCY ADDRESSEE (N                         | ome, relationskip, as                            |  | <del> </del>                           | ·                                       | J Ct                                     | iknewn                    | <del></del> -     |  |  |
| i<br>I   |  | Unknown  |  |   |  |                           |                   |  |  |
| IDENTIFICATION TAGS FOUN                       | D ON BODY  | IF NO TAGS FOUND ON BODY,  | DESCRIBE MEANS                         | OF IDENTIFICATION (                     | f unidentified fi                        | II in aution S            |                   |  |  |
| (1, 2, or none)                                |  |  |  |   | ,, ,,,                                   | ,                         | VA 144145)        |  |  |
| None WERE SUBSTITUTE TAGS PRO                  | MADEDAY -  | See Remarks  |  | ITTIOUT VICE                            |  |                           |                   |  |  |
| MENE SUBSTITUTE TAGS PRO                       | VIUED?(Tee of no)                                | COMPLETED TOOTH CHART O  | N QMC FORM 1045                        | ATTACHED HERETO                         |  |                           |                   |  |  |
| Yes (2)  |  | YES  | No.                                    |   |  |                           |                   |  |  |
| LIST PERSONAL EFFECTS FO                       | UND ON BODY AND                                  | DISPOSITION OF SAME  |  |   | 1.                                       |                           |                   |  |  |
| Section 2.—BURIAL. If of                       |  | lished cometery, furnish sketo                                   | h and map coord                        | linates on reverse.                     |  |                           |                   |  |  |
| ·  |  | AGRS MALISOL   | FUM, MAN                               | HA P F                                  |  |                           |                   |  |  |
| DATE OF BURIAL                                 | HOUR   | BURIED IN (Shroud, blanket, or n                                 | ame of other)                          | TYPE OF GRAVE                           | PLOT No.                                 | ROW No.                   |                   |  |  |
| SIORAL   |  | 4791999  |  | MARKER                                  | · MARC                                   | BYA G                     | 1450              |  |  |
| 11 Feb 48                                      | 1000   | Casket   | <u></u>                                | <u></u>                                 | 812                                      | T                         | 5443              |  |  |
| WAS THIS A REBURIAL?<br>(Yet of no) 本を思すりますか   | IF A REBURIAL,                                   | INDICATE NAME, NUMBER, COORI                                     | DINATES OF PREVI                       | OUS CEMETERY, AND L                     |  | RAVE                      | _                 |  |  |
| Yes  | USAF Ce  | emetery Leyte #1, 1  | P.T.                                   |   | PLOT No.                                 | ROW No.                   | GRAVE No.<br>1178 |  |  |
| TYPE OF RELIGIOUS                              | ·  | TING BURIAL RITES  | IF IDENTIFICAT                         | ION TAGS NOT USED.                      | DESCRIBE, IDE                            | NTIFICATION               | 1                 |  |  |
| CEREMONY                                       |  |  | CONTAINERS B                           | URIED WITH BODY                         |  |                           |                   |  |  |
| IDENTIFICATION TAG BURIET<br>BODY (Yes or 700) | MAR  | TIFICATION TAG ATTACHED TO<br>RKER (Yes or No)                   |  |   |  |                           |                   |  |  |
| 4 <b>70</b><br>Yes                             | PROGRAM  | Yes  |  |   |  |                           |                   |  |  |
| BODY BURIED ON DECEASED                        | LEFT, NAME (Last                                 | , first, middle initial)   | RANK                                   | SERIAL No.                              | ORGANIZATIO                              | N GRAV                    | E No.             |  |  |
|  | -  |  |  |   |  |                           |                   |  |  |
| BODY BURIED ON DECEASED                        | RIGHT, NAME (La                                  | n, first, middle initial)  | RANK                                   | SERIAL No.                              | ORGANIZATIO                              | N GRAV                    | E No.             |  |  |
|  |  |  |  |   | .  |                           | - ·               |  |  |
| CICNATUR                                       | ADUNG DO   |  | 1                                      | <u> </u>                                |  |                           |                   |  |  |
| SIGNATURE PROPERTY PROPERTY IN                 | ARING BEOM                                       |  | STATE OF THE PARTY                     | RS OFFICER VERIFYIN                     | G REPORT                                 |                           |                   |  |  |
| TRAYMOND H. T                                  | <del>-                                    </del> | C, 8131st Sv Un  | 1.4.4                                  |   | QMC, Ch                                  |                           |                   |  |  |
| DISTRIBUTION OF REPORT                         | Signed origin<br>S Officer. Copie                | al for U.S. and allied dead, signs for retention in theater as p | ined original and<br>prescribed by the | i ene copy for enemy<br>ater commander. | dead, to the (                           | vartermas                 | ter General       |  |  |

RESTRICTED

Incl 1

18-48997-2

### RESTRICTED

Control Dan Caracter

|                        | Section                               | NIDENTIFIED  | REMAINS.   |   | <b>O</b>  | <b>_</b>  | <u>-</u>                                 |  |  |  |  |
|------------------------|---------------------------------------|--|--|---|---|---|--|--|--|--|--|
| LEFT LEFT              | mains. Fill social secur planes, vehi | eat care will<br>in anatomi<br>ity number;<br>icles, and tak<br>ingerprint o   | ical characteristics<br>position of body f<br>nks.<br>or prints, are the r | below, and ar<br>ound in airplan<br>oost valuable o | ny other clues und<br>nes, vehicles, and ta<br>af all clues. Imprir | ture identity of unide<br>er "Other," such as<br>nks; and serial numb<br>nt all fingers and thu<br>ured, the condition of | shoe size,<br>bers of air-<br>mbs in the |  |  |  |  |
| RING                   | every tooth<br>accomplishe            | chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart was accomplished if one or more fingerprints are secured.    WEIGHT |  |   |   |   |  |  |  |  |  |
| LEFT<br>RING FINGER    | HEIGHT                                | WEIGHT   | COLOR OF EYES  | COLOR OF HA   | AIR BIRTHMA   | RKS, SCARS, OR TATTO  | os<br>                                   |  |  |  |  |
| Mic                    | WEAPON AND                            | SERIAL No.   | LAUND  | RY MARKS  | WHERE B   | ODY WAS BURIED OR FO  | DUND                                     |  |  |  |  |
| LEFT<br>MIDDLE FINGER  | OTHER IDENT                           | IFICATION CL   | UES  | -   | <u> </u>  |   | ,  |  |  |  |  |
| J. W.                  |                                       |  |  |   |   |   |  |  |  |  |  |
| LEFT<br>INDEX FINSER   |                                       |  | ·  | ·   |   |   |  |  |  |  |  |
| LEFT                   |                                       |  |  |   |   |   |  |  |  |  |  |
|                        |                                       |  |  |   |   |   |  |  |  |  |  |
| RIGHT                  |                                       |  | ·  |   |   |   |  |  |  |  |  |
| RIGHT<br>INDEX FINGER  |                                       |  |  |   | :   |   |  |  |  |  |  |
| <b>a</b>               | <br>                                  |  | • • ;  |   | <u>.</u>  | <u></u>   |  |  |  |  |  |
| RIGHT<br>MIDDLE FINGER | FURNISH SKI                           | ETCH AND MA  | AP REFERENCE AND   | COORDINATES FO                                      | or Burial in Other  | THAN ESTABLISHED CE   | METÉRY                                   |  |  |  |  |
| RIGHT<br>RING FINGER   | REMARKS:                              |  |  | <del> </del>  |   |   |  |  |  |  |  |
| RIGHT<br>LATLE FINGER  | of four<br>KNOWNS<br>X-3679           | r (4) re<br><b>X-3</b> 679-<br>-B, was   | emains were<br>- <b>A, X-</b> 3679-B                                       | found and<br>, X-3679-<br>d Leyte C                 | assigned Ma<br>C and X-3679<br>emetery #1 U                         | 3 Leyte #1, yanila Mausolev<br>P-D. Subject<br>NKNOWN X-721   | ım UN-<br>UNKNOWN                        |  |  |  |  |

McDERMOTT. Adm Asst Capt 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.

RANK

RANK

SIGNATURE OF GRS

SERIAL NO.

SERIAL NO.

FIGER VERIFYING REPORT

ORGANIZATION

ORGANIZATION

GRAVE No.

GRAVE No.

5442

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

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

windle

UNKNOWN X-3679-C

UNKNOWN X-3679-A

SIGNATURE OF PERSON PREPARING REPORT

JAMES

### RESTRICTED

|                        | Section JUNIDENTIFIED REMAINS.  |  |   |   |  |  |  |                                       |              |  |  |
|------------------------|---|--|---|---|--|--|--|---------------------------------------|--------------|--|--|
| LEFT<br>LITTLE FINGER  | mains. Fill<br>social securi<br>planes, vehic<br>(b) A fi<br>chart at left. | at care will<br>in anatomity number;<br>cles, and tar<br>ngerprint, of<br>or as many | cal charac<br>position o<br>nks.<br>or prints, a<br>v as possib | teristics of<br>f body for<br>re the mo<br>ile. If no | i any other c<br>planes, vehicle<br>le of all clues<br>nt or prints ca | lues under "Othes, and tanks; and<br>. Imprint all fin<br>an be secured, the | ntity of unidentifier, ? such as shot<br>d serial numbers<br>gers and thumbs<br>condition of eac | e size.<br>of air-<br>in the<br>h and |              |  |  |
| Range Control          | every tooth v<br>accomplished   | will be indic<br>d if one or r   | ated on th  | e tooth cl<br>rprints ar                              | e secured.   | ordance with   | diagram below.   | below. Tooth chart will not b         |              |  |  |
| LEFY<br>RING FINGER    | HEIGHT  | WEIGHT   | COLOR OF  | · ETES  | COLOR OF   | F HAIR   | BIRTHMARKS, SCA  | RS, OR TATTOOS                        |              |  |  |
|                        | WEAPON AND  | SERIAL No.   | <u> </u>  | LAUNDRY   | MARKS  |  | WHERE BODY WAS   | BURIED OR FOUND                       | <u> </u>     |  |  |
| LEFT<br>MIDDLE FINGER  | OTHER IDENTI  | FICATION CLI   | UES   |   |  | -  |  |                                       |              |  |  |
| LEFT<br>INDEX FINGER   | FILLINGS  |  | Si  | LVER FILE   | ing<br>Ing   |  | ۼؙڟؙۿڎ   | مُرْم،                                |              |  |  |
| LEFT<br>Thumb          | CAVITIES  |  |   | CAVIT<br>DECAY  | Y<br>ED  |  | UPPER  |                                       | 8            |  |  |
| RIGHT<br>THUMB         | CROWNED   |  | The   | OTH MISSE   |  | DIAGRAM  | REPRESENTS THE   | HOUTH WIDE OF                         | EN           |  |  |
| RIGHT<br>INDEX FINGER  | BRIDGE W  | ORK  |   | GOLD I  |  | 15 (14)  | LOWER LOWER  | 15<br>14<br>13<br>0 12                |              |  |  |
| RIGHT<br>MIDDLE FINGER | FURNISH SKET  | CH AND MAP   | REFERENCI   | E AND COO   | RDINATES !   | FOR BURIAL IN  | OTHER THAN ESTA  | BLISHED CEMETERY                      |              |  |  |
| RIGHT<br>RING FINGER   | REMARKS:  | linon o  |   | l proc  | assi na  | of IINKN   |  | yte #1, por                           | rtions       |  |  |
| NOS 21 LITTLE PINGER   | KNOWES<br>X-3679  | r (4) r<br>X-3679<br>-B was :  | emains<br>-A, X-;<br>redesi                                     | were<br>3679-B<br>gnated                              | found a<br>, X-36<br>Leyte   | and assi;<br>79-C and  | gned Marila<br>X-3679-D.<br>y #1 UNKNOW  | Mausoleum<br>Subject I<br>IN X-721 to | UN-<br>UNKNO |  |  |

Yes GRAVE No. ORGANIZATION SERIAL NO RANK BODY BURIED ON DECEASED LEFT, NAME (Last, Arst, middle initial) CPYPT UNKNOWN X-3679-C GRAVE NO. ORGANIZATIO SERIAL NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK 5442 UNKNOWN X-3679-A SIGNATURE OF THE ESON PREPARING REPORT S 00

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Guatermaster General through Headquarters GRS Officer. Copies for retention in thesias as measurined by thester commander.

....

| * *  |                        | Section -UN   | IDENTIFIED REMA | INS.  |             | ·                                     |   |                    | ( To       |
|--|------------------------|---|-----------------|---|-------------|---------------------------------------|---|--------------------|------------|
|  | LIFT FRIGER            | INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified nains. Fill in anatomical characteristics below, and any other clues under "Other," such as show social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of planes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each |                 |   |             |                                       |   |                    |            |
| ÷  | LEFT<br>RUNG FINGER    | every tooth will accomplished   |                 | an be secured, the condition of each and diagram below. Tooth chart will not be |             |                                       |   |                    |            |
|  |                        |   |                 |   |             |                                       | \<br>\.   |                    |            |
|  | MIDDLE FINGER          | WEAPON AND SE   | RIAL No.        | LAUNDR  | Y MARKS     |                                       | WHERE BODY WAS  | BURIED OR FOU      | ND         |
|  |                        | OTHER IDENTIFICATION CLUES  |                 |   |             | <u> </u>                              | · · · · · · · · · · · · · · · · · · ·                   | . 524              |            |
|  |                        |   |                 |   |             |                                       | /   | . Д.,              | ".v.       |
| Company Compan | LEFT<br>INDEX FINGER   | FILLINGS  | <u>,</u>        | SILVER FILL   | ING         | · · · · · · · · · · · · · · · · · · · | 1975  | i: . 38 4          |            |
|  | THUMB                  | GAVITIES  |                 | CAVIT DECAY   | Y           | 5 C                                   |   |                    | 7          |
|  | HUMB                   | MISSING TE  |                 | TOOTH MISSI   | NG          | DIAGRAM R                             | PRESENTS THE  | POOL OF THE POOL   | ) 8<br>PER |
| Section 18 Section   | RIGHT<br>INDEX FINGER  |   |                 | ORCELAIN C  | ROWN        |                                       | LOWER   | 3737) 15<br>100 14 | 100 m      |
| 1  |                        | BRIDGE WOR  |                 | GOLD B  | RIDGE       | 123) j3 (                             |   | \$60 is            |            |
| n war an an the war  | RIGHT                  | FURNISH SKETCH  | AND WAP REFEREN | ICE AND COOF  | RDINATES FO | DR BURIAL IN O                        | 10 9 9 10   | ISHED CEMETER      | <b>v</b>   |
| 1  | RIGHT RIGHT            | REMARKS:  |                 | ·,•   |             |                                       | , , , , , , , , , , , , , , , , , , ,                   |                    | -          |
| SAM YAME   | RIGHT<br>LITTLE FINADO | ∴ <i>3</i> 679 <b>-⊼,</b>   | and I-3679      | C. AGRS   | Mauso       | leum. Mar                             | -B AGRS Mau<br>yte #1, P.I<br>nila, P.I.<br>complished. | soleum, N          | en-        |