FILE IDENTIFICATION TOPPER FILE NUMBER SUBJECT 1. 36-7459 QMC FORM 1121 1 Aug 45

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QMC FORM REV 11 FEB 48 1194 Johns

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& Company

293 - Unk. P. I. (Misc.) (Maus. Manile) (X-4600, X-3211, X-4582, X-147)

QMGMC 293 CRS Far Gast

6 October 1949

SUBJECT: Identification of World War II Daccased

TO

Commanding General
 Philippine Command
 APO 707, c.o Postmaster
 San Francisco, Galifornia
 ATTN: ACHUS, PHILIOCE ZONE

l. Reference is made to the following remains now stored at ACRS Mausoleum, Manila, P. I.:

Unknown X-4600 (formerly X-726, USAF Cemetery, Leyte #1, P. I.) Unknown X-3211 (formerly X-129, USAF Cemetery #2, Finschhafen, N. G.)

Unknown 1-4582 (formerly X-288, USAF Cometery Sta. Barbara #1, P. I.) Unknown 1-147 (formerly USAF Cometery, Island Command Okinawa)

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

FOR THE QUARTERNASTER GENERAL:

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

QQ R.I: mfa

HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

GSGR 293.9

APO 707 16 SEF 1949

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-147 Island Command Com. UNKNOWN X-820 AGRS Mslm
" X-288 Sta Barbara #1 " X-3211 " " X-4092 Manila #2

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

FOR THE COMMANDING GENERAL:

6 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

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

COPY

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	DI	SINTERMENT DIRE	CTIVE	11 61
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e	GANIZATION UNKNOWN	RELIGION	IDENTIFICATION	VERIFIED BY
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and that the report abov		rere conducted and ac		
t the K	***************************************	ein	NATURE OF AGRS INS	PECTOR #8
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QMC FORM REV 11 FEB 48 1194		**************************************	нимминимментментератическа	(511)

2027 293 Eder, Copert L. ASK 36745914

27 April 1948

MRINT: Report of Interest

TO: Commanding Coneral,
Philippine-Ryukyus Command, AFO 757 c/o Fostmanter
San Francisco, California
ATTENTION: ACRO Philrycom Zone

- informed is made to Report of Intersent for 3/3gt. Robert L. Egler, 36745914 interred USAF Cometory Leyte 21, 7. 1., Crave 5851.
- in Grave 5851 does not compare favorably with Army Dental Chart of 3/8st. Robert L. Saler.
- It is requested that a corrected Seport of Interment for an Unknown be forwarded to this office.
- 4. It is further requested that information on the above deceased be furnished this office in accordance with provisions of Letter AGAG-S 293.9 (27 Mar A7) D-M. Subject, Satablishment of Source of Seview for Identification of Unknown Sead Overseas, dated 9 April 1947.

PER THE MART WASTER CENTRAL.

CC: Admin. Sect.

TMH

l Incl:

Form 371(in dap)
/Proto attached

aem

t. Colonel, M Wemorial Divinion WJS

TO:

BASIC: Ltr fr hD, CCMC, Fesh. 25, D.C., file CMCMU 293 EGLER, Rebert L., SN 36745914 (Leyte #1) Philippine Islands, dtd 28 May 47% subj: Identification of Unknown Deceased.

CSQ4A: 293

5th Ind

CRHE/gyd*

20 -

Philbrycom Sector Graves Registration Service, AFO 707, 17 September 1947

TO: Quarternaster Cemeral, Washington 25, D.C.

Furwarded herewith are QMC Ferms 1045 and Identification Check Lists accomplished for the remains of S/Sgt. Robert L. EGLER, 36745914, interred in Grave 5851, USAF Cem. Leyte #1, Philippine Islands.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI Lt. Columnel, QKC Executive

QLOMU 293 Egler, Robert L. ASN 36745914 (Leyte #1) Philippine Islands

28 May 1947

SUBJECT: Identification of Unknown Deceased

TO: Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

- 1. Reference is made to Report of Interment for S/Sgt. Robert L. igler, 36745914, interred in Grave 5851, USAF Cemetery Leyte #1, Philippine Islands.
- 2. It is requested that the remains buried in Grave 5851, Leyte #1 be exhumed in the presence of a medical officer and identification Check List and QMC Form 1045 be accomplished insofar as possible at the earliest practicable date.

FOR THE QUARTERMASTER CENERAL:

JAMES C. HecFARLAND Major, GMC Memorial Division DEPARTMENT OF THE ARMY
Office of the Quartermaster General
Washington 25, D. C.

QMGHT 293 Egler, Robert L. ASN 36745914

27 April 1948

SUBJECT: Report of Interment

TO Commanding General
Philippine-Rykyus Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS Philrycom Zone

- 1. Reference is made to Report of Interment for S/Sgt. Robert L. Egler, 30745914 interred USAF Cemetery Leyte #1, P. I., Grave 5851.
- 2. QMC Form 1045 (Revised) accomplished for the remains interred in Grave 5851 does not compare favorably with Army Dental Chart of S/Sgt Robert L. Egler.
- 3. It is requested that a corrected Report of Interment for an Unknown be forwarded to this office.
- 4. It is further requested that information on the above deceased be furnished this office in accordance with provisions of Letter AGAO-S 293.9 (27 Mar 47) D-M, Subject, Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

1 Incl:
 Form 371 (in dup)
 w/Photo attached

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

1 lant

BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file QMGMU 293, Egler, Robert L., ASN 36 745 914 (Leyte #1) P.I., dtd 24 Sep 47, subj. Identification of Unknown Deceased.

GSQMM 293

1st Ind

CREM/1:11+

PHILRYCOM Sector Graves Registration Service, APO 707, 15 October 1947

TO: Quartermaster General, Rashington 25, 2.8.

Reference letter dated 26 May 1947 was forwarded by 5th Indorsement, this office, dated 17 September 1947, copy of which is attached.

FOR THE COMMANDING OFFICERS

HAROLD F. REVERSKI Lt. Colonel, Q.M.C. Executive

2 Incls: Incl 1 - n/c Incl 2 - As Indicated. CMCMU 293 Egler, Robert L. ASN 36745914 (Leyte #1) Philippine Islands

28 May 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General

Philippine-Ryukyus Command APO 707, c/o Postmaster San Francisco, California

- 1. Reference is made to Report of Interment for S/Sgt Robert L. Egler, 36745914, interred in Grave 5851, USAF Cemetery Leyte #1, Philippine Islands.
- 2. It is requested that the remains buried in Grave 5851, Leyte #1 be exhumed in the presence of a medical officer and Identification Check List and QMC Form 1045 be accomplished insofar as possible at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND Major, QMC Memorial Division BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file QMGMU 293 EGLER, Robert L., SN 36745914 (Leyte #1) Philippine Islands, dtd 28 May 47; subj: Identification of Unknown Deceased.

GSQMM 293

5th Ind

CRHM/gyd*

PHILRYCOM Sector Graves Registration Service, APO 707, 17 September 1947

TO: Quartermaster General, Washington 25, D.C.

Forwarded herewith are QMC Forms 1045 and Identification Check Lists accomplished for the remains of S/Sgt. Robert L. EGIER, 36745914, interred in Grave 5851, USAF Cem. Leyte #1, Philippine Islands.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI Lt. Colonel, QMC Executive

A CERTIFIED TRUE COPY:

GEORGE D. REDDEN, JR.

GEORGE D. REDDEN, JR. Captain, Infantry...

All the state of

COLUMBUS AG REGIONAL RECORDS OFFICE COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS 15. OHIO

CHIDCE

7 October 1947

SUBJECT: Transmittal of Correspondence

T0:

Chief

Records Service Branch

Bldg. 103

Records Administration Center, AGO

4300 Goodfellow Boulevard St. Louis 20, Missouri

1. Attention is invited to attached correspondence, pertaining to the following subject individuals:

Greene, James E. 14032914 Thomas, Don H. 35904162

Johnson, Howard L. 34443914 / Egler, Robert L. 36745914

A Lawley, Robert T. 33172985

2. Dental Records in question are in the process of being shipped to your office.

FOR THE CHIEF:

5 Incls: corresp WILLIAM R. GOX Captain, AGD Chief, C & S Section

co to: QM, General, Wash. D. C. ..

CHIA

141

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE APO 900

1 August 1949 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X- 726, Plot
Row, Grave 5851 , USMC USAF Cem. Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.
FOR THE COMMANDING OFFICER.

Attch: Form 1044

Captain, GMC Chief, Records Branch

Ecceived 9/30/49 DOMG

in presently
available 10/4/47-fitte Lent

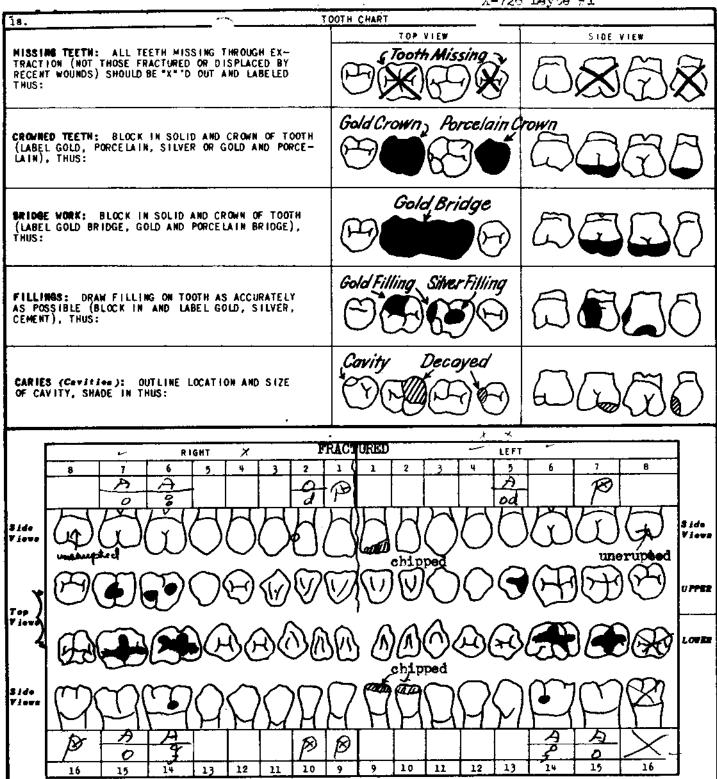
	- IDENTIFIC	CATION D	ATA			
. REMAINS OF UNKNOWN	 			<u> </u>	2. DATE OF RE	PORT
UNKNOWN X-72	6 Levta #1				2 Sept	. 49
. NAME OF CEMETERY	<u></u>	4. PLOT	5. ROW	6. GRAVE		TE OF
				<u> </u>	DISINTERMENT	REINTERMENT
AGRS Mausole	um, Manila, P. I.				[[
" 		L DESCRIPTIO				·
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	NO NE					
·	UTD					
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TES TE NO						
. WAS BODY MANGLED?	TO WHAT EXTENT?			•		
THES TES NO						
. DESCRIBE EVIDENCE OF HE	ALED FRACTÜRES AND BONE MALI	FORMATIONS				
	NONE					
7. LIST EVERY ITEM OF CLOT	HING, EQUIPMENT AND PERSONA	L EFFECTS FO A notation o	UND, SHOW howld be	ING THE TY	PE, COLOR, SIZ	E, MARKINGS,

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

MC FORM IN LONG



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

REMARKS: Maxilla fractured on the median line.

"UNIDENTIFIABLE"

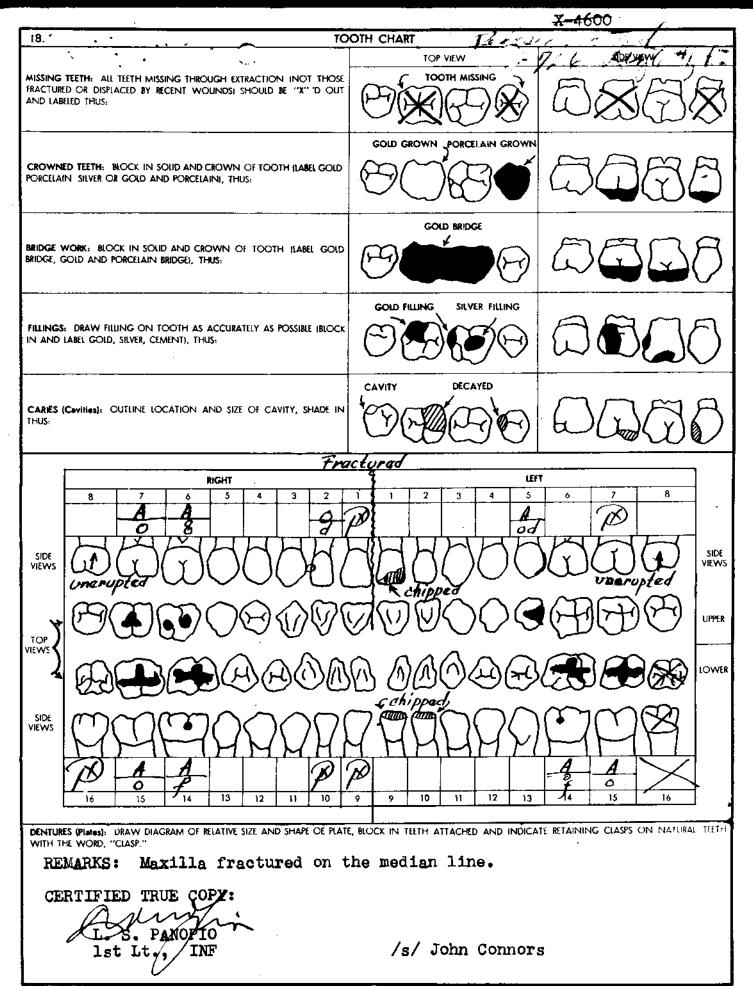
BY REASON OF LACK OF SUFFICIENTIDENTIFYING DATA?

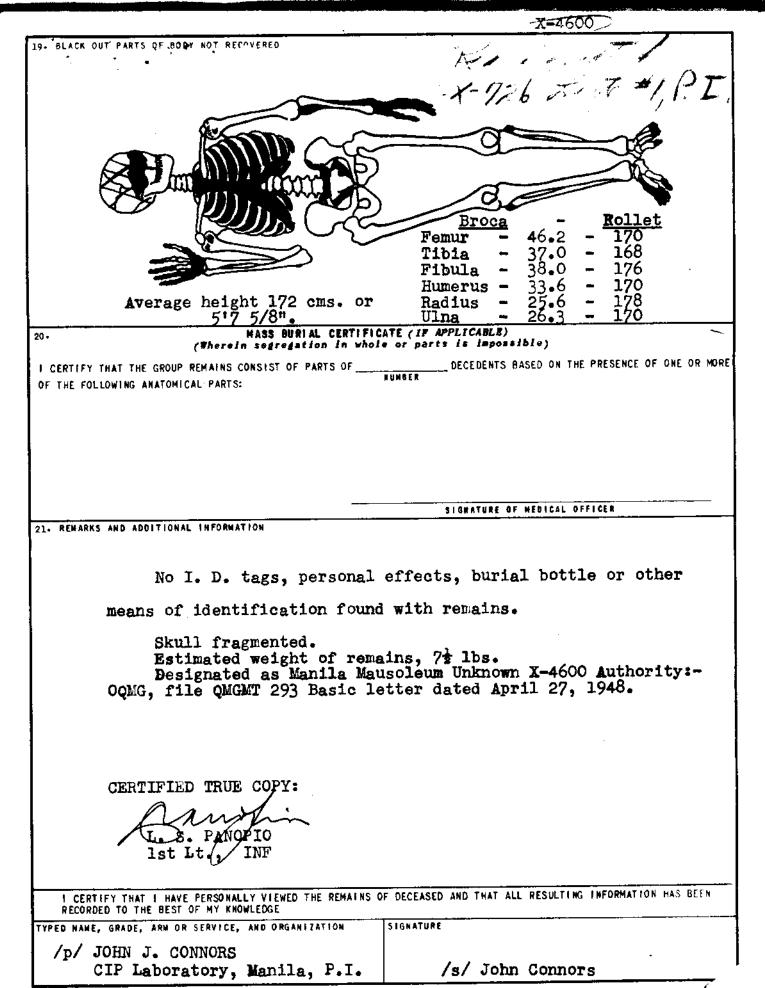
J. J. McDERMOTT

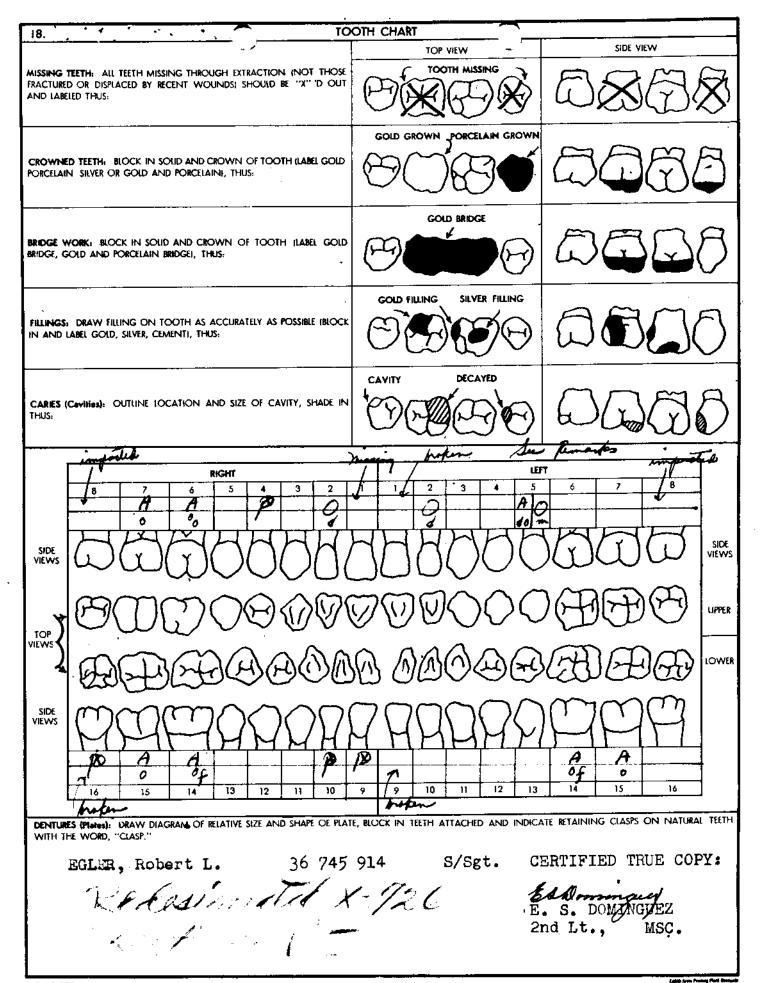
Laboratory Officer, 61P

19. BLACK OUT PARTS OF BODY NOT RETTERED	
	a a
Res Inches	
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	Femur - 46.2 - 170
	Tibia - 37.0 - 168
	Fibula = 38.0 - 176 Humerus= 33.6 - 170
Average height 172 cms or 517 5/8"	Radius = 25.6 - 178
20. MASS BURIAL CERTIFICATION IN Whole	ATE (IF APPLICABLE) 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:	
	SIGNATURE OF MEDICAL OFFICER
21- REMARKS AND ADDITIONAL INFORMATION	
No ROI, identification tags or o	ersonal effects found with remains.
Estimated weight of remains - $7\frac{1}{2}$	lbs.
:	
	Was a second of
RBY REACON OF LACK OF STATE	
RBY REASON OF LACK OF SHIPPI.	CENT IDENTIFYING DATA?
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS O	F DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
RECORDED TO THE BEST OF MY KNOWLEDGE TYPED HAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	
J. J. McDERMOTT	J. J. McDarmott.
Laboratory Officer, GIP	

IDENTIFICATION DATA	
1. REMAINS OF UNKNOWN UNKNOWN X-4600 (Formerly EGLER, Robert 2. DATE OF REPORT	
L L. USAF Cemetery Levte #1. P. I.) 29 June	48
3. NAME OF CEMETERY 4. PLOT 5. ROW 6. GRAVE 7. DATE OF	
MANGER BAY CHYPT DISINTERMENT RELIAT	RMENT
AGRS Mausoleum, Manila, P. I. 813 K 3447 21 Nov 47 14	
	Jan 40
PHYSICAL DESCRIPTION	
B. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 10. COLOR OF HAIR 11. RACE UTD 517 5/80 II TD IImknown	
UTD 517 5/811 UTD Unknown	
TTT-GIVE DESCRIPTION OF SHIT DEFICIAL IDENTIFFICATION FOUND WITH REMAINS	
/ No. 18 mary	
NONE	
13.GIVE DESCRIPTION OF TATTEDS OF SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	
	;
V-1/2 200 OX 1/10 1 V-2	<i>*</i>
$\lambda / \nu \gamma$	
14. WAS BODY BURNED? TO WHAT EXTENT?	
TES IX NO	
15. WAS BODY MANGLED? FO WHAT EXTENT?	
TES DE NO KALLA	7 1
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE HALDOMATIONS	7
NONE	- 1
*	
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SNOWING THE TYPE, COLOR, SIZE, MAR	
channels for examination when facilities are not available in the area)	Ì
NONE	
·	- 1
	- 1
	ſ
	- 4







REMARKS:

Maxilla broken.

AGRC FORM No. 11
Revised 16 Sept. 1946
Formely 'Check List
of Unknowns')

IDENTIFICATION CHECK LIST

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

(Sheet, scale and serials used) Remains recovered or disinterred by (Name and organization) (Name and organization)	•			
Cemetery Plot Row Grave Plot Row Row			11	HILLIA SERVICE TO
Plot Row Grave Remains recovered or disinterred by (Name and organization) Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements Markings * Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Cotton Trousers, HBT				
Arrived at cemetery (Hour) (Date) Place of death (Name of closest town) (Sheet, scale and serials used) Remains recovered or disinterred by (Name and organization) Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements Item Clothing Markings Sizes (rype) Raincoat (rype) Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Cotton Trousers, HBT				
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(Name and organization) Evacuated to Cemetery by (Name and organization) Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements Item Clothing Indicate unusual markings color, wear, tear, repairs, etc * Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Cotton Trousers, HBT	***************************************	(Sheet, scale and serials used)	Del	0 le 10 Rol, 58 414
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* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT		Clothing		Indicate unusual markings
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Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT			(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Raincoat		?>????}!	
Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Overcoat			
Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Jacket, Fie	ld		
Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Jacket, Co.	mbat	•	
Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Mackinaw			
Jacket, HBT * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton Trousers, HBT	Sweater	. (*)))		
Undershirt, Wool Undershirt, Cotton Trousers, HBT	Jacket, HB	T		16
Undershirt, Cotton Trousers, HBT	* Shirt, W			
Trousers, HBT	Undershirt	ool OD	hada a 1800 d fi ori min qiqoʻshidigi bay bilga yaqi qora qora ba <u>anadaliy</u> a a jabi uq umpu aya pa qa gaga	
Trousers, HBT				
		, Wool	79 77 77 77 84 4 - 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Trousers, 1	, Wool	**************************************	

Belt, web			
Drawers, wool			
Drawers, cotton			
Leggings, wool			
Socks, cotton			
* Shoes	(type)		
Overshoes		>	
Web Equipment	(type)	<u> </u>	
(Other item)			
(Other item)	should be computed by mea	suring the reliance	, , , , , , , , , , , , , , , , , , ,
Chevrons or	Should be competed by		
	(Type & location; st	nirt, jacket, coat, helmet)	
Shoulder Patch	The second control of		
Does clothing indicate that dec	ceased was a member o	of the Air, Ground or N	laval Force?
Description of Remains:	inlatan asiy - Shai	intel dant etterbe	4.
AgeHeight	Weight	Description of wounds	ANNELS CONTRACTOR OF THE PROPERTY OF THE PROPE
Bandages or dressings		Scars (Length,	width, location)
	(Number, location	ttoos illustrate on separate page)	
Outstanding moles, warts or b	oirthmarks	(Yes-no; description, loc	atton)
Sunburn or tan, other than ha	and and late		
Complexion	\0	clear, pimples, pocks, freckle	*)
Build	13		
	(Large, lat, tath, h		W. V. J.
Hair (Color,	length, quantity, curly, wavy	, straight, whorls, or definite	parting)
Hair(Beldner	es, widows peak, distinctive	cutting or other characteristi	es)
Sideburns (Color, setting, shaj	Mustache (Color,	size, shape)	(Length, heavy)

6.

Goate	(Light' color green)		-
Oodice	(Light, color, extent)		
Eves		E.ah.	ows
11 y CD	(Color, setting, share)	Eyebr	(Color, hushiness, extent across nose)
Nose		Fare	
1 100¢ III.	(Size, shape, steaight)	Pears	(Size, set close to or far from head)
Mouth		Line	THE RESIDENCE OF THE PARTY OF T
	(Large, medium, small)	Lips	(Small, large, full)
Teeth	Dental chart attack	ed.	
1 66(1)		spacing, noticeable	crowns, fillings, extracts)
C1 ·			
Chin	(Prominent, re	eceding, pointed, c	limpies, double)
_			·
Jaw	(Large, Small, normal)	ference of hear	l in inches (Hat band)
	- 1		
Neck	(Size length short normal weinblad	Larynx	(Prominent, normal)
	\		
Shoulders		Arms	th, muscular, color, extent and quantity of hair)
	(Broad, straight, small, rounded)	(Leng	th, muscular, color, extent and quantity of hair)
			A
Hands			,
Fingers			The state of the s
x 1119 c15	(Short, thick, long Ste	nder, size of knucl	iles, missing fingers or joints)
With the second second second second	(Unusual charac	ctaristics of fingers	ails)
Cl. /		1-	
Chest	(Size of nipples, color, quent	ity and dient of	hair, large, small, normal)
***			,,, , , , , , , , , , , , , , ,
Waist	(Size of paye), appended	tomy amount de	untity, and color of hair)
_			·
Back	(Quantity and extent of bair)	Circumcision 🔝	(Yes-no) Pubic Hair (Color)
Herniaplasty		(Yes-no; loca	
Legs	(Inseam muzative knock knock)	because a second	untity, color and extent of hair)
			`
Feet	(Sh.	Toes	
	(Size, corns, callouses, flat)		(Stender, straiglk, cosoked, overlap)
Evidence of	healed fractures		
	•	(Nose, ar	ms, legs, etc.)

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

Have finger prints has	en placed on Report of Interment?	
riate imper prints of	•	(Yes-uo)
If not, explain	Shieten culy.	
Has tooth chart been	prepared?If not, explain	
		AMILLO I AMILLO I I PROPERNO (1911 AMILLO I III I I I I I I I I I I I I I I I
Remarks		
,,	N	
	· ·	
	personally viewed the remains of subject deceased a the best of my knowledge.	nd all resulting informat
		nd all resulting informat

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

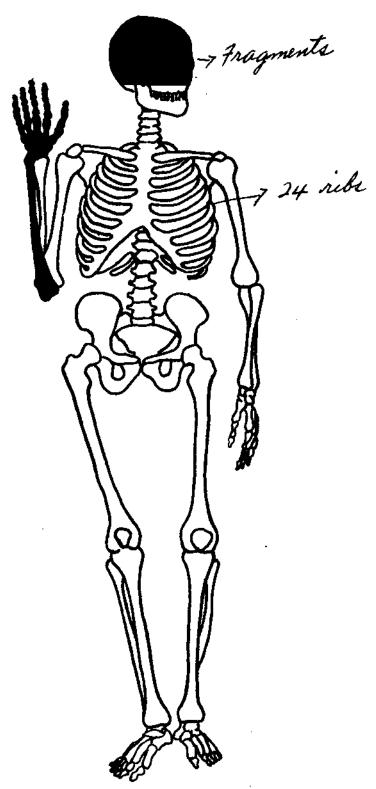


CHART "A"

1404 PEDLE YOOM -- 6/47 -- 40M

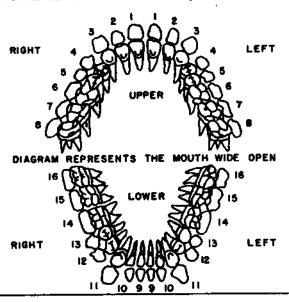
				NOED WITH THESE	2 Suptanhar 2547
		Rehert	L.		DATE
	LAST NAME	FIRST	INITIAL	RÁNK	K SERIAL NO.
		UNIT	· · · · · · · · · · · · · · · · · · ·	-	ORGANIZATION
	PLACE	OF DEATH	PLA	CE OF BURIAL	PLOT ROW GRAVE NO.
				FRACTURE	
	_8_7	RIGHT 6 5 4	3 2	PER TEETH 2	LEFT 3 4 5 6 7 8
ſ	A	9/9		⊗I I	
۱ ا	Ò	00			Da V
			INSIDE -	- LOOKING O	DUT
		RIGHT		WER TEETH	PRACTOR
ſ	16 15'	14 13 12	11 10	9 9 10	
ŀ		/ /			
۲,	/	U/I			
	KEY	OF SYMBO	LS TO F	RE USED (ON ABOVE CHART
	SYMBOLS			FILLING	LOCATION OF FILLING
	WHOLE B	ox	UPPER HA	IN ALF OF BOX	IN LOWER HALF OF BOX
		EXTRACTED		AMALGAM	MESIAL
			_ '	SILVER}	ITI DETWEEN-TOWARD FRONT)
		GAVITY. INDICATE LOGATION	<u> </u>	OLD	OGCLUSAL OGCLUSAL OGCLUSAL
			· Si	HLICATE OR	
ſ	70	TIXED BRIDE			
E		FIXED BRIDGE ONCL. ABUTME		ORCELAN	d (BETWEEN - TOWARD BACK)
	CX		(sus)		400000000000000000000000000000000000000

AFWESPAC Printing Plant

the contract manufacture and the contract of the place of the contract of the

INSTRUCTIONS:

- L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. MOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOGATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT GOVERED ABOVE WILL BE INDICATED, e.g., PORGELAIN GROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

PAR. B. HICHGS, Robelson

NAME AND RANK TYPED OR PRINTED

USAT Comptany Leyto fla-

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

A. P. SIMORCE, 2st IA., 2st.

NAME AND RANK TYPED OR PRINTED

2 September 1947

DATE

AGRC FORM No. 11, Revised 16 Sept. 1946 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

				<i>/</i> ·
		Ų⁄ _b rij	HANN EGLER	Kobert L.
			netery USAF Come	
		Plot	Row	Grave 5851
	t cemetery(Hour)	(Date)	Coinstal.	x-126, li
Place of	death (Name of clo	paest town)	(Coordinates and let)	er Prefix, maps)
46	(Sheet, scale and serials used) // // // // // // // // // // // // //	1., 16 L C	en Rola
. Remains r	ecovered or disinterred b	у	(Name and organization)	(43)))),,,,,
. Evacuated	to Cemetery by	(Na	ne and organization)	
Description	n of clothing and equipn			body measurements
Item	Clothing Markings	Sizes		nusual markings ar, tear, repairs, etc
* Headgea	r	MATE da a verda d ipun mangaga		,
	(Type)	. 7777888		
Overcoat			****	······································
Jacket, Fie	ld		····	***************************************
Jacket, Co	mbat	<u> </u>		***************************************
Mackinaw			······································	
Sweater			**>>118411844****	
	T			
	∞l OD			
	, Wool			

	, Cotton			_
	, Cotton			

Belt, web	
Drawers, wool	
Drawers, cotton	
Leggings, wool.	-
Socks, cotton	
* Shoes	(type)
Overshoes	13
Web Equipment	(type)
(Other item)	
	items should be computed by measuring the remains
Chevrons or Insignia	(Type & location; shirt, jacket, coat, helmet)
Shoulder Patch	
Does clothing indicate the	at deceased was a member of the Air, Ground or Naval Force?
Description of Remains:	Skeleton only - Skeletal chart attached.
AgeHeight _	WeightDescription of wounds
Bandages or dressings	Scars (Length, width, location)
	Tattoos (Number, location — lliustrate on separate page)
Outstanding moles, warts	or birthmarks (Yes-no; description, location)
Sunburn or tan, other tha	an hand and lase
Complexion	(Light, medium, date clear, pimples, pocks, freckles) .
Build	(Large, fat, thin, muscular)
Hair	color, length, quantity, curly, wavy, straight, whorls, or definite parting)
Hair(B	aldness, widows peak, distinctive cutting or other characteristics)
Sideburns (Color, setting	Mustache (Color, size, shape) Beard or (Length, heavy)

6.

Goatee	<u> </u>		
, 554120	(Light, color, extent)		
Fues	_	.	
Lyes	(Color, setting, shape)	Eyebrows .	(Color, bushiness, extent across nose)
		<u>_</u> U	
Nose		Trears	(Size, set close to or far from head)
	(Size, shape, straight)	<u>\e</u>	(Size, set close to or far from head)
Mouth		\ -	
	(Large, medium, small)	Lips	(Small, large, full)
	Dontal shout II		
Teeth	White size upergreen	hed.	
	(white, size, uneveness	, spacing, noticeable crown	is, fillings, extracts)
Chin			
\	(Prominent,	receding, pointed, dimples	, double)
•	_	_	
jaw	erge small normal)	mference of head in i	nches(Hat band)
ζ	man, horman		(Hat band)
Neck		Larvnx	
	(Size, tength, short, normal, wrinkle	ed)	(Prominent, normal)
C1 11		_	
Shoulders	(Broad strawht small rounded	Arms	scular, color, extent and quantity of hei
	(Droud, Monight, Shian, Tounded	, (i.engia, mu	scular, color, extent and quantity of hair
			(1,4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,
Hands		er	
Fingers			
1	(Short, thick, long)	lender, size of knuckles, m	issing fingers or joints)
	`	13	
	(Unusual chai	acteristics of fingernails)	(1,7,7,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
Chest			
	(Size of nipples, color, qua	ntity and extent of hair, t	large, small, normal)
Waist	(Size of navel appropri	/ &	
	(Size of navel, append	ectomy, amount, quantity,	und color of hair)
- .			
Back	(Quantity and extent of hair)	Circumcision	Pubic Hair
	(demand and extent of harr)	(Ves-	(Color)
Herniaplasty	,	\	\
, ,		(Yes-no; location)	
Lass			
Legs	(inscam, muscular, knock-kneed,	bowed mornal mantity	color and artest of hair
Feet		Toes	
	(Size, corns, callouses, flat)	(SI	ender, straight, cooked, overlap)
Fuidance of L	paled frontures		\
PARABLE OF M	ealed fractures	(Nose, arms, leg	s. etc.
		const, to ma, 10g	····

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

• '	. •		~		
		•		•	•
Have finger prints !	ncen placed on R	eport of Interme	nt?	No.	• • • • • • • • • • • • • • • • • • • •
				(Yes-no)	
If not, explain	Skelet	ton only.			
Has tooth chart bee	en prepared?	Yes If	not, explain		
		(Yes-no)			
Remarks					,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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I certify that I have	personally view	ed the remains o	f subject decease	d and all result	ing informa
has been recorded	io the best of my	y knowledge.			
			· (A		
			alfr	naron	
		win 18°	A. P. SINGS	Officer's Name)	115. H. T.
		nurd	lst Lt., Ir	11	
			Rank		Service
		<u></u>	[(Organization)	
				(COPERDIESTION)	

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SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

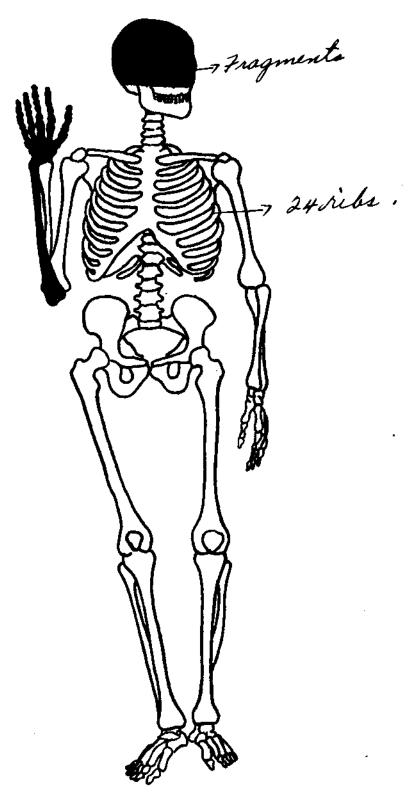


CHART "A"

1443---PHILEYOOM---8/47---80M

Pol. 28 1641 R/R. BRANCH, MEMORIAL DIVISION, OQ MT IDENTIFICATION DENTAL CHART TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON, AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 2 September 1947 DATE -EGLER Robert LAST NAME RANK SERIAL NO. UNIT ORGANIZATION PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. FRACTURE RIGHT UPPER TEETH TYPE TYPE LOCATION LOCATION INSIDE - LOOKING OUT FRACTURE RIGHT LOWER TEETH LEFT 12 10 11 10 11 12 15 14 TYPE TYPE LOCATION LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING LOCATION OF FILLING WHOLE BOX LOWER HALF OF BOX UPPER HALF OF BOX AMALGAM MESIAL EXTRACTED (SILVER) (DETWEEN-TOWARD FROMT) GAVITY. INDICATE **OCCLUSAL** BOLD LOCATION (BITIMS SURFACE BACK TEETH) 0 FIXED BRIDGE SILICATE OR DISTAL (INCL. ABUTMENTS) PORCELAIM (BETWEEN - TOWARD BACK) d TEETH REPLACED **OXYPHOSPATE** LINGUAL BY DENTURE (CEMENT) (TOWARD TOMOUE)

QNC FORM 1008 5 FEB 46

POSTHUBIOUSLY MINEMA

(LOST AFTER DEATH)

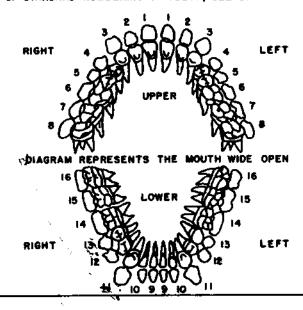
REVERSE SIDE FOR INSTRUCTIONS

FAGIAL

(TOWARD CHEEK)

INSTRUCTIONS:

- L <u>ACCURACY</u> AND <u>ATTENTION TO DETAIL</u> IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, αg , porcelain crowns, gold crowns (full or 34), 34 gold crown with silicate window.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

1:

SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer

USAF Cemetery Leyte #1.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

A. P. SINGSON, 1st Lt., Inf. HAME AND RANK TYPED OR PRINTED

2 September 1947

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 a				INTERMEN	STORAGE		28 .	report July	
Imprint Ident/fication		lo.	Section 1.—IDENTIFICATION						
O NOT TY	PE		NAME (Last, first, middle initial)		 , -,	S	ERIAL NO	 L	
64 16 X		\	TAKE ON N X-256			.			
CYXX 16		Λ	X-4600, AGRS N	ausoleum.	Manila, P.I.)	Unk	norn	
CHAN	1	١,	GRADÉ	ORGANIZATION		В	RANCH O	F SERV	ICE
	, ,	7	Unknown	Unknov	'n		Unk	ทอพาก	
	1 \	/	RACE	RELIGION		IF OTHE	R THAN U	S DE	D, GIVE
	······		Unknown	Unknov	V T I	, AAME (JF COUNT	R1	
•	leted ⊤		CAUSE OF DEATH		····	D	ATE OF D	EATH	
Burjal N. of	Bugabug	ъ,							_
Leyte, F.I.	<u></u>		Unknown				4 M	ar 4	.5
EMERGENCY ADDRESSEE (No	ıms, relationeki	р, сн	d address)	- -					
17 1					•				
Ur.knovn IDENTIFICATION TAGS FOUN	D OH BODY		The sign rates for the sign and sign and sign are sign as a sign and sign are sign as a sign are sign as a sign are sign are sign as a sign are sig		· · · · · · · · · · · · · · · · · · ·				
(1, 2, or none)	D ON BODY		IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (J	f unidentific	d, fill in a	ection 3	on reserve)
None									
WERE SUBSTITUTE TAGS PRO	WIDED?(Yes or		(See Remarks)						
		,	(322 334 2 7 6 7						
Yes (2)									
LIST PERSONAL EFFECTS FOL	JND ON BODY	AND	DISPOSITION OF SAME	 -	·				·
Section 2.—BURIAL If all	her than in e	etah	None	h and man over	din stee on annual	<u>.</u>			
NAME, NUMBER, COORDINAT					iniates on leveres.				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGRS MAUSOLE	UM. MANII	LA, P. S				
DATE OF BURIAL	HOUR		BURIED IN (Shroud, blanket, or a		TYPE OF GRAVE	PLOT N	o. ROV	/ No.	GRAVE No.
			,,,,	,	MARKER		.		
					AGRS MAU	SOLEU	M M	ANIL	A. P. 1
WAS THIS A REBURIAL?	IF A REBURI	AL, I	NDICATE NAME, NUMBER, COORI	DINATES OF PREVI	OUS CEMETERY, AND L	OCATION O	F GRAVE		1. *
Yes RESTORER	USAR	Ce	emetery Leyte #1,	P.I.		PLOT N	io. RO	W No.	GRAVE No. 5851
TYPE OF RELIGIOUS CEREMONY	PERSON CON	IDUC	TING BURIAL RITES	IF IDENTIFICAT	TON TAGS NOT USED, BURIED WITH BOOY	DESCRIBE	IDENTIF	CATION	DATA AND
				CONTAINERS	SURIED WITH BOOT				
IDENTIFICATION TAG BURIED	WITH LI	DEN'T	IFICATION TAG ATTACHED TO	-					
BODY (Yes or ne)		MAR	KER (Yes or no)						
Yes			Yes						
BODY BURIED ON DECEASED	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL NO.	ORGANIZA	ATION	GRAVI	E No.
		•	-,						
BODY BURIED ON DECEASED	RIGHT, NAME	(Las	t, first, middle initial)	RANK	SERIAL No.	ORGANIZA	ATION	GRAV	E No.
SIGNATURE OF PERSON PREP	ARING REPOR	T		SIGNATOR	PARTY OF THE PARTY IN	REPORT			
JAMES D. MoDE	BRNOT",	H.	dm. Asst.	EN B	. McNEMAR, C	apt.,	ହାୟପ		
DISTRIBUTION OF REPORT through Headquarters GA	: Signed or S Officer. C	igin. Opie	al for U.S. and allied dead, ai se for retention in theater as p	ined original and recoribed by the	d one copy for enemy later commander.	dead, to t	he Quart	er mes	ter General

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	Section 3 NIDENTIFIED	REMAINS.		····	
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will I mains. Fill in anatomic social security number; planes, vehicles, and tan (b) A fingerprint, or chart at left, or as many every tooth will be indicated.	iks. r prints are the roo	et valuable of all clues	Imprint all fingers ar	nd thumbs in the
LEFT RING FINGER	every tooth will be indica accomplished if one or n	ated on the tooth ch nore fingerprints are COLOR OF EYES	art in accordance with secured. COLOR OF HAIR	diagram below. Tooth	
MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLL	LAUNDRY JES	MARKS	WHERE BODY WAS BURIEF	O OR FOUND
LEFT INDEX FINGER	FILLINGS	SILVER FILL GOLD FILLIN	ing G	؞ۯؙڶؙؙٙڶؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙؙ۠۠۠۠۠۠	.3
THUMB	CAVITIES	CAVIT DECAY	5 7 8	DALA A LA	955 9057 10057 8
RIGHT	CROWNED TEETH	TOOTH MISSI	DIAGRAM	REPRESENTS THE MOUT	H WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	GOLD E	14 14 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	LOWER STANDING	(3) (15 (3) 14 (3) 13 (12)
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COO	RDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED	O CEMETERY
RIGHT RING PINGER	REMARKS:	on Pontle No	coloum INKYO"	1 X-4600 vas re	designated
LITTLE FINGER	Remain leyte ≠1 UNKN			. A-MWO (AB 16	

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(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	•	(AR 30-1810 at		0.00000	ŗl.		
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Imprint Identification T DO NOT TY		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)			SERIAL	No.	
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>	_ 1	GRADE	ORGANIZATION			H OF SERV	
The state of	(0)						
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, ,		RACE	RELIGION		IF OTHER THA	N U. S. DEA UNTRY	LD, GIVE
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PLACE OF DEATH Isol	stod	CAUSE OF DEATH	Unkno	WIII	DATE (OF DEATH	
Burial N.		,					أسد
buga. Levt		Unknown		18 N	4	Mad	4 5.
EMERGENCY ADDRESSEE (Na	me, relationship, as	nd addrese)	. /	£ 4.3	A	:	
T71			1 201	: 		7	16
Unknown		Ti			4	1	11
IDENTIFICATION TAGS FOUN: (1, 2, or none)	D ON BODY	IF NO TAGO FOUND ON BODY, I	DESCRIBE MEANS OF	FIDENTIFICATION (1)	Tedifontified , All	in reference	on frequence)
None			Çs.		6		
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	MA ALV	ì		168	4 /	
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Yes (2)			ee R omer k	ه) () ا	1 '	r	
LIST PERSONAL EFFECTS FOU	IND ON BODY AN	DISPOSITION OF SAME	11 714	70	الماسور		
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Section 2.—BURIAL If oth	er than in estab	lished cometery, furnish state	apt map chidir	nates on referes.			4
NAME, NUMBER, COORDINAT	ES. AND LOCATION	OF CEMETERY	1 /V		•		•
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DATE OF BURNEYS	Lucus	Tourney M. (m				DOW No.	CRAVE NA
DATE OF BURIAGION	HOUR	SURIED IN (Shroud, Nanket, or a	ama of other	TYPE OF GRAVE MARKER		ROW No. DER BAY	GRAVE NO.
14 Jan 48	1000	Casket	i	None	813	K	3447
WAS THIS A REBURIAL?	 	INDICATE NAME, NUMBER, COORD	INATES OF PREVIOU				1 3 1 7 7
(Yes or no) RESTORED					PLOT No.	ROW No.	GRAVE No.
Yes	USAF	Cemetery Leyte ;				<u> </u>	5851
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICATION CONTAINERS BU	N TAGS NOT USED, RIED WITH BODY	DESCRIBE IDEN	TIFICATION	DATA AND
	:		}				
IDENTIFICATION TAG BURIEL	MITCH IDEN	TIFICATION TAG ATTACHED TO	-				
BODY (Yes or no) 376報		KER (Yes or no)					
Yes	[Yes	i				
BODY BURIED ON DECEASED	LEFT, NAME (Last		RANK	SERIAL NO,	ORGANIZATION	GRAY	E No.
eteres			.	4 4 4-4	CO A,		
	<u>bert J.</u>		S/Sgt	367 <i>5</i> 37 <i>5</i> 5			449
BODY BURIED ON DECEASED	RIGHT, NAME (La	et, firet, middle initial)	RANK '	SERIAL NO.	ORGANIZATION	CETI	FNo.
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SIGNATURE OF BERSON PREF	GUERTIN, Earnest G.				Para In	<u> </u>	445
-7/7/7/7/2 PM	SIGNATURE OF GRS OFFICER VERIFYING REPORT						
1 / / / / / / / / / / / / / / / / / / /	PARING REPORT	•		1	S REPORT		ļ
/ X A Labor	NOUT/5.	QMC	ALA	whi	·	INF	:
DISTRIBUTION OF REPORT	NO T/5,	QMC nai for U. S. and allied dead, si es for retention in theater as g	Le 8. P	ANOPIO, 15	t Lt.,	INF	ter General

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LETTLE FINGER	mains. Fill in anatomical characteristics below, a social security number; position of body found in a planes, vehicles, and tanks.	st minute clues for the future identity of unidentified re- and any other clues under "Other," such as shoe size, airplanes, vehicles, and tanks; and serial numbers of air-
RING FINGER	chart at left, or as many as possible. If no finger, every tooth will be indicated on the tooth chart in a accomplished if one or more fingerprints are secur. HEIGHT WEIGHT COLOR OF EYES COLOR	R OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
YGER	WEAPON AND SERIAL NO. LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
MIDDLE FINGER	OTHER IDENTIFICATION CLUES	THERE BODY HAS BURIED OR FOUND
LEFT IMDEX FINGER	FILLINGS SUVED FULLING	
	SILVER FILLING GOLD FILLING	
THU-MB	CAVITIES	UPPER UPPER 3
RIGHT THUMB	CROWNED TEETH	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	LOWER 15 14 14 13 13
-		12 10 2000
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATE	ES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER.	REMARKS: As Der authority lett	er OQMG file QMGMT 293 Egler,
LUTTLE FINGER	Robert L. ASN 36745914 dtd of Interment, Egler, Rober 4600, AGRS Mausoleum, Mani	27 April 1948, Subj. Report t L., is assigned UNKNOWN X-la, P. I.
, a	OMC FORM TO44, TO448 8	TIG TO44B &CCOMPITSHEGS

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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 at		· NORA	GF	eofReport 4 Mar.	_
Imprint Identification 1 DO NOT TY		Section 1.—IDENTIFICATION.					
DO ROLLI	72	NAME (Last, first, middle initial)			SER	IAL No.	
(/	EGLER, Rob	<u>:</u>		1 7	36 745	
I (0	GRADE	ORGANIZATION 182nd	Inf.	- BRA	NCR OF SERVI	IÇE∴ _
 	- 1	S/Sgt.		cal Div.	1	lrmy	
\		RACE	RELIGION		IF OTHER T	HAN U.S. DEA	LD, GIVE
		White	Unknow	Wn /	MAIGE OF		
PLACE OF DEATH Isolated Buri	al N. of	CAUSE OF DEATH		P	DATI	E OF DEATH	
Bugabuga, Ley		Unknown	6	114 /	A A	المر Mat	4 5
EMERGENCY ADDRESSEE (No	sme, relationship, an	d address)		//-		 	!
Unknown		<u> </u>	· · · · · · · · · · · · · · · · · · ·	101	16_	h."_	
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODY	IF NO TAGS FOUND OF BODY, D	EXCRIBE MEANS O	F IDENTIFICATION	nidentified,	fill in section 3	on reserve)
None	7	/ Lecation of		submatted	on ove	rlay//	$\hat{\boldsymbol{a}}$
WERE SUBSTITUTE TAGS PRO	JVIDEDI(Yes or se)	by America	1 pay. / [VXV J	1 31	. 11	1
Yes	<i>J</i>	1/2	JAN.	7	34	1	1
LIST PERSONAL EFFECTS FOR	JND ON BOOY AND	DISPOSITION OF SAME	1000	111	<u> </u>	#	
	_E 5	R ⊘	*, V	01/	<i>*</i>	V	
	BRANC BANC	1.12	W. T				
		None	Ϋ́, , , ,	\mathcal{N}^{\times}	٠.		
Section 2 —RUPLAL I/ otl		Ushed cometery, funcish sketch		inates on reverse.	,		
NAME, NUMBER, COORDINATE			777	MAISS ON PETERS.			
	اري	\$ 1417°	U				
	<u> </u>		MANILA P	<u> </u>			
DATE OF BURIAL	HOUR	BURIED IN (Shrow, blanket, or no	sms of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan.'48	1000	Casket	t !	None	813	NGER BAY	3447
WAS THIS A REBURIAL?	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORD	INATES OF PREVIO	US CEMETERY, AND LO	CATION OF C	RAVE	
Yes	HEAR CE	emetery Leyte #1	I D.T.		PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS	!	TING BURIAL RITES	, 	ON TAGS NOT USED, I	DESCRIBE IN	SATISHES ATION	5851
CEREMONY		III g pariting till are	CONTAINERS BU	URIED WITH BOOY	DESCRIPTION IN		DATA AND
	<u> </u>			142	7.	Ä 3	
DENTIFICATION TAG BURIED BODY (You or no) \$TO		IFICATION TAG ATTACHED TO KER (Yes or no)		[7 F	3	3 6	
Yes		Yes		4.	5 M	ن ن	
BODY BURIED ON DECEASED	LEFT, NAME (Lest,	first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRAVE	E No.
sto HERR, Herbei	nt I.		S/Sgt	36753755	Co A, 132nd	_ =	RYPT
BODY BURIED ON DECEASED		- Com middle initials	RANK				449
\$TO		i, jirin, reman memer			o C,51	lth cav	
GUERTIN, Ear	rnest G.		S/Sgt.	32713617	Para I	nf. 37	445
SIGNATURE OF PERSON PREP	ARING REPORT		SIGNATURE OF G	RS OFFICER VERIFYING	G REPORT		
	O, T/5, Q		<u> </u>	DOMANGEZ,			
DISTRIBUTION OF REPORT through Headquarters GR	: Signed origina RS Officer. Copie	al for U.S. and allied dead, signs for retention in theater as p	ned original and rescribed by thes	one copy for enemy i	dead, to the	Quartermast	ter General

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	Section 3UNIDENTIFIED REMAINS.	
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most mi mains. Fill in anatomical characteristics below, and social security number; position of body found in airple planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable chart at left, or as many as possible. If no fingerprint every tooth will be indicated on the tooth chart in accordaccomplished if one or more fingerprints are secured.	nute clues for the future identity of unidentified re- any other clues under "Other," such as shoe size, ones, vehicles, and tanks; and serial numbers of air- of all clues. Imprint all fingers and thumbs in the or prints can be secured, the condition of each and
LEFT RING FINGER	every tooth will be indicated on the tooth chart in accor accomplished if one or more fingerprints are secured. HEIGHT WEIGHT COLOR OF EYES COLOR OF I	
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. LAUNDRY MARKS OTHER IDENTIFICATION CLUES	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	FILLINGS SILVER FILLING	*\0000000
THUMB	CAVITIES CAVITY DECAYED	JOHN JOHN STREET
RIGHT THUMB	CROWNED TEETH CONNECTION	DIAGRAM REPRESENTS THE MOUTH WIDE GPEN .
RIGHT INDEX PINGER	BRIDGE WORK	LOWER 14 14 14 15 12 12 12 12 12 12 12 12 12 12 12 12 12
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FO	OR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:	
LITTLE FINGER		- ,

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WD QMC FORM 1042 (Rev. 1 Apr. 1948)	REPORT OF	INTERMEN		DATE	OF REPORT	
(Supersedes GRS Form 1)	(AR 30-1810 a		-	21	L Dec	45
Imprint Identification Tag If Possible. DO NOT TYPE	Section 1.—IDENTIFICATION			. !		
	NAME (Last, first, middle initial))		SERIA	L No.	
RCEERT L. EGLER 36745914	EGLER, Rober	t L			745	914
[/	GRADE	ORGANIZATION 182nd	Ind Cold	Ja BRAN	CH OF SERV	ICE
\	S/Sgt		al Div	A	rmy	
\	RACE	RELIGION		OTHER TH	IAN U. S. DE/ OUNTRY	AD, GIVE
	WHITE		(NAME OF C	OUNIKY	
PLACE OF DEATH Isolated Buri		<u> </u>	0 1	DATE	OF DEATH	
N.of Bugabuga, Leyte	Ţ	Uia	The same	- ₹ .		11.
P. I. EMERGENCY ADDRESSEE (Name, relationship, of	nd address)	7/11	<u> </u>	14	MAY	73
/	() /) .	1 / 1		WI		rom
REBECCA EG 46 IDENTIFICATION TAGS FOUND ON BODY	IF NO TAGS FOUND IN BODY.	pende	nce/ AV	ROOK	FORD,	JLL,
(1, 2, or none)		5	A = A + A B	hunidentified, fi	llain section 3	on reverse)
None	Location of by Americal		umnitated o	n overl	47 W	I
WERE SUBSTITUTE TAGS PROVIDED (Pes or NO) January 1	10/		13 X	T	
Yes	1		(2n)	1	V	
LIST PERSONAL EFFECTS FOUND ON BODY AN	D DISPOSITION-OF SAMEY	7/7/	, KO;	(Ž
100 x 73	/\	1 //	<i>.</i> }/-	,		
None	· • • •	Au V	-			
		<u> </u>				
Section 2.—BURIAL. If other than in outs.		h and map coord	netes on reverse.		·	
NAME, NUMBER, COORDINATES, AND LOCATION USAF C	emetery Leyte #:	1, P.I.				
DATE OF BURIAL HOUR	BURIED IN (Shroud, blanket, or n	same of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
19 Dec 45 1500	shelter halve	e	Reg Cross			5851
WAS THIS A REBURIAL? (Yes or No)	INDICATE NAME, NUMBER, COORS	DINATES OF PREVIO	OUS CEMETERY, AND LO	OCATION OF G	RAVE	
Yes 1:250.0	o. Approach Char 00, M11013.05 E	124 ⁰ 27.03		PLOT No.	ROW No.	GRAVE No.
	CTING BURIAL RITES	IF IDENTIFICATION	ON TAGS NOT USED,	DESCRIBE IDE	NTIFICATION	DATA AND
_	-	CONTAINED BY	THE WITH BOOT	V	AR 23	
	TIFICATION TAG ATTACHED TO RKER (Yes or no)	-				10
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Las	BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		SERIAL No.	ORGANIZATIO	N GRAVI	E No.
	,	!				
unknown x-329	,				58	350
UNKNOWN X-329 BODY BURIED ON DECEASED RIGHT, NAME (Le	st, first, middle initial)	RANK	SERIAL NO.	OBGANIZATIO	<u>;</u>	
	•	i	SERIAL No. 35553121	orcanizatio 182 In Amer D	GRAVI	
BODY BURIED ON DECEASED RIGHT, NAME (Le	•	Sgt		Amer D	GRAV	E No.
Jagodzinski, Edmind signature of person preparing report	•	Sgt	35553121	Amer D	SRAVI SIV 51	E No. 3 52

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		Section UNIDENTIFIE	D REMAINS,	<u> </u>		
<u></u>	LEFT LEFT	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified re mains. 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 air planes, 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 an				
1946	RING	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.				
 	LEST RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OF	(TATIOUS
		WEAPON AND SERIAL NO.	LAUNDR	Y MARKS	WHERE BODY WAS BURIE	ED OR FOUND
-	LEFT MIDDLE FINGER	ATUED INCIDENTIFICATION OF LIFE				
		OTHER IDENTIFICATION CL	* ,	- 	found on bod	l
	LEFT INDEX FINGER	FILLINGS	SILVER FIL		found on boo	.3
	LEFT	CAVITIES	T SAVE	VED 5	AND THE PROPERTY OF THE PROPER) 0 5 7 7
	RIGHT	MISSING TEETH CROWNED TEETH	TOOTH MISS	D IAGRAI	M REPRESENTS THE MOU	TH WIDE OPEN
	RIGHT INDEX FINGER	BRIDGE WORK	GOLD GOLD		LOWER STANDARD	13 312
4	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MA	P REFERENCE AND CO	ORDINATES FOR BURIAL	IN OTHER THAN ESTABLISHE	DIN FILINGS
	RIGHT RING FINGER	REMARKS:			, -	
	RIGHT LITTLE FINGER	CONDITION O OTHER MEANS	F BODY PRE OF IDENTI	CLUDED FINGI FICATION.	ERPRINTING, A	ND