

FILE IDENTIFICATION TOPPER

FILE NUMBER

2934unk Leyte #1 X-734

SUBJECT

Formerly manila Manila X-4581 B.

/drs 1	Interred 13 April 1950 L 16 22 Ft McKinley <i>caremark</i> CARL R. H. MARK Cemetery Superintendent		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE				
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81368		DATE 10 04 50 <small>DAY MONTH YEAR</small>		
NAME UNKNOWN X-734		SERIAL NUMBER		GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 913	DISPOSITION OF REMAINS 7701 80 <small>CODE DIST. CTR.</small>		
SECTION B — CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)			
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME UNKNOWN X-734		SERIAL NUMBER		GRADE	DATE OF DEATH 28 Oct 1949		DATE DISTINTERRED
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL Shelter Half				CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION Formerly X-4581⁶ Maus							
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 28 Oct 1949		BY		GERARD A BRICK			
CASKET SEALED BY GERARD A BRICK				EMBALMER (Signature) s/ Gerard A Brick			
CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 28 Oct 49 Sgt.1c, RA				SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
S/ L. W. Richardson, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR							
REMARKS AND SPECIAL INSTRUCTIONS <div style="text-align: right;"> NAT FILE RECORDS ANNOTATED DATE <u>22 May 1950</u> NAME <u>Jarris</u> BR. MEM. DIV. </div>							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

ED BY PHILCOM

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81368

DATE

10 04 50
DAY MONTH YEAR

NAME

UNKNOWN X - 734

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

913

DISPOSITION OF REMAINS

7701
CODE

80
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

**UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*1160 5-25-50
M. J. ...
...*

AIRMAIL

QUINT 293
GRS Far East

20 March 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-3758, AGRS Maus. Manila, form. X-96, USAF Cem. Leyte #1, Unit 2, Page 6

Unknown X-3759, AGRS Maus. Manila, form. X-101, USAF Cem. Leyte #1, Unit 2, Page 6

Unknown X-2836, AGRS Maus. Manila, form. X-415, USAF Cem. Leyte #1, Unit 2, Page 12

Unknown X-3686, AGRS Maus. Manila, form. X-505, USAF Cem. Leyte #1, Unit 2, Page 12

Unknown X-704, USAF Ce. Leyte #1, form. X-2849-A, AGRS Maus. Manila, Unit 2, Page 14

✓ Unknown X-734, USAF Cem. Leyte #1, form. X-4581-B, AGRS Maus. Manila, Unit 2, Page 14

Unknown X-5225, AGRS Mausoleum Manila, P.I., Unit 9, Page 9

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

B.A.Kazup:lrc
Salsar
JW
cc--Administrative Section
cc--Cinefe

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

JMN
TEC

AIRMAIL

293 with copy of X-734 USAF Cem. Leyte #1

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GEPE 293

APO 900

SUBJECT: Unidentifiable Remains

1 MAR 1950

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 QMGSU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGNS 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-415 Leyte #1

X-704

X-3686 AGNS Wslm

X-3758

UNKNOWN X-3759 AGNS Wslm

X-4581-8

X-5225

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

FOR THE COMMANDING OFFICER:

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7748 01936		DATE 15 01 49		
				DAY	MONTH	YEAR
NAME	SERIAL NUMBER UNKNOWNB-004581	GRADE	ARM 0	RACE 0	RELIGION 6	
CEMETERY MANILA MAUS NO 1 P I	PLOT 802	ROW E	GRAVE 1593	DISPOSITION OF REMAINS		
				CODE 7701	DIST. CTR. 80	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS	UNKNOWN		NAME AND TITLE	
<input type="checkbox"/> MARKER				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES <i>(Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)</i>	
<i>(Deleted)</i>	
<i>(X- 734 Logte)</i>	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRAVING RECORDS

REMARKS AND SPECIAL INSTRUCTIONS

FILE
APR 13 1950

[Handwritten Signature]

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

24 Feb 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-734, Plot _____,
Row _____, Grave 913, USMC USAF Gen Leyte #1, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

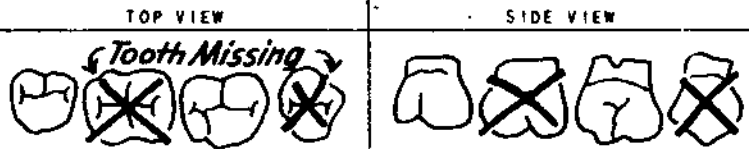
Incl:
Form 1044


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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4581-B				2. DATE OF REPORT 27 February '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT HANGAR	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	802	E	1593	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U. T. D.					
14. WAS BODY BURNED?		TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. WAS BODY MANGLED?		TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E					

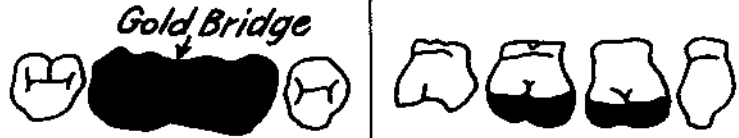
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



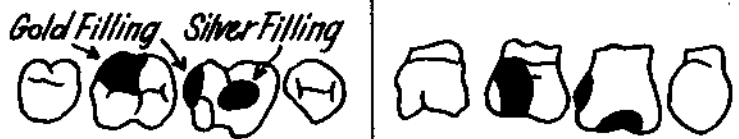
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



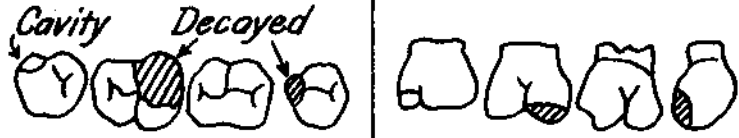
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



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



	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>Missing</i>								<i>P</i>	<i>P</i>	<i>P</i>	<i>Ad</i>	<i>Gold</i>	<i>A</i>	<i>Missing</i>	
Side View																
Top View																
Side View																
	<i>Mandible</i>								<i>Missing</i>							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

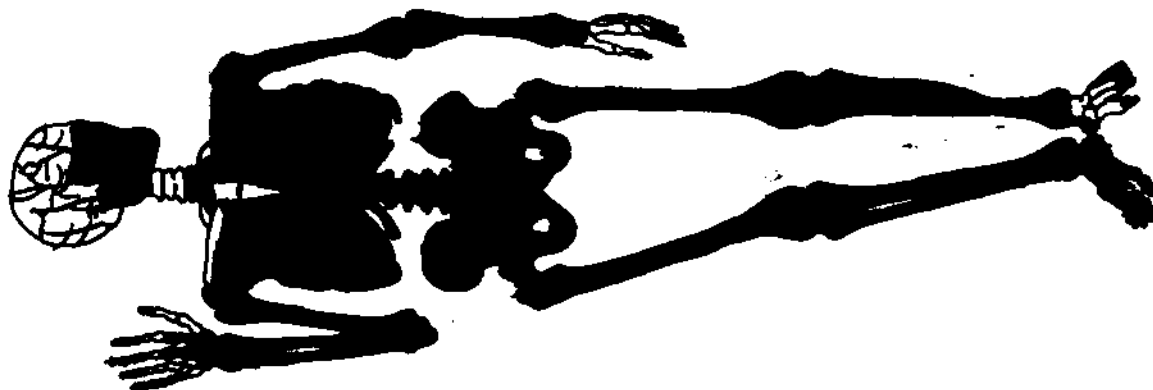
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla from R1 - R8 L7 - L8 and Mandible from R16 - L16 are missing. No loose teeth are present with remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects, or other
means of identification found with remains.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
RECORDED TO THE BEST OF MY KNOWLEDGE



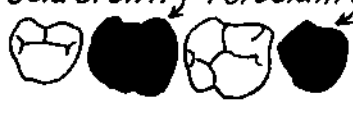







TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section







SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

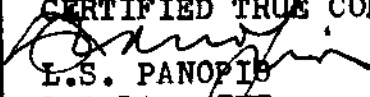
1. REMAINS OF UNKNOWN UNKNOWN X-4581-B				2. DATE OF REPORT 22 June 1948	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW E	6. GRAVE 1593	7. DATE OF
				DISINTERMENT	REINTERMENT STORAGE 24 June '48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U.T.D.		9. ESTIMATED HEIGHT U.T.D.		10. COLOR OF HAIR U.T.D.	
11. RACE Unknown					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U.T.D.					
14. WAS BODY BURNED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E					

<p>18. MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>← Tooth Missing →</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Missing</i>								<i>Missing</i>							
															
															
															
<i>Mandible</i>								<i>Missing</i>							
16	15	14	13	12	11	10	9	9	10	11	12	13	15	16	

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

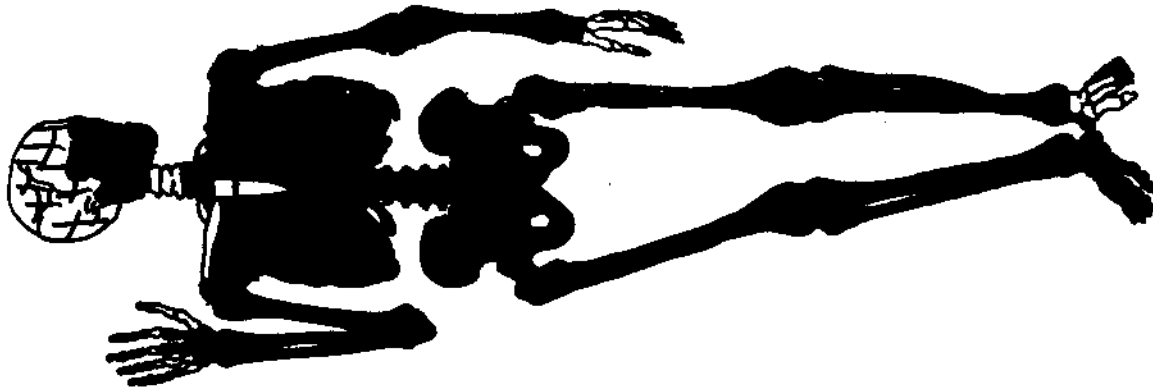
REMARKS: Maxilla from R1 - R8 L7 - L8 and Mandible from R16 - L16 are missing. No loose teeth are present with remains.

CERTIFIED TRUE COPY:

 L.S. PANOPIS
 1st Lt., INF

s/ Sgt Joseph D Murphy

19. BLACK OUT PARTS OF BODY NOT RECORDED

3 Cervical Vert.



20.

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Skull fragments.
 Estimated weight of remains 1 lb.
 No ROI bottle nor Ident. tag found with remains.
 Unable to determine the height due to condition
 of remains.

See attached statement of CIP Laboratory
 dated 22 June 1948.

CERTIFIED TRUE COPY:

[Signature]
 L.S. PANOPYO
 1st Lt., INF

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
 RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
 p/ EDWARD F. MORIARTY Emb Sup
 CIP Laboratory, Manila, P.I.

SIGNATURE
 s/ Edward F. Moriarty

CENTRAL IDENTIFICATION POINT
AGRS, APO 707
NICHOLS FIELD, MANILA, P.I.

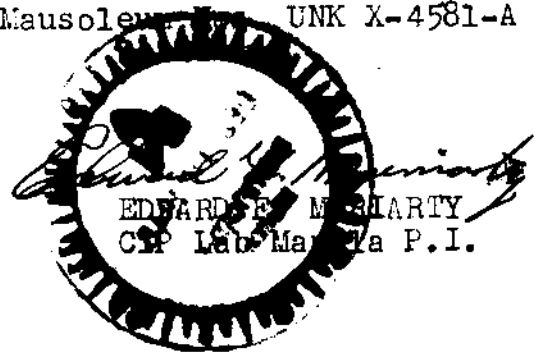
22 June 1948

S-T-A-T-E-M-E-N-T

In processing the remains of CARTER, Creed D. 35103179, S/Sgt. Med. Det., 149 Inf. Regt., 38 Inf Div. it was determined that there was almost one complete remains, but portions of two (2) extra remains. With the aid of Forms 79 and 371 for CARTER, it was definitely established that identification was substantiated and therefore reestablished. Consolidation of the alleged 3 extra portion of teeth was made and Carter's teeth were easily identified and the height reaffirmed the positive findings.

It was therefore resolved that CARTER is the correct name as shown on the Ident. tag, and on OQMG form 371 and 79 and not CORTER as written on basic letter. The two extra remains were segregated and assigned Manila Mausoleum UNK X-4581-A and UNK X-4581-B.

G. J. McDERMOTT
G. J. McDERMOTT
Lab. Officer



7 eye

CORRECT

RESTRICTED

QMC Form 1049 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 21 Oct 1949	
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> <p>Printed 1-4581 B 200-E-1075 Carter, C. D. 35103179</p> </div>		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-734 Leyte #1 (Formerly UNKNOWN X-4581 B. AGRS Mausoleum, Manila, P.I.)				SERIAL No. Unknown	
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;">N o n e</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;">AGRS Mausoleum, Manila, P.I.</p>							
DATE OF BURIAL 24 June 48	STORAGE HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. 800	ROW NO. 10B	GRAVE NO.	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT NO.	ROW No.	GRAVE No. 913	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT PAUL R NICHOLS, Chief, Ident. Section			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. B. McNEEMAR, Captain, QMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

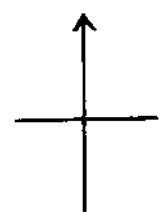
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

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

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

OTHER IDENTIFICATION CLUES

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


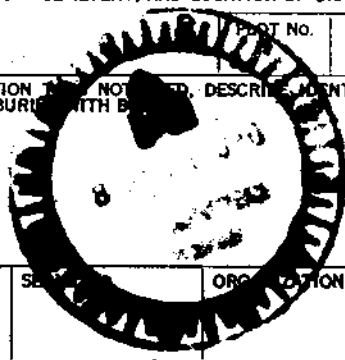


REMARKS: Remains UNKNOWN X-4581 B, AGRS Mausoleum was redesignated UNKNOWN X-734 Leyte #1 to correspond to cemetery where remains was disinterred.

6-1-50

10pm: *[Handwritten]*
RESTRICTED


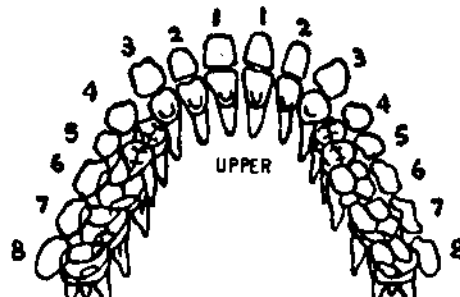




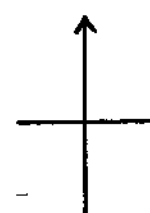
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U-6162

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 28 July 1948	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-4581-B				
		SERIAL NO. Unknown				
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME N O N E						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY IGRS MAUSCLEUM, MANILA, P. I.						
DATE OF BURIAL 24 June '48	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. E	GRAVE No. 1593
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT FOUND, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) RESTORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RESTORED UNKNOWN X-4582	RANK					
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RESTORED LOWE, Allen W.	RANK Pfc	SERIAL No. 34915863	ORGANIZATION Co E, 127th Inf. Regt	GRAVE No. 1591		
SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> T.O. AQUINO, T/5 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L.S. PANOPIO, 1st Lt., INF			

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

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RESTRICTED

LEFT LITTLE FINGER	Sectid UNIDENTIFIED REMAINS. INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE				
FULL SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS: Cross check subject case, UNK X-4581-B AGRS Mausoleum, Manila with UNK X-4581-A and Known, CARTER, Creed D. AGRS Mausoleum, Manila.					
QMC Form 1044, 1044a and 1044b accomplished. . .					

20 SEP 1948

RECEIVED
 SEP 15 1948
 INFORMATION