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|   |                              |                              | SECTION D — PREPA   | RATION OF             | REMAI                       | OF REMAI        | HIPMENT<br>INS      | <u> </u> |             |         |            |
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| I hereb                                     | y certify                    | that all the<br>above is cor | foregoing operation | s were C              |                             |                 |                     |          |             |         | ſ          |
|   |                              |                              | _                   | s                     | / :                         | L. W.           | Richard             | son,     | M/Sg        | t, R    | A A        |
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\*MOM! 293 GRS Far East I dent

9 February 1950

JMN

TEC

SUBJECT: Identification of World War II Deceased

TO:

Commanding Officer

American Graves Registration Service

Philcom Zone

APO 900, c/o Postmester San Francisco, California

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

Unknown X-736, Leyte #1, Formerly X-4890, AGRS Maus. Manila X-3748B. "

> Unknown X-5214, AGRS Maus. Manila, formerly X-3812C, AGRS Maus. Manila X-5215. " X-381.2E, "

> > T. H. METZ

Lt. Colonel, QMC

Memorial Division

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

FOR THE QUARTERMASTER GENERAL:

D. A. Kazup:lak

Salser

J. Windsor

CC: CINCEE

cc: Administrative Section

AIRMAIL

### AIRMAIL

OES For Bors Um dand in a history

12 January 1950

MAJNOT: Identification of World War II Decembed

Unknown X-3977, ASES Mausoleum Manila, formerly X-7 USAF Commutery Minschhofen #3. N. G.

Unknown J-3923, ADES Nemecleum Nemtla

- D. Recommendations for Unidentifisbility have been approved by Request your records be amended accordingly. this Office.
- 3. Findings of Unidentifiability, your besignartors, deted 9 and 13 December 1949, for Unknowns 7-4214 and X-4215, ASES Emecleum Menile, and X-736 and X-737, UKAF Cometery Leyte #1, have been suspended. The records of this Office indicate that CAC Forms 1040 are not on file for there Unknown Decembed, therefore, it is requested that Reports of Storage be forwarded as soon as practicable.
- Findings of Unidentifiability, your headquarters, dated 6 Decesber 1940, for Unknown Z-362, Grave 1162, USAF Cemetery, Finechbafen #5, have been suspended. The records of this Office indicate that a 940 Com 1043 is not on file for this Unknown Decoased. A further search of rocords indicatos that Unicama X-543, Grave 1460, USAG Pinschhafen #6. formerly X-2701-A. ASES Vansolous Manila, and previously interred as X-94, Finechhafen (5, was approved as Unidentificble by letter this Office. dated 16 September 1949. In view of the above, it is requested that your headquarters conduct an investigation to clarify the above.

NOR THE QUESTIONARY & CONTRACT

T. H. HUZZ Lt. Colonal. GAC Memorial Division

- M. A. Kazupidel
- C. Selser
- J. Windsor

Our furnished CINGFO. APO 500

AIRMAIL

and Transle x J (A)

()/()/(2 **20**); ()/() **Far** Tos**t** 

Li Jennery 1960

SUBJECT: Identification of World War II Deceased

201

Commanding Officer
American Graves Registration Service
Philoom Lone
APO 900, c/o Postmaster
San Francisco, Palifornia

1. Reference is made to findings of Unidentifiability for the following Unknown December

Unknown X-3724, ANDS Managlaum Manile, formerly X-29, UNAT Cometary Leyto #1

Unknown Z-C725, ASRS Mausoleum Manila, formerly Z-30, UNAN Cometery Leyto #1

Unimove %-3406, ADES Nameoleum Menila, formerly X-340, USAF Cemetery Layse #1

Unknown 2-3769, AGRS Mausoleum Mamila, formerly 2-360, USAF Comptery Leyte #1

Unknown I-718, WEAF Cometery Leyte #1, formerly X-8405-E, A088 Manusleum Menile.

Unknown X-727, USAY Cometery Leyte #1, formerly 1-4894, ACRS Manusoleum Manila

Unknown X-708, USAN Cometery Leyte Øl. formerly Aegen. R. O.. ACRS Manusolous Menila

Unknown X-730, USAF Cometery Peyto #1, formerly RIEDROWICE, C.J., AGRS Mausolous Mentle

Unknown X-1086, AGRS Hausoleum Mandla, formerly X-72, USAN Genetary Finschhafen #2, N. O.

Unknown X-3562, AGRS Mausoloum Manila, formerly X-186, USAF Genetary Pinschhafen, #2, N. G.

### AIRMAIL

GRPZ 293

APO 900 22 December 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:

| UNKNO W | X-342  | Finsch | ı <b>#</b> 5 | UNKNOWN | X-3582         | AGRS        | Mslm  |
|---------|--------|--------|--------------|---------|----------------|-------------|-------|
| If      | X-517  | AGRS N | islm         | If.     | X-3724         | II.         | Ħ     |
| ti      | X-718  | Leyte  | #1           | I\$     | X-3725         | ß           | 11    |
| н       | X-727  | Ħ      | Ħ            | £!      | X-3769         | Ħ           | 14    |
| п       | X-728  | n      | #            | . #     | X-3923         | 15          | Ħ     |
| А       | X-730  | H      | II           | u       | X-3977         | 11          | Ħ     |
| Ħ       | X-736_ | Ħ      | Ħ            | #       | X-4141         | Mani]       | La #2 |
| ŧı      | X-737  | II.    | Ħ            | tt .    | <b>X-</b> 4669 | <b>AGRS</b> | Mslm  |
| II .    | X-1086 | AGRS   | Mslm         | 1t      | X-4670         | 11          | II    |
| u       | X-1397 | if     | 91           | It      | X-4691         | Ħ           | tl    |
| Ħ       | X-2431 | В      | 14           | tt .    | X-5214         | 11          | 11    |
| If      | X-2816 | н      | 11           | n       | X-5215         | 11          | 11    |
| 7.10    | X-3406 | 11     | 11           | 11      | <b>X-</b> -5   |             |       |

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

FOR THE COMMANDING OFFICER:

25 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
lst Lt., Infantry
Adjutant

, 0 P

# HEADQUARTERS PHILOM ZONE AMERICAN GRAVES REGISTRATION SERVICE

|           | 13 Dec 1949  |
|-----------|--|
|           | Date   |
| SUBJECT:  | Unidentifiable Remains   |
| TO:       | The Quartermaster Washington 25, D. C. Attn: Memorial Division |
|           | The records pertaining to Unknown X-736, Plot,                 |
| Row       | , Grave 570 , USMC Leyte #1 have                               |
| been revi | ewed 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

Received 4 Jan. 1950 0010

Not identifiable from Intotration presently Feb. 1950 cvaliable EA Karp

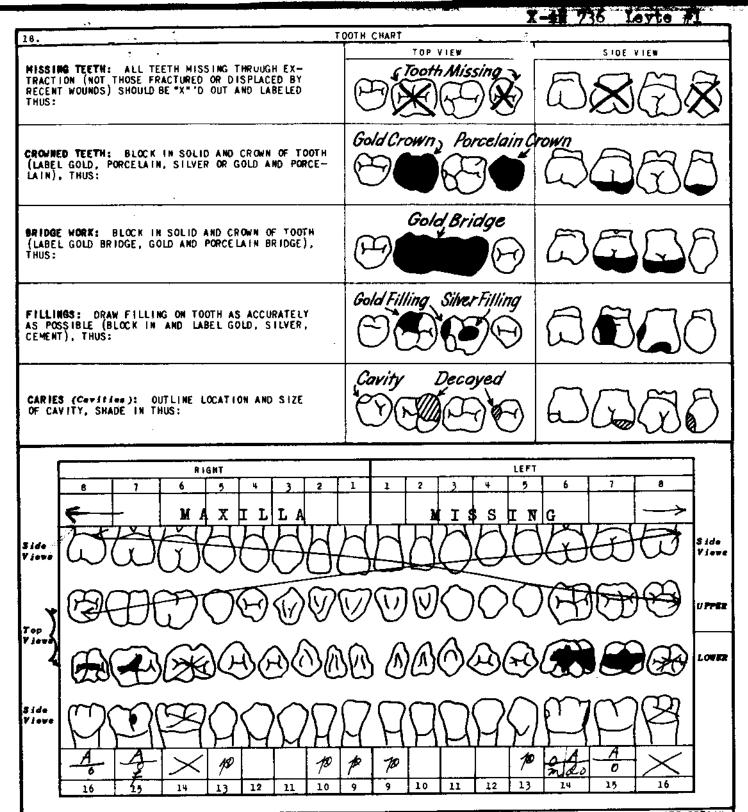
Chief, Records Branch

| H 10N LOR OF HAIR UTD                   | 6. GRAVE   | 7. DA DISINTERMENT                    | TE OF REINTERNE                         |
|---|------------|---------------------------------------|---|
| H<br>ION<br>LOR OF HAIR<br>UTD<br>MAINS | 2412       | 7. DA DISINTERMENT  11. RACE  Unit    | REINTERMEI                              |
| H<br>ION<br>LOR OF HAIR<br>UTD<br>MAINS | 2412       | DISINTERMENT                          | CHOWN                                   |
| TON<br>LOR OF HAIR<br>UTD<br>MAINS      |            | lii. RACE Unit                        | cnown                                   |
| TON<br>LOR OF HAIR<br>UTD<br>MAINS      |            | Uni                                   |   |
| TON<br>LOR OF HAIR<br>UTD<br>MAINS      |            | Uni                                   |   |
| UTD MAINS                               | AINED FROM | Uni                                   |   |
| MA I NS                                 | AINED FROM |                                       |   |
|   | AINED FROM |                                       |   |
| RMATION OBT                             | AINED FROM | OTHER SOURCES                         | ·                                       |
| RMATION OBT                             | AINED FROM | OTHER SOURCES                         | ;                                       |
| RMATION OBT                             | AINED FROM | OTHER SOURCES                         | ;                                       |
|   |            |                                       |   |
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|   |            |                                       |   |
|   |            |                                       |   |
| E                                       | E          |                                       | E S FOUND, SHOWING THE TYPE, COLOR, SIZ |

NONE

## "UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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."

Maxilla and maxillary teeth missing. REMARKS:

"UNIDERTIFIABLE"

PAUL R NICHOLS Chief, Ident. Section

auf Richalo

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

X-736 Leyte #1 19. BLACK OUT PARTS OF BODY NOT RECO" "ED Broca Scale Rollet Table Tibia 37.6 172 cm. Radius 25.9 180 " Ulna Average height in cm. 176 or 5'9 1/4" MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein megregation in whole or parts is impossible) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE 1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_ OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

### "UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

1 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, Ident. Sec.

Saufk. Hichalo

|                               | IDENTIFI                       | CATION DA      | LTA .      |                                  |   |                             |
|-------------------------------|--------------------------------|----------------|------------|----------------------------------|---|-----------------------------|
| 1. REMAINS OF UNKNOWN UNKNOWN | x-4890                         |                | · · · ·    | <del></del>                      | 2. DATE OF RE<br>23 Aug                 |                             |
| 3. NAME OF CEMETERY           |                                |                | 5. ROW     | 6. GRAVE                         | 7. DAT                                  | E OF .                      |
|                               |                                |                | SER BAT    | CRIFE                            | T 1 S I WI E K WENI                     | 女での物本の。                     |
| AGRG Mausoleum, Mar           | nila, P.I.                     | 810            | H          | 2412                             | 23 Dec 47                               | 23 Aug 48                   |
| B. ESTIMATED WEIGHT           | PHYSICA<br>9. ESTIMATED HEIGHT | AL DESCRIPTION |            |                                  | 11. RACE                                |                             |
| UTT                           | 51 921                         | 1              | TD         |                                  | Unkn                                    | own                         |
| 12.GIVE DESCRIPTION OF ANY    |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               | NONE                           |                |            |                                  |   |                             |
|                               | NOME                           |                |            |                                  |   |                             |
|                               |                                | ***            | <u> </u>   |                                  |   |                             |
| 13.GIVE DESCRIPTION OF TATT   | DOS OR SCARS ON BODY AND/OF    | R SUCH INFORMA | TION OBTA  | INED FROM                        | OTHER SOURCES                           |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               | UTD                            |                |            |                                  |   |                             |
| 14. WAS BODY BURNED?          | TO WHAT EXTENT?                |                |            |                                  |   |                             |
| TES TES NO                    |                                |                |            |                                  |   |                             |
| 15. WAS BODY MANGLED?         | IO WHAT EXTENT?                |                |            |                                  | •                                       |                             |
| YES TO NO                     | ALEN FRACTIOES AND RONE NA     | I FORMATIONS   |            | ···                              | ·                                       |                             |
| 10. DESCRIBE EVIDENCE OF HE   | ALEO PARCIONES AND BONE HAI    | LI ON HAY TONG |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               | NONE                           |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                | 11             |            |                                  |   |                             |
|                               | lry morks are indistinct sw    | ch notation e  | hould be a | ING THE IT<br>B <b>ade and B</b> | PE, COLOR, SIZ<br><i>pecimen ferwer</i> | E, MARKINGS,<br>ded through |
| channels for exemination      | on when facilities are not .   | available in   | the area)  |                                  |   |                             |
| '                             |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               | NONE                           |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
| ,                             |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
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|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  |   |                             |
|                               |                                |                |            |                                  | • ,                                     |                             |
|                               |                                |                |            |                                  |   | •                           |
|                               |                                |                |            |                                  | ٠,                                      |                             |
| 1                             |                                |                |            |                                  |   |                             |

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

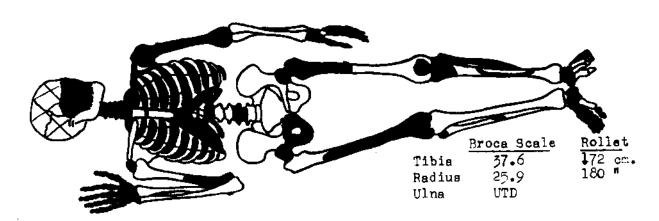
REMARKS: Maxilla and maxillary teeth missing.

ANDREY S. ROBSON

Capt., QMC

s/ Joseph D. Murphy Cpl.

TO. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height in cm 176 or 5 92".

20 -

### MASS BURIAL CERTIFICATE (IP 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:

SIGNATURE OF MEDICAL OFFICER

#### 21. REMARKS AND ADDITIONAL INFORMATION

In processing the remains of ROWE, Richard A. extra bones were found, therefore, they were segregated and designated the extra as Unk X-4890. (Refer to ROWE, Richard A).

No identification tag, ROJ, bottle, personal effects or other means of identification found with remains.

Approximate weight of remains 3 lbs.

Unable to determine the circumference of skull due to condition of remains.

GERTIFIED TRUE COLY:

DREW S. ROBSON

Capt.,

QMC

1 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. MCPIAPTY, Emb. Sup.

OIF LAB., Manila, P.I.

SIGNATURE

s/ Edward F. Moriarty

7th Ind

GRPZR 293 ROWE, Richard A

Headquarters, PHILCOM Zone, American Graves Registration Service AFO 900, 11 August 1948

TO: Commanding Officer, AGRS Mausoleum, AFO 900

- 1. The remains stored in Hangar 810, Bay M, Crypt 4143, as Richard A. ROWE (B) have been identified as 1st Lt. Richard A. ROWE, 0754672.
- 2. It is requested that the remains stored in the above location as Richard A. ROWE (A) be redesignated as Unknown and Report of Storage submitted to this office with the return of this correspondence.

Incls: n/c

/t/ ELEE L. TYLER Major, Infantry Chief, Records Branch

CERTIFIED TRUE COPY:

ANDREW S. ROBSON

Capt., Q1/O

| D. | 7 |
|----|---|
| 0  | ~ |

| /gyc   | CORRE               | CTE RESTI  | RICTED                       | of C                                     |                     |                            | BK                     |
|--|---------------------|--|------------------------------|--|---------------------|----------------------------|------------------------|
| QMC Form 104<br>(Rev. 1 Apr. 1946)   | 29                  | REPORT OF  | INTERME                      | NT CTOPAGE                               | DATE                | OF REPORT                  |                        |
| (Rev. 1 Apr. 1946)<br>(Supersedes GRS Form<br>Rev. of 1 Apr. 45, which may | 1, and<br>be used.) | (AR 30-1810 a                                      | nd AR 30-1                   | NT<br>1815)STORAGE                       | 13                  | B Dec 19                   | 94 <b>9</b>            |
| Imprint Identification<br>DO NOT T   |                     | Section 1.—IDENTIFICATION.                         |                              |  |                     |                            |                        |
|  |                     | NAME (Last free, middle initial)<br>UNK NOWN X-736 | Leyte #1                     | (Formerly UNK                            | X SERIA             | L No.                      |                        |
| <b>(</b> )// -   | `                   | 4890, AGRS Mau                                     | soleum, M                    | anila, P.I.)                             |                     | known                      |                        |
| <b>√</b> √ ′   | 0                   | GRADE  | ORGANIZATIO                  | )N                                       | BRAN                | CH OF SERVI                | CE                     |
|  | J                   | Unknown  | Unkn                         | OWN                                      | Un                  | known                      |                        |
|  |                     | RACE   | RELIGION                     |  | IF OTHER TH         | AN U.S. DEA                | D, GIVE                |
|  |                     | Unknown  | Unkn                         | .own                                     |                     |                            |                        |
| PLACE OF DEATH   |                     | CAUSE OF DEATH                                     | <u>,</u>                     |  | DATE                | OF DEATH                   |                        |
| Libagon, Leyt  | e. P.I.             | Unknown  |                              |  | 11                  | lan auan                   |                        |
| EMERGENCY ADDRESSEE (N   |                     |  | <del></del> .                |  | i on                | known                      | · · · · <del>- ·</del> |
|  |                     | 17 <u>m</u> 1-uu                                   |                              |  |                     |                            | ^                      |
| IDENTIFICATION TAGS FOU  | ND ON BODY          | Unknown IF NO TAGS FOUND ON BODY,                  | DESCRIBE MEANS               | S OF IDENTIFICATION (                    | f unidentified. fil | l in section s             | on reverse)            |
| (I, S, er none)  |                     |  |                              | •  | ,, ,                |                            | <i></i>                |
| None<br>were substitute tags pr  | OVIDED2/V           | See Remarks no) COMPLETED TOOTH CHART O            | S ONC TOPM 10                | AS ATTACHED HERETO                       |                     |                            |                        |
| WERE SUBSTITUTE TROOP IN   | OFIDEDIQTES OF      | NO) COMPLETED 7007H CHARLE                         |                              | A TINCHED TAILETO                        |                     |                            |                        |
| Yes (2)<br>LIST PERSONAL EFFECTS FO  |                     | YES  | NO NO                        |  |                     |                            |                        |
| Section 2.—BURIAL. If or<br>NAME, NUMBER, COORDINA                         |                     |  |                              |  |                     | <u>-</u>                   |                        |
|  | Lucia               | AGRS MAUSOLEU                                      |                              |  | I DI OT MA          | 50W No.                    | l oneue au             |
| DATE OSTORAGE  | HOUR                | BURIED IN (Shroud, blanket, or n                   | ame of other)                | TYPE OF GRAVE<br>MARKER                  | PLOT NO.            | ROW No.<br><b>ER BAY C</b> | GRAVE NO               |
| 23 Aug 48  | 1100                | Casket   |                              | None                                     | 81C                 | H                          | 2412                   |
| WAS THIS A REBURIAL?<br>(Yet or noneSY母亲更)                                 | IF A REBURIA        | IL, INDICATE NAME, NUMBER, COORS                   | NINATES OF PRE               | VIOUS CEMETERY, AND I                    | PLOT No.            | RAVE NO.                   | GRAVE NO               |
| Yes  | USAF C              | em <b>etery</b> Leyte#1, P.I                       | •                            |  | 1201 110.           |                            | 570                    |
| TYPE OF RELIGIOUS CEREMONY   | PERSON CONE         | DUCTING BURIAL RITES                               | IF IDENTIFICATION CONTAINERS | ATION TAGS NOT USED,<br>BURIED WITH BODY | DESCRIBE IDE        | NTIFICATION                | DATA AND               |
|  |                     |  |                              |  |                     |                            |                        |
| IDENTIFICATION TAG BURIE<br>BODY (Yes or no)                               |                     | ENTIFICATION TAG ATTACHED TO MARKER (Yes or no)    |                              |  |                     |                            |                        |
| Yes  |                     | Yes  |                              |  |                     |                            |                        |
| BODY BURIED ON DECEASE   | LEFT, NAME (L       | qri, first, widdle initial)                        | RANK                         | SERIAL No.                               | ORGANIZATIO         | N GRAV                     | E No.                  |
| BODY BURIED ON DECEASE   | RIGHT, NAME (       | (Last, first, middle initial)                      | RANK                         | SERIAL NO.                               | ORGANIZATIO         | N GRAV                     | E No.                  |
| Sull Proper  | RING REPORT         |  | SIGNATULE                    | F GRS OFFICER VERIFYII                   | NG REPORT           |                            |                        |
| PAUL R NICHOL  | S, Chief,           | Ident. Section                                     | H. B.                        | McNEMAR, Capt                            | ain, QMC            |                            |                        |

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

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 LEFT Middle Finger OTHER IDENTIFICATION CLUES 죑 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY 24 JAN 1950 Identification Section Remains Manila Mausoleum UNKNOWN X-4890 was redesignated UNKNOWN X-736 Leyte #1 to correspond to cemetery where remains was disinterred. QMC Forms 1044, 1044a and 1044b accomplished.

| .*  | CORRECT                           | REST                                  | FRICTED   |  |                                |             |             |  |  |
|---|-----------------------------------|---------------------------------------|---|--|--------------------------------|-------------|-------------|--|--|
| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)    |                                   | REPORT (                              | OF INTERMEN   | IT STORAGE                             | DATE                           | OF REPORT   | •           |  |  |
| (Supersedes GRS Form 1)                   |                                   | (AR 30-1810                           | and AR 30-1   | 815)                                   | ļı                             | ეეთა 3      | L\$49       |  |  |
| Imprint Identification Ta<br>DO NOT TYP   |                                   |                                       | <del>`</del>  |  | <u> </u>                       |             |             |  |  |
|   |                                   |                                       | NAME (Last, first, middle initial)  UNKNOWN X-736 Legue 1.c. 1 (Formerly UNK X- |  |                                |             |             |  |  |
|   | \                                 | \ \ 4890, AGRS 18                     |   |  |                                | hknovn      |             |  |  |
| >   |                                   | GRADE                                 | ORGANIZATION  |  |                                | ICH OF SERV | ICE         |  |  |
| (   | 0                                 |                                       |   |  |                                |             |             |  |  |
| 1   |                                   | / Unknown                             | - Jnl   | enown                                  | ្រ                             | nknown      |             |  |  |
|   | /                                 | RACE                                  | RELIGION  |  | IF OTHER TH                    | IAN U.S. DE | AD, GIVÉ    |  |  |
|   |                                   | Unknown                               | Jnk   | cnown                                  | ,,,,,,,                        |             |             |  |  |
| PLACE OF DEATH                            |                                   | CAUSE OF DEATH                        | CAUSE OF DEATH  |  |                                |             |             |  |  |
| Libagon, Leyte                            | , F.I.                            | Unknovm                               |   |  | U                              | nknown      |             |  |  |
| EMERGENCY ADDRESSEE (Name                 | e, relationship,                  | , and address)                        |   |  | <u> </u>                       |             |             |  |  |
|   |                                   | Unknown                               |   |  | ,                              |             |             |  |  |
| IDENTIFICATION TAGS FOUND (1, 2, or none) | ON BODY                           | IF NO TAGS FOUND ON BOD               | Y, DESCRIBE MEANS   |  | (If unidentified, for TRUL COP |             | on reserse) |  |  |
| None                                      |                                   | See Remarks                           |   |  | inos cor                       | 1.          |             |  |  |
| WERE SUBSTITUTE TAGS PROV                 | IDED?(Yes or 1                    |                                       |   | 18                                     | MINU                           | Mu          |             |  |  |
|   |                                   |                                       |   | M                                      | B. McNE                        | MAR         |             |  |  |
| Yes (2)                                   | · · · · · · · · · · · · · · · · · |                                       |   | Ç                                      | aptain                         | ્યુΙઉ       |             |  |  |
|   |                                   | None                                  |   |  |                                |             |             |  |  |
| · · · · · · · · · · · · · · · · · · ·     |                                   | tablished cametery, furnish ak        | etch and map coor   | dinates on reverse.                    |                                |             |             |  |  |
| NAME, NUMBER, COORDINATES                 |                                   |                                       |   |  |                                |             |             |  |  |
|   |                                   | M, MANHA P.                           |   |  |                                |             |             |  |  |
| DATE OF BURSTORAGE                        | HOUR                              | BURIED IN (Shroud, blanket, a<br>東京日本 | or name of other)   | TYPE OF GRAVE<br>MARKER                | PLOT No.                       | ROW No.     | GRAVE NO    |  |  |
| 23 Aug 48                                 | 1100                              | Casket                                |   | None                                   | 810                            | H           | 2412        |  |  |
| WAS THIS A REBURIAL? (Yes or no) PESTOREP | IF A REBURIA                      | L, INDICATE NAME, NUMBER, CO          | ORDINATES OF PREV   |  | LOCATION OF G                  | RAVE        |             |  |  |
| Yes                                       | USAF                              | Cemetery Leyte Ho                     | . 1, P.I.   | •                                      | PLOT No.                       | ROW No.     | GRAVE NO    |  |  |
| <del></del>                               | PERSON COND                       | DUCTING BURIAL RITES                  | IF IDENTIFICAT  | TION TAGS NOT USED<br>BURIED WITH BODY | ), DESCRIBE IDE                | NTIFICATIO  |             |  |  |
| CEREMONT                                  |                                   |                                       | CONTAINE  | BONIED WITH DOD!                       |                                |             |             |  |  |
| IDENTIFICATION TAG BURIED                 |                                   | ENTIFICATION TAG ATTACHED TO          | _   |  |                                |             |             |  |  |
| Yes                                       | "                                 | MARKER (Yes or no) Yes                |   |  |                                |             |             |  |  |
| BODY BURIED ON DECEASED L                 | FET NAME (7.                      |                                       | RANK  | SERIAL No.                             | ORGANIZATIO                    | ON GRAV     | Æ No.       |  |  |
| ta in                                     |                                   | names get sug erroreure vicestose/    |   |  | ,                              |             | 772         |  |  |
| BODY BURIED ON DECEASED R                 | IGHT, NAME (                      | (Last, first, middle initial)         | RANK  | SERIAL No.                             | ORGANIZATIO                    | ON GRAY     | VE No.      |  |  |
|   |                                   |                                       |   |  |                                |             |             |  |  |
| SIGNATURE OF PERSON PREPA                 | RING REPORT                       | <u> </u>                              | SIGNATURE OF  | GRS OFFICER VERIFY                     | ING REPORT                     | •           |             |  |  |

/s/t/PAUL R. NICHOLS, Chief, Ident. Section /s/t/ H. B. McN MaR, Captain, Jill

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

|                        | Section                                  | -UNIDENTIFIED  | REMAINS.   |                      |               |              |                      |                      |      |
|------------------------|--|--|--|----------------------|---------------|--------------|----------------------|----------------------|------|
| LEFT<br>LITTLE FINGER  | (a)<br>mains.<br>social sec<br>planes, v | Fill in anatomic<br>curity number;<br>ehicles, and tai<br>A fingerprint, o   | lentity of unidentifie<br>ther," such as shoe<br>nd serial numbers or<br>ngers and thumbs in   | size.<br>fair-       |               |              |                      |                      |      |
| RING                   | every too<br>accomplis                   | th will be indicated and in the state of the | r as many as possible. If no fingerprint or prints can be secured, the condition of each be indicated on the tooth chart in accordance with diagram below. Tooth chart will if one or more fingerprints are secured. |                      |               |              |                      |                      |      |
| LEFT<br>RING FINGER    | HEIGHT                                   | WEIGHT   | COLOR OF   | EYES                 | COLOR OF HAIR |              | BIRTHMARKS, SC       | CARS, OR TATTOOS     |      |
|                        | WEAPON A                                 | ND SERIAL No.  | <u>,                                      </u>   | LAUNDRY              | MARKS         |              | WHERE BODY WA        | S BURIED OR FOUND    |      |
| LEFT<br>MIDDLE FINGER  | OTHER IDE                                | ENTIFICATION CLI   | UES  | <del></del>          | <u>-</u>      |              |                      | <del></del>          |      |
| LEFT<br>INDEX FINGER   | FILLIN                                   | igs .  | SiL  | VER FILL<br>O FILLIN | ING<br>IG     |              | 3,305                | الأمة                |      |
| LEFT<br>Thumb          | CAVITI                                   | ES   |  | CAVIT<br>DECAV       |               | 7            | O O O O O            |                      |      |
| RIGHT                  |  | ED TEETH   |  | TH MISSI             |               | DIAGRAM      | REPRESENTS TH        | E MOUTH WIDE OPE     | N !! |
| RIGHT<br>INDEX FINGER  | BRIDGE                                   | E WORK   |  | GELAIN C<br>LD CROV  | /H            | 15\<br>14    | LOWEI                | 15<br>14<br>13<br>13 |      |
| RIGHT<br>MIDDLE FINGER | FURNISH S                                | KETCH AND MAP  | REFERENCE  | AND COO              | RDINATES F    | OR BURIAL II | N OTHER THAN ESTA    | ABLISHED CEMETERY    | _    |
| RIGHT<br>RING FINGER   | REMARKS:                                 | 3 Amain  |  | la Sa                |               | - <u>-</u>   | ΣI <b>X−4</b> 890 ÷π | ac redésignat        | ed.  |
| RIGHT<br>LITTLE FINGER |  | CNOWN X-73<br>s disinter   | 36 Layte<br>rred.  | e No.                | 1 to 0        | orrospo      |                      | tery where ro        |      |

IDENTIFICATION TAG BURIED WITH BODY (Yee or no) . 東京資本資金 IDENTIFICATION TAG ATTACHED TO MARKER (Yes or 70) Yes Yea GRAVE No. SERIAL NO. ORGANIZATION BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK CRY US Naval Ai Base #3149 2414 JUSTON, Thomas E. SF lc 6135834 ORGANIZATION GRAVE No. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. 動でなっ、 96th Engr 34416425 Regt\_ 2410 Pvt COOKSY, Robert SIGNATURE OF GRS OFFICER VERIEY ING REPORT SIGNATURE OF PERSON PRIPARING REPORT Me Seconde. McDERMOTT, Capt., QMC Adm., Asst

|                     |        | Suction — UNIDENTIFIED REMAINS.   |                               |         |                         |       |                     |                               |               |                       |
|---------------------|--------|---|-------------------------------|---------|-------------------------|-------|---------------------|-------------------------------|---------------|-----------------------|
| LITTLE FINGER       | LET .  | 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 |                               |         |                         |       |                     |                               |               |                       |
| LEFT<br>RING FINGER |        | every tooth will be indicated on the tooth chart in accordance accomplished if one or more fingerprints are secured.  HEIGHT WEIGHT COLOR OF EYES COLOR OF  |                               |         |                         |       |                     |                               |               |                       |
| G R                 | 3      | WEAPON AND  | AND SERIAL, No. LAUNDRY MARKS |         |                         |       | WHERE BODY W        | HERE BODY WAS BURIED OR FOUND |               |                       |
| MIDOLE FINGER       | LEFT   | OTHER IDENT   |                               | JES     |                         |       |                     |                               |               |                       |
| NDEX FINGER         | LEFT   | FILLINGS  | <u></u>                       | Sal Sal | LYER FILL<br>DLD FILLIN | ing   |                     | 3-200                         | الأم          |                       |
| T E MB              | LET .  | CAVITIES  | ;                             |         | CAVIT<br>DECAY          |       |                     |                               |               | 6 7 7                 |
| 3 HUMO              | RIGHT  | MISSING   | {                             | Re      | POTH MISSI              |       | DIAGRAM             | REPRESENTS T                  | HE MOUTH WIDI | ) •<br>E OPE#<br>) 16 |
| NDEX FINGER         | RIGHT  | BRIDGE W  | ORK S                         |         | GOLD E                  |       | 15 (§<br>14 (<br>13 | , O 000                       |               | is<br>,               |
| MIDDLE FINGER       | RIGHT  | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  REMARKS: In processing the remains of ROWE, Richard A. It CIF Laboratory, Manila, extra bones were found, segregating the extra bones and designate them as Unknown X-4890, (Subject case), AGRS Mausoleum, Manila. Refer to ROWE, Richard A. See 7th Ind., GRPZR 293, Hq, Philcom Zone, AGRS, AFO 900, dtd Aug 48 attached.  REMARKS:  |                               |         |                         |       |                     |                               |               |                       |
| To Street           | RIGHT  |   |                               |         |                         |       |                     |                               |               |                       |
| LTTLE FINGER        | RIGHT. | QMC 1   | Form No                       | 1044,   | 1044-A                  | and l | С44-В вс            | complishe                     | d•            |                       |