

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ank. Seyte #1 X-737

SUBJECT

Also Manila Manus. X-3748-B

Handed Seyte #1 X-23

<b>1</b>	Interred 27 Feb 1950 C 11 58 Ft. McKinley <i>Car R Mark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent		PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81034</b>	
NAME		SERIAL NUMBER	GRADE	ARM
✓ <b>UNKNOWN X - 737</b>				
CEMETERY		PLOT	ROW	GRAVE
<b>USAF CEMETERY LETTE NO. 1, P. I.</b>				<b>562</b>
		DISPOSITION OF REMAINS		
		<b>7701</b>		<b>80</b>
		CODE		DIST. CTR.
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>				
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN	
<b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			<b>(BY ADMINISTRATIVE DECISION)</b>	
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>				
NAME		SERIAL NUMBER	GRADE	DATE OF DEATH
<b>UNKNOWN X-737</b>				
DATE DISTINTERRED				
<b>14 Dec'49</b>				
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER				<b>GERARD A BRICK</b> Embalmer
		NAME AND TITLE		
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>				
NATURE OF BURIAL			CONDITION OF REMAINS	
<b>Shelter Half</b>			<b>Skeletal</b>	
OTHER MEANS OF IDENTIFICATION				
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)				
REMAINS PREPARED AND PLACED IN CASKET				
DATE <b>14 Dec'49</b>		BY <b>GERARD A BRICK</b>		
CASKET SEALED BY		EMBALMER (Signature)		
<b>GERARD A BRICK</b>		<b>s/ Gerard A Brick</b>		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY		
DATE <b>14 Dec'49</b> by <b>RAYMOND H TANGUAY</b> Sgt 1c, RA		<b>L. W. RICHARDSON, M/Sgt, RA</b>		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
<b>s/ L. W. Richardson, M/Sgt, RA</b> SIGNATURE OF AGRS INSPECTOR				
REMARKS AND SPECIAL INSTRUCTIONS				

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. Hark</i>	DATE <b>FEB 27 1950</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

3

DISINTERMENT DIRECTIVE

PREPARED BY DUILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7710 81034

17 02 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 737  
SERIAL NUMBER: [blank]  
GRADE: [blank]  
ARM: [blank]  
RACE: [blank]  
RELIGION: [blank]

CEMETERY: USAF CEMETERY LITTLE NO. 1, P. I.  
PLOT: [blank] ROW: [blank] GRAVE: 562  
DISPOSITION OF REMAINS: 7701 00  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY  
PT. SAN MATEO, P. I.  
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [blank] SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: [blank]

IDENTIFICATION TAG ON: [blank] ORGANIZATION: [blank] RELIGION: [blank] IDENTIFICATION VERIFIED BY: [blank]  
 REMAINS  
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank] CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

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

REMARKS: [blank]

REMAINS PREPARED AND PLACED IN CASKET  
DATE: [blank] BY: [blank]

CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]  
DATE: [blank] BY: [blank]

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: [blank]

REMARKS AND SPECIAL INSTRUCTIONS: [blank]

FILE RECORDS ANNOTATED

RECORD OF CASIFORMS MAINTAINED

Form # 393

AIRMAIL

QMGMT 293  
GRS Far East

*Ident*

9 February 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-736, Leyte #1, formerly X-4890, AGRS Maus. Manila  
" X-737, " " " X-3748B, " " "

*273*

*Manila*

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

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

FOR THE QUARTERMASTER GENERAL:

E. A. Kazup:lak  
Salser  
J. Windsor

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

JMN

TEG

cc: Administrative Section

CC: CINCPAC

AIRMAIL

**AIRMAIL**

FORM 233

12 January 1950

GHS Form 233 *Unidentifiable*  
SUBJECT: Identification of World War II Deceased

Unknown X-3977, AGNS Mausoleum Manila, formerly X-7 USAF Cemetery Finschhafen #8, N. G.

Unknown X-3973, AGNS Mausoleum Manila

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

3. Findings of Unidentifiability, your headquarters, dated 9 and 12 December 1949, for Unknowns X-4214 and X-4215, AGNS Mausoleum Manila, and X-736 and X-737, USAF Cemetery Leyte #1, have been suspended. The records of this Office indicate that GAO Form 1042 are not on file for these Unknown Deceased, therefore, it is requested that Reports of Storage be forwarded as soon as practicable.

4. Findings of Unidentifiability, your headquarters, dated 5 December 1949, for Unknown X-342, Grave 1162, USAF Cemetery, Finschhafen #8, have been suspended. The records of this Office indicate that a GAO Form 1042 is not on file for this Unknown Deceased. A further search of records indicates that Unknown X-342, Grave 1450, USMC Finschhafen #8, formerly X-3701-A, AGNS Mausoleum Manila, and previously interred as X-94, Finschhafen #8, was approved as Unidentifiable 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.

FOR THE QUARTERMASTER GENERAL:

E. H. ROSE  
Lt. Colonel, GAO  
Memorial Division

E. A. Kaszidal  
C. Nelson  
J. Windsor

Copy furnished CINCPAC, APO 500

**AIRMAIL**

*293 Unknown Memoranda X 737 #11*

# AIRMAIL

FORM 293  
Gen Far East

13 January 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-3724, AGRS Mausoleum Manila, formerly X-39, USAF Cemetery Leyte #1

Unknown X-3725, AGRS Mausoleum Manila, formerly X-30, USAF Cemetery Leyte #1

Unknown X-3406, AGRS Mausoleum Manila, formerly X-340, USAF Cemetery Leyte #1

Unknown X-3769, AGRS Mausoleum Manila, formerly X-360, USAF Cemetery Leyte #1

Unknown X-718, USAF Cemetery Leyte #1, formerly X-3405-B, AGRS Mausoleum Manila

Unknown X-727, USAF Cemetery Leyte #1, formerly X-4594, AGRS Mausoleum Manila

Unknown X-728, USAF Cemetery Leyte #1, formerly Agun. B. O., AGRS Mausoleum Manila

Unknown X-730, USAF Cemetery Leyte #1, formerly KIERNOWICE, C.J., AGRS Mausoleum Manila

Unknown X-1086, AGRS Mausoleum Manila, formerly X-72, USAF Cemetery Finschhafen #2, N. G.

Unknown X-3583, AGRS Mausoleum Manila, formerly X-156, USAF Cemetery Finschhafen, #2, N. G.

# AIRMAIL

GRPZ 293

APC 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:

UNKNOWN	X-342	Finsch #5	UNKNOWN	X-3582	AGRS	Malm
"	X-517	AGRS	Mslm	"	X-3724	" "
"	X-718	Leyte #1	"	X-3725	" "	
"	X-727	" "	"	X-3769	" "	
"	X-728	" "	"	X-3923	" "	
"	X-730	" "	"	X-3977	" "	
"	X-736	" "	"	X-4141	Manila #2	
"	X-737	" "	"	X-4669	AGRS	Malm
"	X-1086	AGRS	Malm	"	X-4670	" "
"	X-1397	" "	"	X-4691	" "	
"	X-2431	" "	"	X-5214	" "	
"	X-2816	" "	"	X-5215	" "	
"	X-3406	" "	"	X-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  
1st Lt., Infantry  
Adjutant

C  
O  
P  
Y



1. FILE UNDER NO. 293 - Gnk, Philippine Islands X- 3748-B (Manila, Maus.)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter

3. DATE: 7 Oct 49

4. FROM: OQMG

5. TO: CG, Philippine Command, APO 707, San Francisco, Calif.

6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED

UNDER NO. 293 - GNS, Far East

(0)

ms

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVVS 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-737, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 562, USMC USAF Leyte #1, P.I. \_\_\_\_\_ have  
been reviewed and it is the opinion of this Office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
F. B. MONEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 4 Jan. 1950 OQMG  
Not identifiable from  
information presently  
available 7 Feb. 1950  


**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-737 Leyte #1</b>						2. DATE OF REPORT <b>13 Dec 1949</b>		
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				<b>812</b>	<b>W</b>	<b>5733</b>	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>UTD</b>		10. COLOR OF HAIR <b>UTD</b>			11. RACE <b>Unknown</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p align="center"><b>N O N E</b></p>								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p align="center"><b>U T D</b></p>								
14. WAS BODY BURNED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15. WAS BODY MANGLED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p align="center"><b>N O N E</b></p>								
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  <p align="center"><b>N O N E</b></p>								
<p><b>"UNIDENTIFIABLE"</b></p> <p><b>"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"</b></p>								

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

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
M A X I L L A								M I S S I N G								
																Side Views
																UPPER
																LOWER
																Side Views
M A N D I B L E								M I S S I N G								
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:** No maxillary and mandibular teeth found with remains.

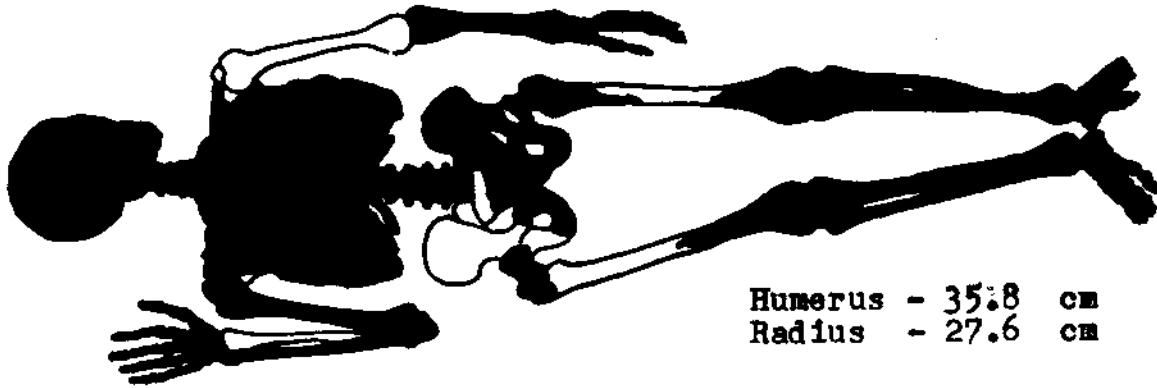
*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Ident. Section

**"UNIDENTIFIABLE"**

**REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

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 ROI, identification tags or personal effects found with remains.  
 Estimated weight of remains - 1 1/2 lbs.

**"UNIDENTIFIABLE"**

NO IDENTIFYING DATA

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

**PAUL R NICHOLS**  
 Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3748-B (Formerly UNK X-23, USAF Cem Leyte #1, P.I.)						2. DATE OF REPORT 13 Feb 48		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				RANGER BAY	CRYPT		DISINTERMENT	REINTERMENT STORAGE
				812	W	5733	23 Dec 47	14 Feb 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD			11. RACE UTD	
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 - Skeletal chart and tooth chart attached								
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								

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

RIGHT								LEFT									
B	7	6	5	4	3	2	1	1	2	3	4	5	6	7	B		
<i>Maxilla</i>								<i>Missing</i>									
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	
SIDE VIEWS																	SIDE VIEWS
<i>Mandible</i>								<i>Missing</i>									
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

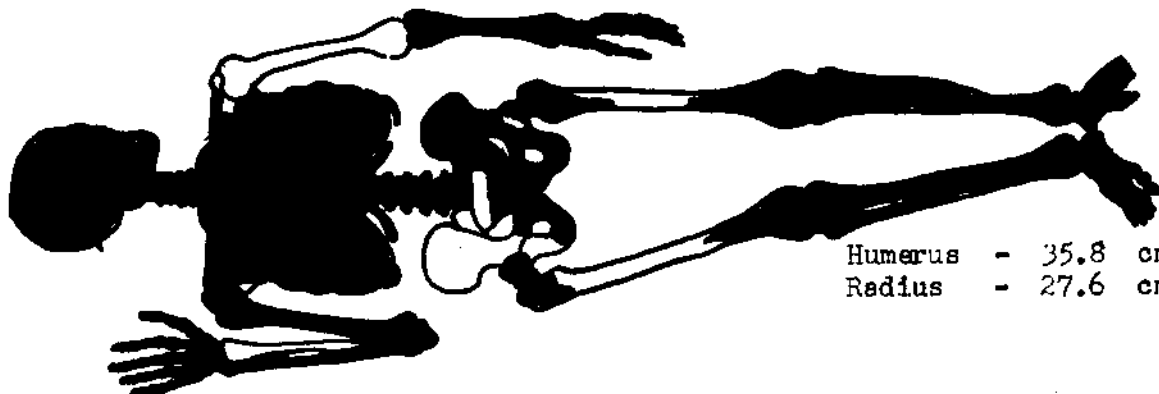
**DENTURES (Prostheses):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:** No maxillary and mandibular teeth found with remains.  
**CERTIFIED TRUE COPY:**

*G. T. Gamboa*  
 G. T. GAMBOA  
 1st Lt MSC

/s/ John J. Connors

## 19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus - 35.8 cm  
Radius - 27.6 cm

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

While processing Unk X-23, USAF Cem Leyte #1, P.I., two (2) remains were found and segregated into Unk X-3748-A, and X-3748-B AGRS Mausoleum, Manila, P.I. No ROI burial bottle, I. D. tags, personal effects, or other means of identification received with remains. No skull nor teeth received. Estimated weight  $1\frac{1}{2}$  lbs. Unable to determine the physical height due to the condition of remains.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G T GAMBOA  
1st Lt MSC

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/ CLEMENT G. SWAN Emb. Sr. Ung C-064862  
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Clement G. Swan



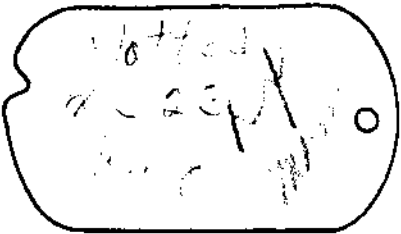
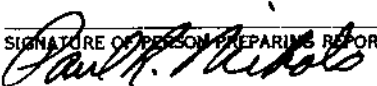

/gyc

CORRECTED

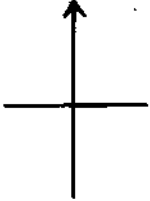
RESTRICTED

23

BK

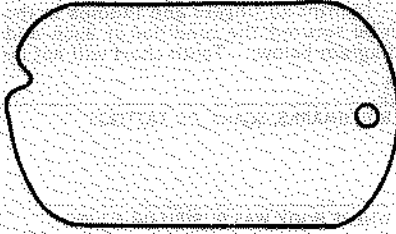

QMC Form 1049 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>			DATE OF REPORT 13 Dec 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <u>UNKNOWN X-737 Leyte #1 (Formerly UNK X-3748-B, AGRS Mausoleum, Manila, P.I.)</u>				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 None						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL STORAGE 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. 5733
WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 562
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  H. B. McNEAR, 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

LEFT LITTLE FINGER	<b>Section 3.—UNIDENTIFIED REMAINS.</b>		
LEFT RING FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.		
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES
LEFT INDEX FINGER			COLOR OF HAIR
LEFT THUMB	BIRTHMARKS, SCARS, OR TATTOOS		
RIGHT THUMB	WEAPON AND SERIAL No.		LAUNDRY MARKS
RIGHT INDEX FINGER	WHERE BODY WAS BURIED OR FOUND		
RIGHT MIDDLE FINGER	OTHER IDENTIFICATION CLUES		
RIGHT RING FINGER			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
RIGHT LITTLE FINGER	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">24 JAN 1950</p> <p style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">Identification Section</p> </div> <div style="text-align: center;">  </div> </div>		
RIGHT LITTLE FINGER	REMARKS: Remains Manila Mausoleum UNKNOWN X-3748-B was redesignated UNKNOWN X-737 Leyte #1 to correspond to cemetery where remains was disinterred.		
RIGHT LITTLE FINGER	QMC Forms 1044, 1044a and 1044b accomplished.		

CORR 10

RESTRICTED

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 13 Dec 1949	
Imprint Identification Tag If Possible DO NOT TYPE  	<b>Section 1—IDENTIFICATION.</b>					SERIAL No.
	NAME (Last, first, middle initial) UNKNOWN X-737 Leyte No. 1 (Formerly UNK X-3746-B, AGRS Mausoleum, Manila, P.I.)					Unknown
	GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	A TRUE COPY:  H. B. McNEEMAR Captain, QMG					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5733
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 No. 1, P.I.					
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. CRYPT		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT		
SIGNATURE OF PERSON PREPARING REPORT /s/t/PAUL R. NICHOLS, Chief, Ident, Section			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/H. B. McNEEMAR, Captain, QMG			
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

Incl # 4

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


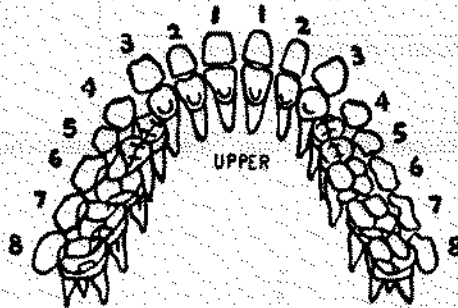

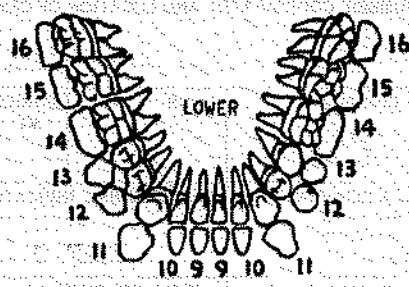



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

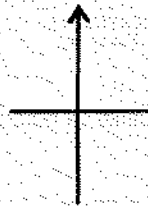
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER		
LEFT INDEX FINGER		
LEFT THUMB		
RIGHT THUMB		
RIGHT THUMB	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>
RIGHT THUMB		
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT MIDDLE FINGER	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
RIGHT THUMB	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT INDEX FINGER	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	

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



REMARKS: Remains Manila Mausoleum UNKNOWN X-3748-B was redesignated UNKNOWN X-737 Leyte No. 1 to correspond to cemetery where remains was disinterred.

QMC Forms 1044, 1044a and 1044b accomplished.

RESTRICTED

JUN 22 1948

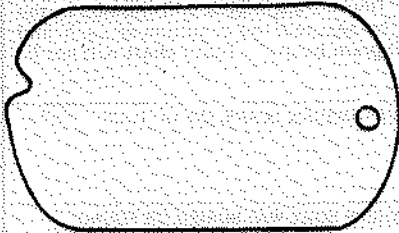
U3045

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  
13 March 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-3748-B (Formerly UNK X-23,  
USAF Cemetery Leyte #1, P.I.)

GRADE  
Unknown

ORGANIZATION  
Unknown

RACE  
Unknown

RELIGION  
Unknown

SERIAL No.  
Unknown

BRANCH OF SERVICE  
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)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)  
Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MAUSGLEUM, MANILA, P. I.

DATE OF BURIAL  
14 Feb 48

HOUR  
1300

BURIED IN (Shroud, blanket, or name of other)  
Casket

TYPE OF GRAVE MARKER  
None

PLOT No.  
812

ROW No.  
W

GRAVE No.  
5733

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.  
562

TYPE OF RELIGIOUS CEREMONY  
PERSON CONDUCTING BURIAL RITES  
IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  
Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  
Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  
UNKNOWN X-3750

RANK  
SERIAL No.  
ORGANIZATION  
GRAVE No.  
5734

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
UNKNOWN X-3748-A

RANK  
SERIAL No.  
ORGANIZATION  
GRAVE No.  
5732

SIGNATURE OF PERSON PREPARING REPORT  
V C AQUINO T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
CALVIN F FINN, Maj., FA

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

Handwritten number 338

**Section 3. IDENTIFIED 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.

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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

LEFT LITTLE FINGER	<p><b>FILLINGS</b> SILVER FILLING GOLD FILLING</p> <p><b>CAVITIES</b> CAVITY DECAYED</p> <p><b>MISSING TEETH</b> TOOTH MISSING</p> <p><b>CROWNED TEETH</b> PORCELAIN CROWN GOLD CROWN</p> <p><b>BRIDGE WORK</b> GOLD BRIDGE</p> <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER	
LEFT MIDDLE FINGER	
LEFT INDEX FINGER	
LEFT THUMB	
RIGHT THUMB	
RIGHT INDEX FINGER	
RIGHT MIDDLE FINGER	

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

REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

**19 MAY 1949**