

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 Umb Leyte #1

x-741

SUBJECT

Also maps Manila x-3271 B

✓ Formerly Leyte #1 x-285

DDMG FORM 1947  
16 JUN 50

ADJUSTMENT OF RECORDS  
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-741

CEMETERY

Leyte Cemetery #1

PLOT

—

ROW

—

GRAVE

5751

- |                                     |                         |                          |               |
|-------------------------------------|-------------------------|--------------------------|---------------|
| <input type="checkbox"/>            | APPROVED IDENTIFICATION | <input type="checkbox"/> | REDESIGNATION |
| <input checked="" type="checkbox"/> | CANCELLATION            | <input type="checkbox"/> | NEW X-NUMBER  |
| <input type="checkbox"/>            | CONSOLIDATION           | <input type="checkbox"/> |               |

REMARKS

Cancelled. Remains  
consol. with other  
Puerto Princesa remains,  
per Philcom Hq, dtd  
30 June 50

Leuck

1	/ebc Interred 23 Feb 1950 N 16 194 Ft. McKinley <i>Carl P. H. Mapk</i> CARL P. H. MAPK Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DISINTERMENT DIRECTIVE		PREPARED BY PHILCOM	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81038		DATE 17 02 50 DAY MONTH YEAR	
NAME UNKNOWN X-741		SERIAL NUMBER		GRADE	ARM	RACE RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 5751		DISPOSITION OF REMAINS 7701 80 CODE 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 UNKNOWN X-741		SERIAL NUMBER	GRADE	DATE OF DEATH		DATE DISTINTERRED 21 Dec'49
IDENTIFICATION TAG ON <input 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 X-3271 Maus.			<i>Cancelled</i>			
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 21 Dec'49		BY GERARD A BRICK		<i>Krusch</i> 6 Sept 50		
CASKET SEALED BY GERARD A BRICK			EMBALMER (Signature) s/ Gerard A Brick			
CASKET BOXED AND MARKED DATE 21 Dec'49 BY RAYMOND H TANGUAY Sgt lc, 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 ✓ NAT FILE RECORDS ANNOTATED DATE 27 Apr 50 NAME R. J. Johns Report BR. MEM. DIV.						

## 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>Robert Mark</i>	DATE <b>FEB 23 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

<b>DISINTERMENT DIRECTIVE</b>							
<b>SECTION A — NAME AND BURIAL LOCATION OF DECEASED</b>		<b>DIRECTIVE NUMBER</b> 7740 81038		<b>DATE</b> 17 02 50 DAY MONTH YEAR			
NAME UNKNOWN X-742		SERIAL NUMBER UNKNOWN		GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 5751		DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>							
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. McKinley, P. I.				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)			
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>							
NAME		SERIAL NUMBER		GRADE	DATE OF DEATH		DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY		
<input type="checkbox"/> REMAINS					NAME AND TITLE		
<input type="checkbox"/> MARKER							
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>							
NATURE OF BURIAL				CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES (Prepare Discrepancy Report OMC 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							
NAT FILE RECORDS ANNOTATED DATE 27 Apr 50 NAME R. J. ... BR. MEM. DIV.							

Serial # 397

AIRMAIL

293 sub. P.I. (misc) names missing  
see list below

FORM 100  
1st War Dept

9 February 1949

SUBJECT: Identification of World War II Personnel

TO: Commanding Officer  
American Graves Registration Service  
Philippine Zone  
APO 800, c/o Postmaster  
San Francisco, California

1. Reference is made to findings of Unidentifiability for the following (names) deceased now stored in the AGRS Memorial Hospital:

Unknown	7-3	1938	Deaths	1
*	1-741	*	*	*
*	1-742	*	*	*
*	1-743	*	*	*
*	1-744	*	*	*
*	1-745	*	*	*
*	1-746	*	*	*
*	1-747	*	*	*
*	1-748	*	*	*
*	1-749	*	*	*

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

FOR THE QUARTERMASTER GENERAL:

H. H. [Name]  
Lt. Colonel, [Rank]  
Memorial Division

W. A. [Name]  
C. [Name]  
J. [Name]

Copies furnished: [Number], APO 800

X 293 sub. P.I. (misc) names missing  
see list below  
196-2-24-49  
[Signature]

GRPZ 293  
(Puerto Princesa POW)

APC 900  
17 January 1950

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 QRCMU 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-738	Leyte	#1	UNKNOWN	X-761	Leyte	#1
"	X-739	"	"	"	X-763	"	"
"	X-740	"	"	"	X-764	"	"
"	X-741	"	"	"	X-765	"	"
"	X-742	"	"	"	X-766	"	"
"	X-743	"	"	"	X-767	"	"
"	X-744	"	"	"	X-768	"	"
"	X-745	"	"	"	X-769	"	"
"	X-746	"	"	"	X-770	"	"
"	X-747	"	"	"	X-771	"	"
"	X-748	"	"	"	X-772	"	"
"	X-749	"	"	"	X-773	"	"
"	X-750	"	"	"	X-774	"	"
"	X-751	"	"	"	X-775	"	"
"	X-752	"	"	"	X-776	"	"
"	X-753	"	"	"	X-777	"	"
"	X-754	"	"	"	X-778	"	"
"	X-755	"	"	"	X-779	"	"
"	X-756	"	"	"	X-780	"	"
"	X-757	"	"	"	X-781	"	"
"	X-758	"	"	"	X-782	"	"
"	X-759	"	"	"	X-783	"	"
"	X-760	"	"				

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

GEFZ 293

(Puerto Princesa POW)

SUBJECT: Unidentifiable Remains

17 January 1950

(Cont'd)

3. The above listed Leyte #1 Unknowns were previously designated X-Numbers with letter suffixes (AGRS Mausoleum) but the dropping of the letter suffix "A" of their former complimentary Unknowns necessitates the reassignment of new Leyte #1 X-Numbers.

4. Corrected Reports of Storage have been prepared indicating the new Leyte #1 X-Numbers which will be forwarded to your office through normal channels.

FOR THE COMMANDING OFFICER:

45 Incls

QAC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
JOHN SHYPULA  
1st Lt., Infantry  
Adjutant



HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

5 Jan 50

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 741, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5751, USMC Leyte #1 have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

  
A. B. MCNEEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 31 Jan 1950 OQMG  
Not identifiable from  
information presently  
available  
7 Feb. 1950  
Ed Kayser

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-741 Leyte #1</b>				2. DATE OF REPORT <b>5 Jan 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>813</b>	<b>H</b>	<b>2431</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 7-5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**


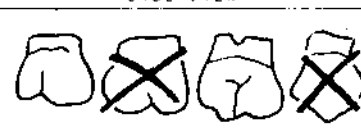






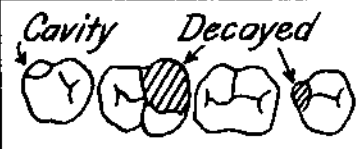

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)





**N O N E**

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	MAXILLA								MISSING								
Side Views																	Side Views
Top Views																	
																	
Side Views																	Side Views
	MANDIBLE								MISSING								
	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 and mandible missing. No maxillary or mandibular teeth found with remains.

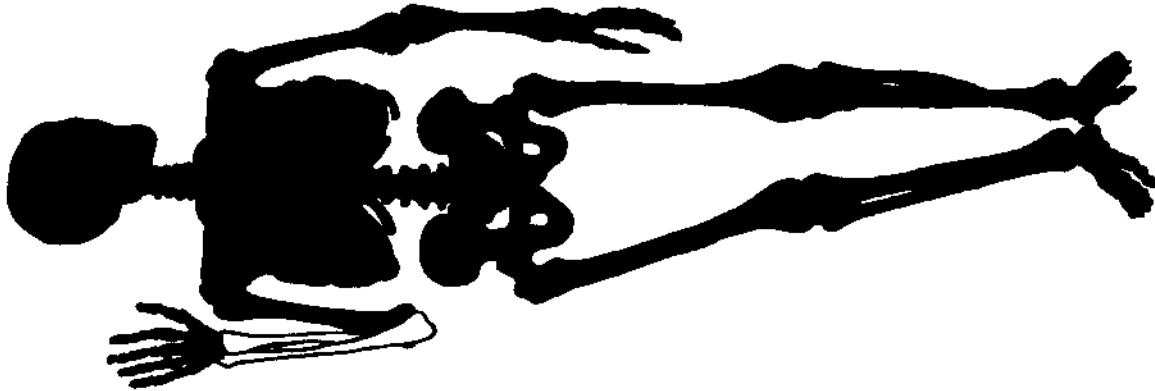
**"UNIDENTIFIABLE"**

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Sec

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 8 oz.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT 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 Sec

SIGNATURE


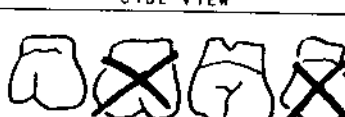








*Paul R. Nichols*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3271-B (Formerly UNK X-285 USAF Cam Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>8 Jan 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>			4. PLOT <b>813</b>	5. ROW <b>H</b>	6. GRAVE <b>2431</b>
			7. DATE OF		
			DISINTERMENT <b>25 Nov 47</b>		REINTERMENT <b>10 Jan 48</b>
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5'7 5/8"</b>		10. COLOR OF HAIR <b>UTD</b>	
11. RACE <b>UTD</b>					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-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 style="text-align: center;"><b>UTD</b></p>					
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  <p style="text-align: center;"><b>UTD</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 style="text-align: center;"><b>N O N E</b></p>					

18.

TOOTH CHART

<p><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>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> 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
M a x i l l a								M i s s i n g							
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side Views</del>															
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

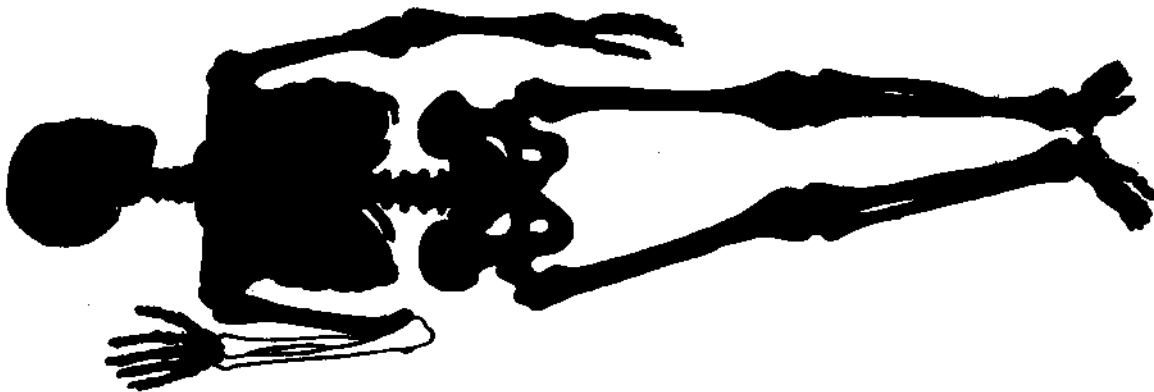
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:** Maxilla and mandible missing. No maxillary or mandibular teeth found with remains.

CERTIFIED TRUE COPY  
*G. T. Gamba*  
 G T GAMBOA  
 2d Lt MSC

Dental Technician: /s/ John H Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

Only 2 pieces of bones were found with remains; one rt. ulna and one rt. radius and the rest are all missing.

Cross check with UNKNOWN X-3271-A.

Circumference of skull in inches is unobtainable due to no skull.

Estimated weight of remains - 8 ozs.

No I. D. tags, personal effects or ROI in bottle found with remains.

CERTIFIED TRUE COPY:

G. T. GAMBOA  
 2d 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/ G. H. BROWN - Emb. Sr.

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ G. H. Brown

hce/

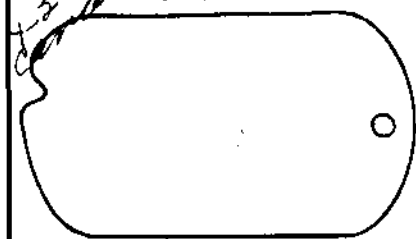
CORRECTED

RESTRICTED

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

5 Jan 1950

Insert Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-741 Leyte #1 (Formerly  
UNK X-3271-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

POW Camp #10, Puerto  
Princesa, Palawan, P.I.

CAUSE OF DEATH

Massacred by Japanese

DATE OF DEATH

14 Dec 1944

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

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 MAUSOLEUM, MANILA P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10 Jan 48	1300	Casket	None	800	10A	

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

PLOT No.

ROW No.

GRAVE No.

5751

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 Sec

SIGNATURE OF OFFICER VERIFYING REPORT


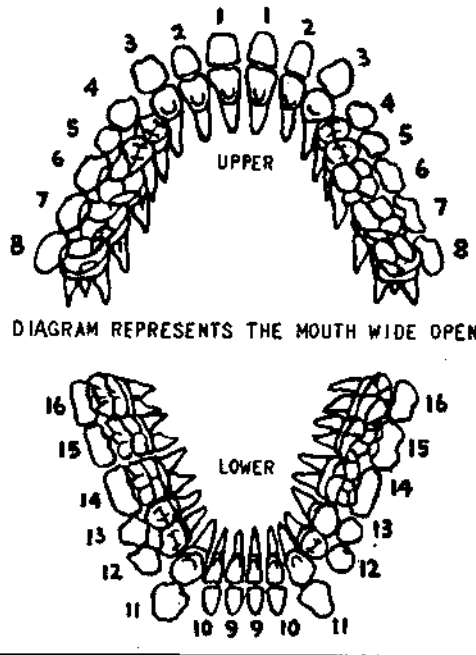





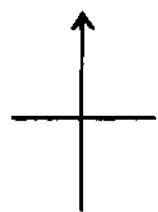

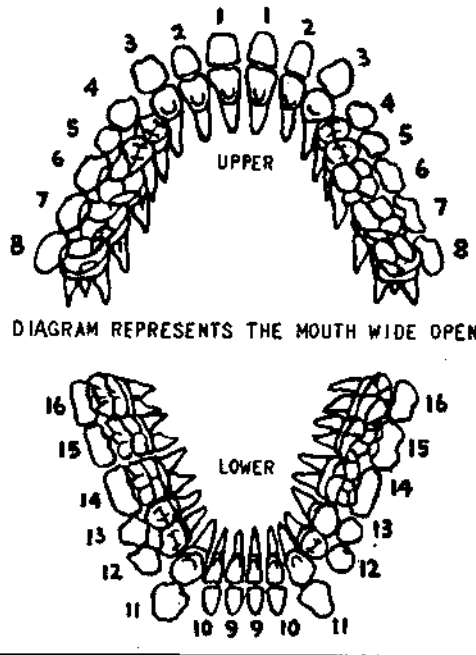





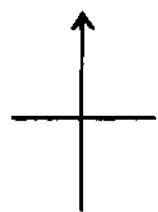

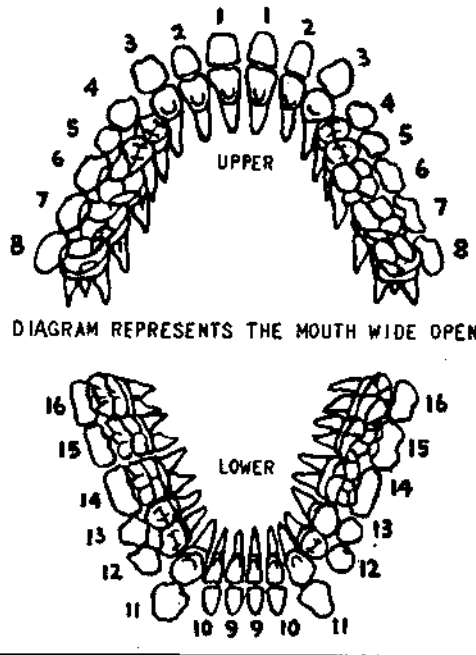





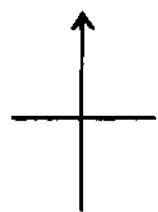
H. B. McEMAR, Captain, OMC

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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10-43097-1




LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>																	
	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														
	OTHER IDENTIFICATION CLUES																	
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING                  GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">                  UPPER                  LOWER                  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY                  DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN                  GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="3">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY   <div style="text-align: center;">                       .....  <b>Identification Section</b> </div> <div style="text-align: right; margin-top: 20px;">  </div> </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align: center;">                       .....  <b>Identification Section</b> </div> <div style="text-align: right; margin-top: 20px;">  </div>		
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LEFT THUMB																		
RIGHT THUMB																		
RIGHT INDEX FINGER																		
RIGHT MIDDLE FINGER																		
RIGHT RING FINGER																		
RIGHT LITTLE FINGER	REMARKS: Remains Manila Mausoleum Unknown X-3271-B (Formerly Unk X-285 Leyte #1) was redesignated Unknown X-741 Leyte #1 to correspond to cemetery where remains was disinterred. QMC Forms 1044, 1044a & 1044b accomplished.																	

20 JAN 1950

APR 23 1948

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U 2235

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		STORAGE		DATE OF REPORT 13 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial) UNKNOWN X-3271-B (Formerly UNK X-285 USAF Cemetery Leyte #1, 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 POW Camp #10, Puerto Pincesa, Palawan, PI.		CAUSE OF DEATH Massacred by Japanese				DATE OF DEATH 14 Dec 44	
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 None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY EGRS MAUSOLEUM, MANILA, P.							
DATE OF BURIAL 10 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. H	GRAVE No. 2431	
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. 5751	
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-3272-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2433	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3270-0			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2429	
SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 2d 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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Incl 1136


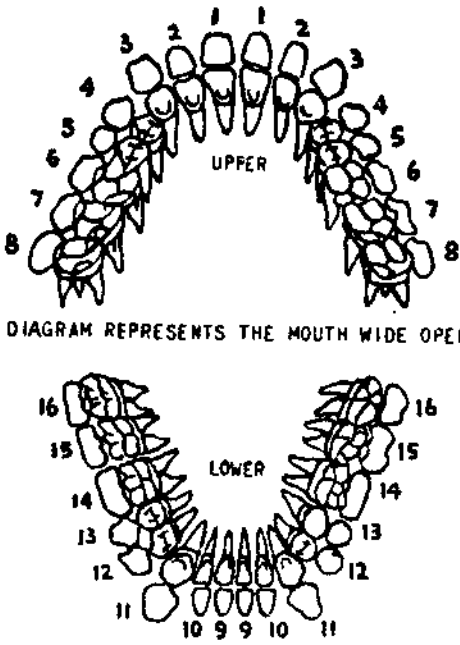




**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

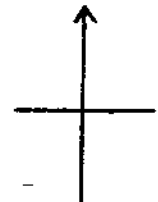
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WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
OTHER IDENTIFICATION CLUES				

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



**REMARKS:** While processing UNK X-285 USAF Cem Leyte #1, at CIP, AGRS Mausoleum, Manila, P.I., another body was determined, hence segregated and designated UNK X-3271-A and X-3271-B. Refer to UNK X-3271-A for original report.

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

9 MAR 1956