

FILE IDENTIFICATION TOPPER

FILE NUMBER

793 week Keyte #1 X-750

SUBJECT

Formerly Maus Manila X-3290E

And Formerly Keyte #1 X-251

COMG FORM 1947
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-750

CEMETERY

Leyte Cem, #1

PLOT

ROW

GRAVE

5735

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

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

Leuk

1	Interred 23 Feb 1950 N 7 194 Ft McKinley <i>Caremark</i>		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE		
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7140 81047		DATE 17 02 50 DAY MONTH YEAR
NAME UNKNOWN X - 750		SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY USAF CEMETERY LETTE NO. 1, P. I.		PLOT	ROW	GRAVE 5705	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-750		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 21 Dec 49
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION X-3290 Maus					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) <i>Cancelled</i>					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 21 Dec 1949		BY GERARD A BRICK		6 Sept 50	
CASKET SEALED BY GERARD A BRICK			EMBALMER (Signature) s/Gerard A Brick <i>Gerard A Brick</i>		
CASKET BOXED AND MARKED DATE 21 Dec 49			SHIPPING ADDRESS VERIFIED BY RAYMOND H TANGUY Sgt. lc, RA L. W. RICHARDSON, M/Sgt., RA		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
s/ L. W. Richardson, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS <div style="text-align: right;">REPATRIATION BRANCH</div>					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U S MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl Amst</i>	DATE FEB 23 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 81047	DATE 17 02 50 DAY MONTH YEAR
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NAME UNKNOWN X - 750	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY LETTE NO. 1, P. I.	PLOT	ROW	GRAVE 5705	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (Signature)
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
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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

Handwritten notes at bottom left

QUART 293
CRS Far East

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 now stored in the AGRS Mausoleum Manila:

Unknown	X-739,	USMC	Leyte	#1
"	X-741,	"	"	"
"	X-742,	"	"	"
"	X-747,	"	"	"
"	X-748,	"	"	"
"	X-749,	"	"	"
"	X-750,	"	"	"
"	X-755,	"	"	"
"	X-758,	"	"	"

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

FOR THE QUARTERMASTER GENERAL:

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

H. A. Kasupidal
C. Salsor
J. Windsor

Copy furnished: CINCPAC, APO 500

X-739, X-741, X-742, X-747, X-748, X-749, X-750, X-755, X-758

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

5 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 750, Plot _____,
Row _____, Grave 5705, 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:


F. MONEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 31 Jan. 1950 OQMG
Not identifiable from
information presently
available - Ed Hayes
Feb. 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-750 Leyte #1				2. DATE OF REPORT 5 Jan 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	I	2763	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 6 1/2"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY WANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


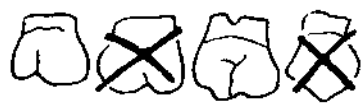




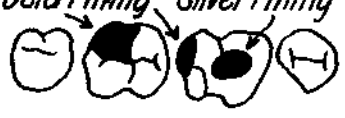

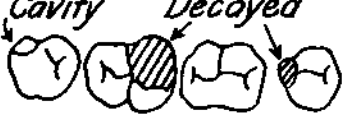

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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

18.

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side View								Side View							
Top View								Top View							
Side View								Side View							
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 teeth found with remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
16 MAR 47

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 - 1/3 lbs.

"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 UNKNOWN X-3290-E (Formerly UNK X-251 USAF Cemetery #1, Leyte, P.I.)				2. DATE OF REPORT 9 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	BANSE 013	BAY I	CRCP 2763	DISINTERMENT 24 Nov 47	REINTERMENT STORAGE 12 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 1/2"		10. COLOR OF HAIR UTD	11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS None					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
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 UTD					
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) None					

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



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



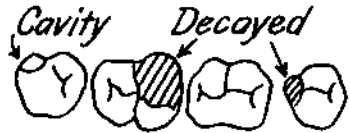
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
Top 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 teeth found with remains.

CERTIFIED TRUE COPY
G. T. Gamboa
 G. T. GAMBOA
 2d Lt., MSC

/s/ James W. McClanahan

RESTRICTED

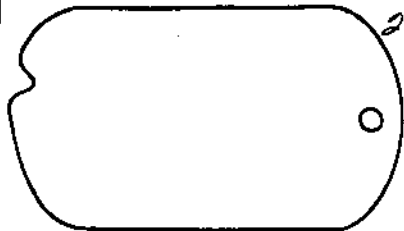
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF ~~IDENTIFICATION~~ STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

DEC 11 1950

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-251 USAF Cem Leyte #1, P. I. (Manila Maus X-3290-A)		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 44
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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) File 293 unk Leyte #1 K-750
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
U. S. ARMY MAUSOLEUM, AGRS-PAZ

DATE OF BURIAL 3 Nov 50	HOUR	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PROVIDED Manila	SECTION Section	GRAVE NO. Casket 209
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.	Range 813	Bay I	Crypt 2759
---	---	--------------------------------	----------------------------	---------------------------------

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) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets	RANK --	SERIAL No. --	ORGANIZATION W.A. N. I. ... 6. Christine ...
---	-------------------	-------------------------	--

SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Stanley E. May, Major, QMC 8 Feb 51
--	--

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

RESTRICTED

Section 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.

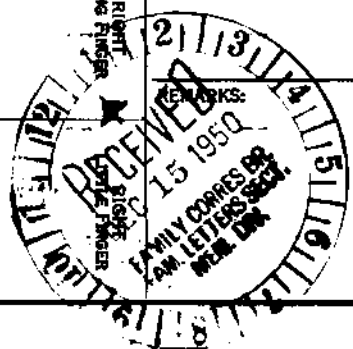
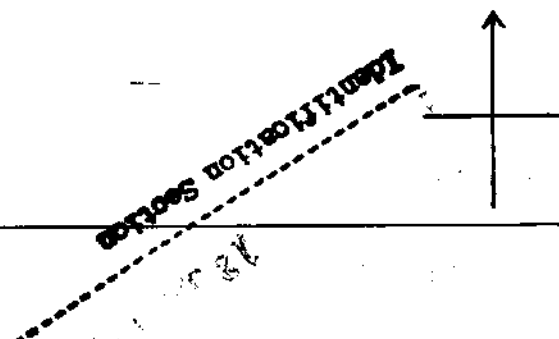
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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




hce/

CORRECTED

RESTRICTED

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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 5 Jan 1950	
Prints Identification Tag if Possible: <input checked="" type="checkbox"/> NO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN I-750 Loyte #1 (Formerly UNK I-3290-A 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 '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)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		See Remarks				
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 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 800	ROW No. 10E	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 5705
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			SIGNATURE OF GRS OFFICER VERIFYING REPORT H. B. McEMAR			
PAUL R. NICHOLS, Chief, Adjutant Sec			H. B. McEMAR, Captain, GRC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 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

Manila Mausoleum by Japanese POW Camp #10, Manila Prisoner, Palawan, P.I.

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

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

6 FEB 1950

Identification Section

REMARKS:

Remains Manila Mausoleum Unknown X-3290-B (Formerly Unk X-251 Leyte #1) was redesignated Unknown X-750 Leyte #1 to correspond to cemetery where remains was disinterred. OMC Forms 1044, 1044a & 1044b accomplished.

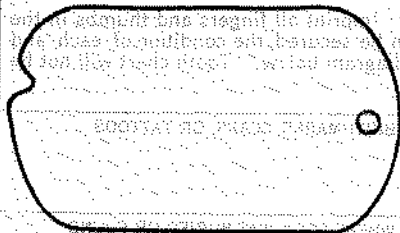
RESTRICTED

U2141

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


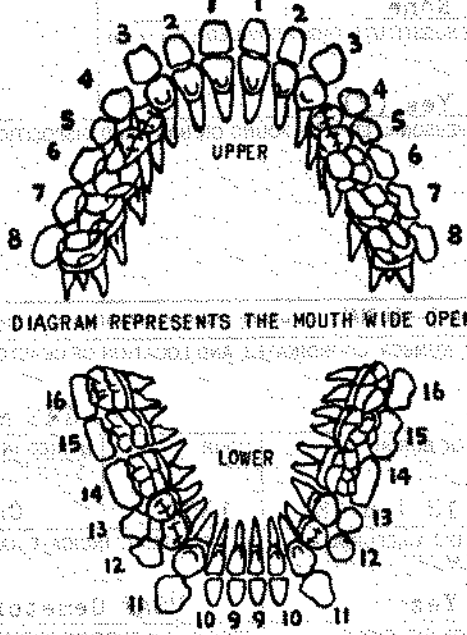




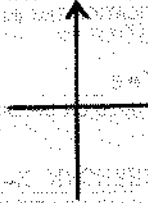
DATE OF REPORT

14 Jan 48

Imprint Identification Tag If Possible DO NOT TYPE		Section 1.—IDENTIFICATION		SERIAL No.	
		NAME (Last, first, middle initial)		Unknown	
		UNKNOW X-3290-B (Formerly UNK X-251)		USAF Cem Leyte #1, P.I.)	
		GRADE	ORGANIZATION	BRANCH OF SERVICE	
		Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
Unknown	Unknown				
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH		
POW Camp #10, Puerto Princesa, Palawan, P.I.	Massacred by Japanese		14 Dec 44		
EMERGENCY ADDRESSEE (Name, relationship, and address)					
Unknown					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)			
None					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)		See Remarks			
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					
GRS MAUSOLEUM, MANILA, P.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.
12 Jan 48	1300	Casket	None	813	I
GRAVE No.	2763				
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE				
Yes	USAF Cemetery Leyte #1, P.I.				
PLOT No.	ROW No.	GRAVE No.			
		5705			
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)				
Yes	Yes				
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-3292-B				2765	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-3290-C				2761	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT		
E. R. AGIBERTO, Pfc			L. S. PANOPIC 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.					

RESTRICTED

RESTRICTED

	Section UNIDENTIFIED REMAINS.	
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.	
LEFT RING FINGER	HEIGHT _____ WEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____	BIRTHMARKS, SCARS, OR TATTOOS _____
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. _____ LAUNDRY MARKS _____	WHERE BODY WAS BURIED OR FOUND _____
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES _____	
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING	
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE	
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div>	
RIGHT LITTLE FINGER	REMARKS: While processing former UNKNOWN X-251 USAF Cemetery Leyte #1, bones of five bodies were found. They were segregated into five unknown remains and designated as UNKNOWN X-3290 A thru E, AGRS Mausoleum, Manila, P.I. Cross reference this case, UNKNOWN X-3290-B with UNKNOWN X-3290-A, X-3290-B, X-3290-C and X-3290-D. QMC Form 1044, 1044-A and 1044-B accomplished.	

9 MAR 1944