

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Genl Dept # 1 X 788

SUBJECT

Famuly 293 Hunter, William B. Jr.

QMC FORM 1121  
1 Aug 45

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Mark-Leyte #1 (misc)  
X-385 X-787 X-788 X-789

## SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed  
293 Mark-Leyte #1  
X-787

# RECLASSIFICATION SHEET

OSMGT 293  
GRS Far East

9 June 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 the following Unknown remains now stored in the AGRS Mausoleum, Manila, P.I.:

Unknown X-7 (formerly Unknown X-7, 77th Division Cemetery, Okinawa), Unit 2, Page 1.  
Unknown X-787 (formerly 1st Lt. Robert D. Dawkins, Jr., O-767764, USAF Cemetery #1, Leyte, P.I.), Unit 2, Page 14 (Addition)  
Unknown X-788 (formerly 1st Lt. William R. Hunter, Jr., O-569422, USAF Cemetery #1, Leyte, P.I.), Unit 2, Page 14 (Addition)  
Unknown X-789 (formerly S/Sgt. Merle E. Wilson, 37701166, USAF Cemetery #1, Leyte, P.I.), Unit 2, Page 14 (Addition)  
Unknown X-5017, Unit 2, Page 24.

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. A. Fields:rvs  
Salsar

THOMAS E. COX  
CAPT QMC  
Memorial Division

JW

JMB

cc: Adm Section  
Copy furnished CINCPAC APO 500

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900  
25 MAY 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 QMGMU 293, GRB (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-25	Agat,	Guam	#2
"	X-787	Leyte	"	#1
"	X-788	"	"	"
"	X-789	"	"	"
"	X-5017	AGRS	Mslm	

2. Forwarded herewith, for your consideration, are new QMC Forms 1014 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

5 Incls  
QMC Forms 1014 w/Certificates  
of Unidentifiability

H. B. McNEELAR  
Capt., QMC  
Asst. Adjutant

/drs <b>1</b>	Interred 13 Jun 1950 L 12 53 Ft. McKinley <i>Carl R. H. Mark</i> <b>CARL R. H. MARK</b> <b>Cemetery Superintendent</b>		PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>		
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81690</b>		DATE <b>16 05 50</b> DAY MONTH YEAR
NAME <b>UNKNOWN I - 788</b>		SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>		PLOT	ROW	GRAVE <b>6329</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME <b>UNKNOWN X-788</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED <b>11 May 1950</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE <b>11 May 1950</b>		BY <b>PAUL R. NICHOLS</b>			
CASKET SEALED BY <b>PAUL R NICHOLS</b>			EMBALMER (Signature) <i>s/ Paul R Nichols</i>		
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY		
DATE <b>11 May 50</b>			BY <b>RAYMOND H TANGUAY, Sgt 1c, RA 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.					
<i>s/ L. W. Richardson, M/Sgt., RA</i> 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>Barclay</i>	DATE <b>13 JUN 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 DUJ/COM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81690

DATE

16 05 50

DAY MONTH YEAR

NAME

UNKNOWN X - 788

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

6329

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. WIL. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

File  
NAF  
July 50  
R  
R

1. FILE UNDER NO. 293 - Unk. P.I. (Leyte #1) → X-788

### SYNOPSIS

2. TYPE OF DOCUMENT: 3d Ind 3. DATE: 12 May 50  
4. FROM: Hdqtrs., American GRS, Philcom Zone, APO 900  
5. TO: TQMG, Dept of the Army, Wash., D. C. Attn: Mem Div  
6. SUBJECT: Identification of World War II Deceased.

7. DOCUMENT FILED UNDER NO. 293 - Unk. P.I. (Leyte #1) (Misc.) X-787, X-788, X-789, X-385

mf's

**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  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

22 May 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 788, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 6329, USMC Leyte # 1, have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
V. McNEMAR  
Captain, QMC  
Chief, Records Branch

Received 1 June 1950 0088  
Not identifiable from  
information presently  
available T. A. Fields-ID  
7 June 1950

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNK. X-788 Leyte # 1				2. DATE OF REPORT 22 May 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION Age: U. T. D.

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
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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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT? Right humerus, femur, tibia, fibula, left femur, tibia, fibula and pelvic bones.

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

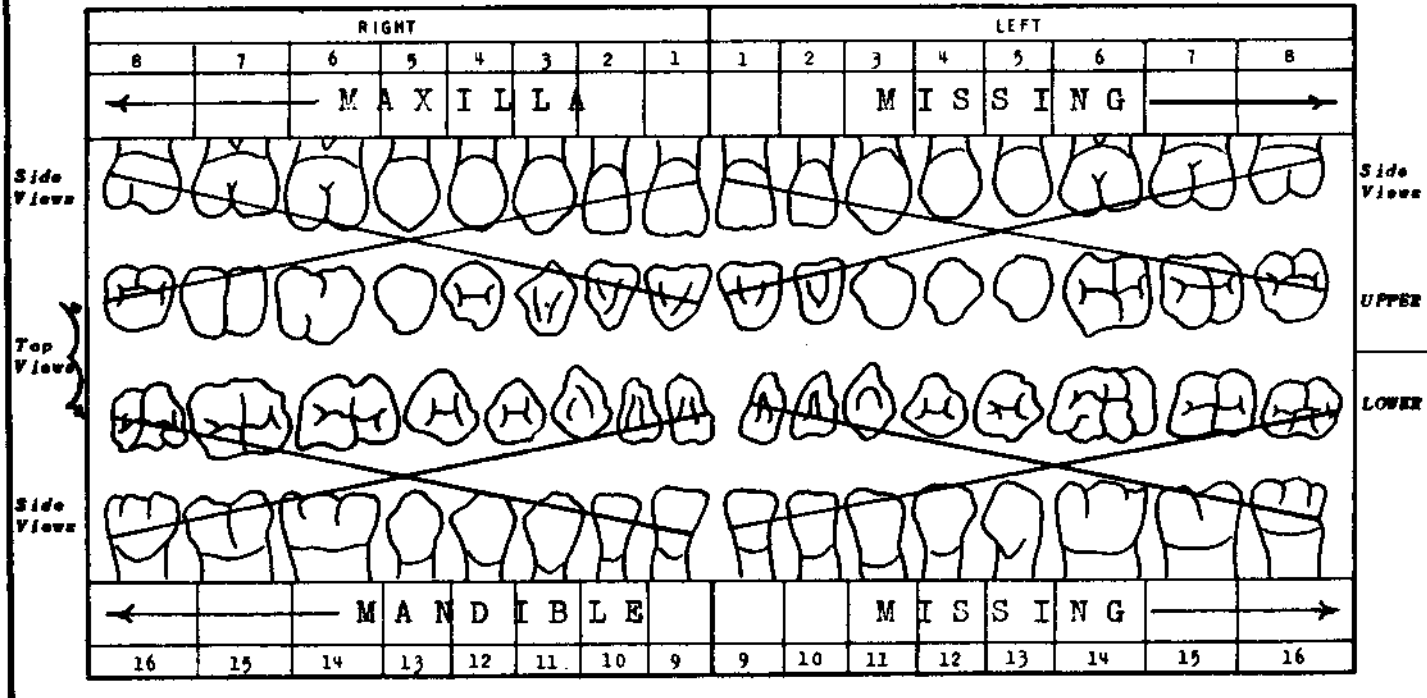
**"UNIDENTIFIABLE"**

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

*Link*

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><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> <p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p>	<p>SIDE VIEW</p>
	<p>Gold Crown, Porcelain Crown</p>	<p>Gold Bridge</p>
	<p>Gold Filling, Silver Filling</p>	<p>Cavity, Decayed</p>



**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."

No loose maxillary or mandibular teeth present with remains.

**"UNIDENTIFIABLE"**

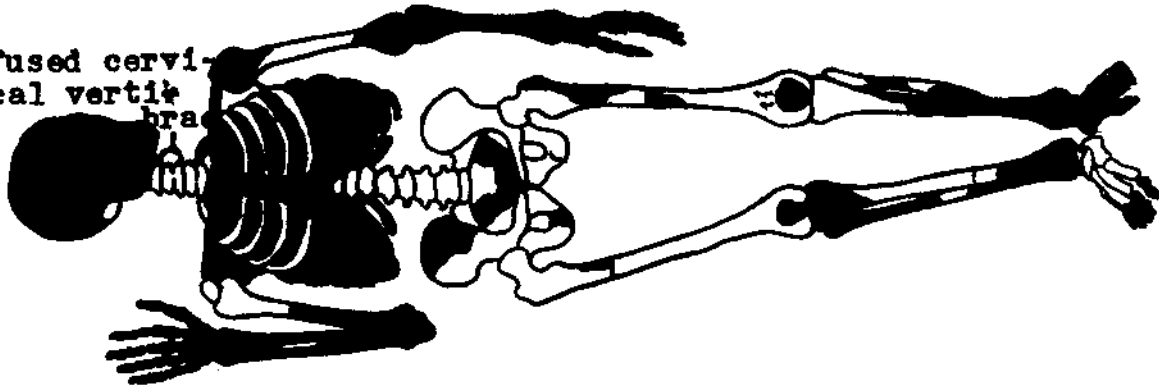
*Paul R. Nichols*

PAUL R NICHOLS  
Chief Ident. Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT REFERRED

fused cervical vertebrae



Estimated height - U. T. D.

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 identification tag, personal effects or any other means of identification found with remains.

**"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


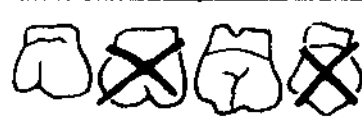








TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

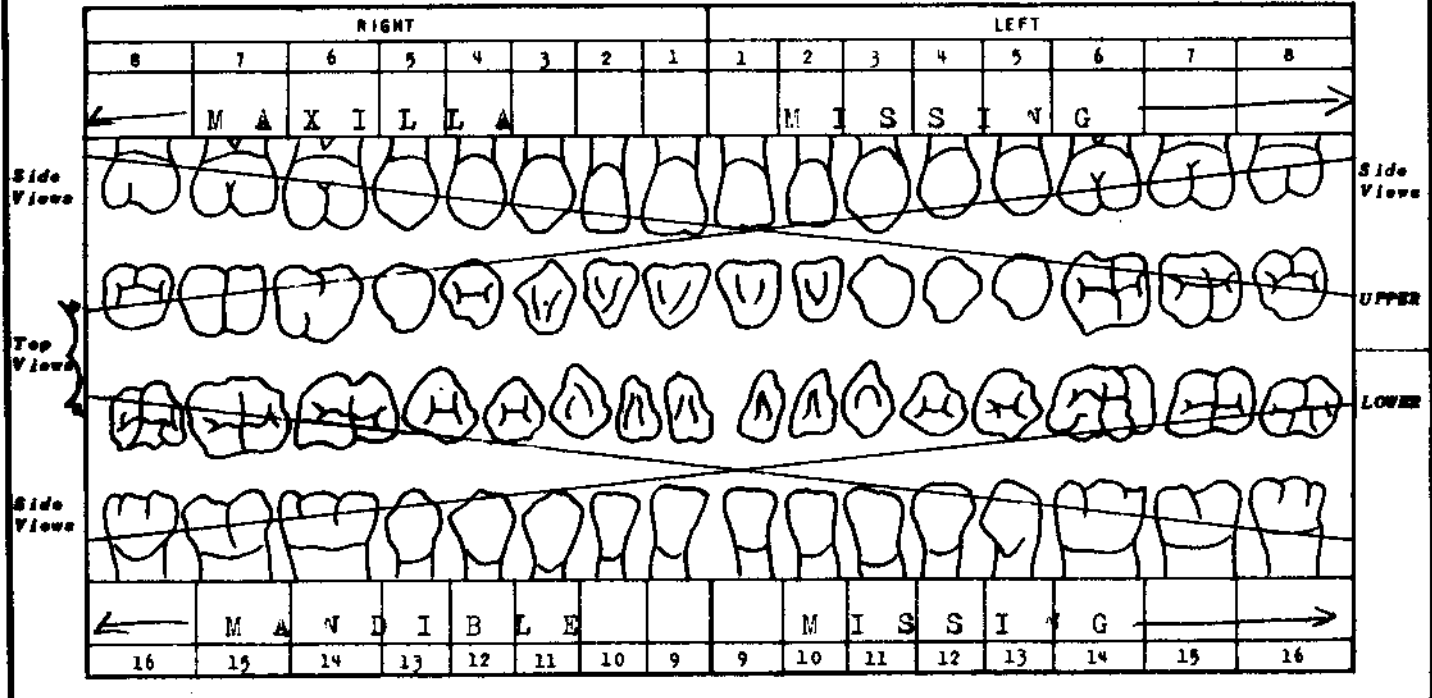
PAUL R NICHOLS  
Chief Ident. Section

SIGNATURE

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>HUNTER, William R Jr</b> <b>0-699422</b>				2. DATE OF REPORT <b>22 October 1949</b>			
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>			4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT    REINTERMENT	
PHYSICAL DESCRIPTION <b>AGE: 22 - 26 (See item #21)</b>							
8. ESTIMATED WEIGHT <b>U T D</b>		9. ESTIMATED HEIGHT <b>5' 10"</b>		10. COLOR OF HAIR <b>U T D</b>		11. RACE <b>U T D</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>One tag: HUNTER, William R Jr      0699422</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>N O N E</b>							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10 WHAT EXTENT? <b>The remains, particularly the long bones, are badly shattered.</b>					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>N O N E</b>							
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)  <b>N O N E</b>							

	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:		



**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."

No loose maxillary or mandibular teeth present with remains.

*Paul R Nichols*  
 PAUL R NICHOLS  
 Chief, Identification Section

Incl 3~



QMGMT 293

2d Ind

Unknown X-385

Leyte #1, P.I.

SUBJECT: Identification of World War II Deceased

Dept of the Army, OQMG, Washington 25, D. C., 1 May 1950

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

1. The identity of T/Sgt Charles N. Witham, 39276627, as established is acceptable.
2. The identifications as established for remains now stored as 1/Lt William R. Hunter, Jr., O-699422, 2/Lt Robert D. Dawkins, O-767764, and S/Sgt Merle E. Wilson, 37701166, are not acceptable for the following reasons:
  - a. The dental chart accomplished for remains currently stored in AGRS Mausoleum, Manila, does not compare favorably with Army records of any of the decedents involved.
  - b. Available dental and physical data for remains currently stored in AGRS Mausoleum, Manila, as 2/Lt Dawkins and 1/Lt Hunter will not substantiate individual identifications.
3. In view of the above, it is requested that remains now stored as 2/Lt Dawkins, 1/Lt Hunter and S/Sgt Wilson be redesignated Unknowns and Corrected Reports of Storage forwarded this Office.

FOR THE ACTING THE QUARTERMASTER GENERAL:

8 Incls  
\*d

/s/ Thomas E. Cox  
/t/ THOMAS E. COX  
Capt QMC  
Memorial Division

A TRUE COPY:

  
H. B. MCNEMAR  
Captain, QMC



**RESTRICTED**

QMC Form 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

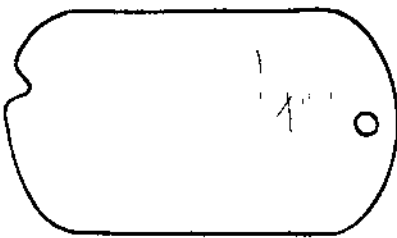
**CORRECTED**

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

**STORAGE**

DATE OF REPORT  
**12 May 50**

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN I-788 USAF Cemetery Layte #1 (Formerly HUNTER, William R. Jr.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Tortosa, Negros Occidental, P.I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) <b>(See Remarks)</b>
---------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	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**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**ARRS MAUSOLEUM. MANILA, P. I.**

DATE OF INTERMENT <b>STORAGE 3 Feb 48</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORAGE Casket</b>	TYPE OF GRAVE MARKER	PLOT No. <b>800</b>	ROW No. <b>10A</b>	GRAVE No.
--------------------------------------------------	---------------------	----------------------------------------------------------------------------	----------------------	------------------------	-----------------------	-----------

WAS THIS A REBURIAL? (Yes or no) <b>NO</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Layte #1, P.I.</b>	PLOT No.	ROW No.	GRAVE No. <b>6329</b>
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---------------------------------------------------------------	-----------------------------------------------------------------

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 <i>Raymond H. Tanguay</i> <b>RAYMOND H. TANGUAY, SFC, 8131st Sv Un</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>A. B. McNEER</i> <b>A. B. McNEER, Capt., QMC, Chief, Rec Br</b>
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

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

**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

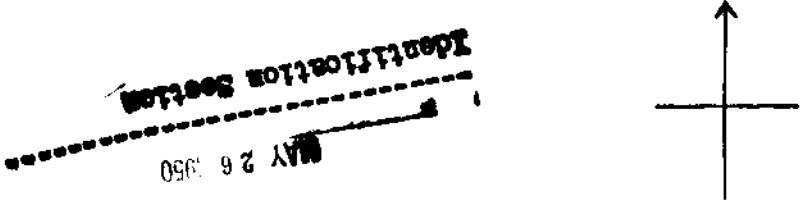
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

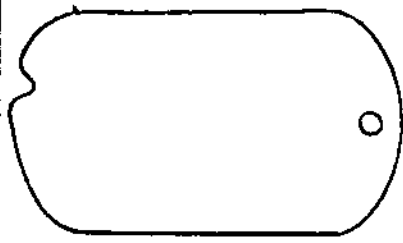
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY


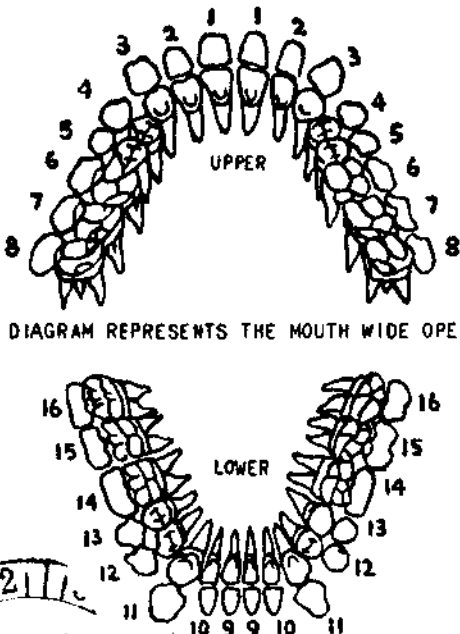




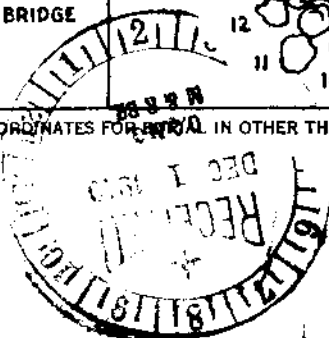
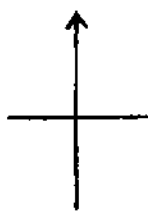

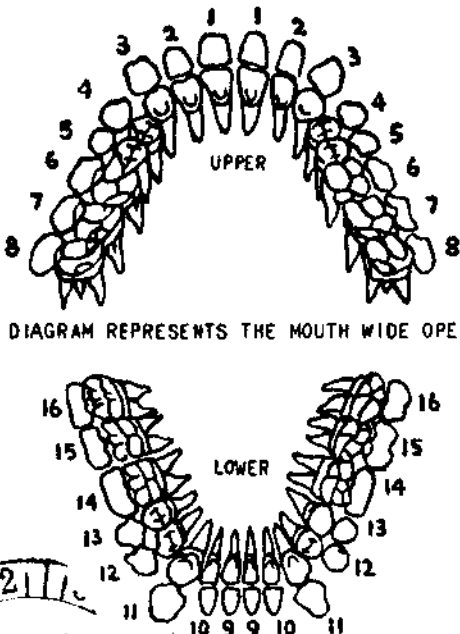




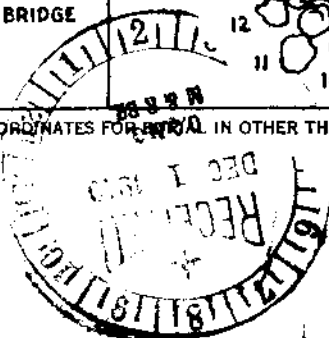
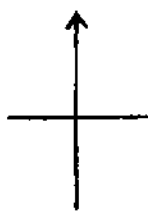

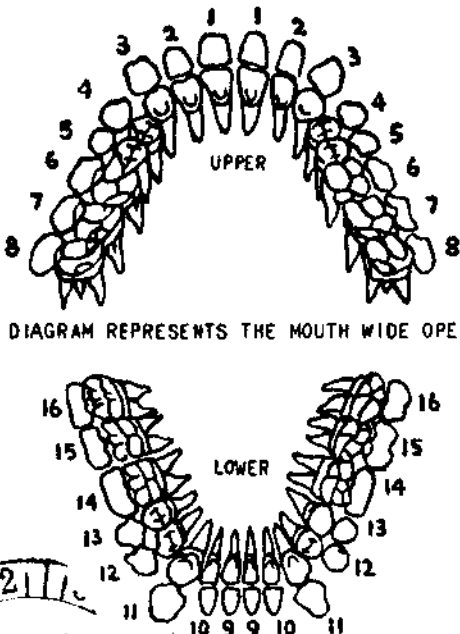




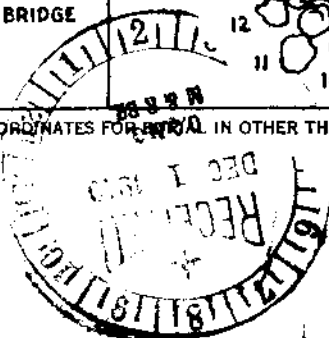
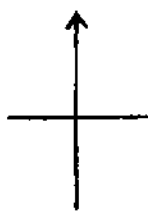


REMARKS:  
 Subject remains are redesignated to unknown status as per 2d Ind fr the DA, OCMG, Wash. 25, D. C., file OCMGT 293, Unknown X-385 Leyte #1, P.I., dtd 1 May 1950, subject: Identification of World War II Deceased.  
 (True Copy Attached)

MAY 1 1950

LEFT LITTLE FINGER  
 LEFT RING FINGER  
 LEFT MIDDLE FINGER  
 LEFT INDEX FINGER  
 LEFT THUMB  
 RIGHT THUMB  
 RIGHT INDEX FINGER  
 RIGHT MIDDLE FINGER  
 RIGHT RING FINGER  
 RIGHT LITTLE FINGER

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>				DATE OF REPORT 7 July 48			
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>							
		NAME (Last, first, middle initial) HUNTER, William R. Jr.				SERIAL NO. 0-699422			
		GRADE 1st Lt.		ORGANIZATION 424 Bomb Sq 307 Grp		BRANCH OF SERVICE Army			
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Tortosa, Negros, P.I.		CAUSE OF DEATH KIA-Decomposed; Died-Plane Crash <u>Skeleton</u>				DATE OF DEATH 8 Nov 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									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None <b>AGRS MAUSOLEUM, MANILA P I</b>									
<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 3 Feb 48		HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. 7	GRAVE No. 5731	
WAS THIS A REBURIAL? (Yes or no) Yes <b>RECYCLED</b>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte No.1, P. I.					PLOT No.	ROW No.	GRAVE No. 6329
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 <b>RECYCLED</b>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) WITHAM, Charles N.				RANK Unknown	SERIAL No. Unknown	ORGANIZATION USAAF	GRAVE No. 5732		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RAYNOSO, Rafael Jr.				RANK 1st Lt.	SERIAL No. 0-69942	ORGANIZATION 424 Bomb Sq 307 Grp	GRAVE No. 5730		
SIGNATURE OF PERSON PREPARING REPORT /s/t/ V. C. AQUINO, T/5, QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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.									

LEFT LITTLE FINGER	<p><b>Section 3. IDENTIFIED REMAINS.</b></p> <p><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 you can. 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.</p>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> </td> </tr> </table>					FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div>		
FILLINGS						 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>													
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div>																			
RIGHT THUMB																			
RIGHT INDEX FINGER																			
RIGHT MIDDLE FINGER																			
RIGHT RING FINGER																			
RIGHT LITTLE FINGER	<p><b>REMARKS:</b></p> <p>Correction made as per letter from Hq. Philrycom Zone, AGRS, APO 707, file GSGRS 293, dated 13 May 48, Subj: Burial Records.</p> <p>GHC Form 1044, 1044-A and 1044-B accomplished.</p>																		

RESTRICTED

28810

fvs-6329

WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT		
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				30 Jan 46		
		NAME (Last, first, middle initial)			SERIAL No.			
		HUNTER, William R. J.			0-6994-7			
		GRADE		ORGANIZATION		BRANCH OF SERVICE		
		1st Lt.		424 Bmb Sq, 307 Grp				
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH			
TORTOSA, Negros, P.I.		DIED - PLANE CRASH - SKELETON KIA decomposed			8 NOV 1945 Est. Feb. 45			
EMERGENCY ADDRESSEE (Name, relationship, and address)								
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		Identified by Jesyer Mejose, Fil. Civ. Disint. from USAF CEM. BACOLOD #1, NEGROS., P.I.						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)								
YES								
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								
USAF CEMETERY LEYTE # 1, P.I.								
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.		
13 Jan 46	1300	Shelter half	Reg Cross			6329		
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE							
YES	USAF CEMETERY BACOLOD #1, OCCIDENTAL NEGROS, P.I.			PLOT No.	ROW No.	GRAVE No.		
				1	17	337		
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.		
FINKEL, Neel G.			Pvt	6 281 498	503 Para Inf.	6328		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
WITHAM, Charles N.					USAAF	6330		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT					
Sgt. Charles W. Hallock, GRS			WILLIAM D. ROGERS, 1st Lt. Inf.					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

**RESTRICTED**

**Section - UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


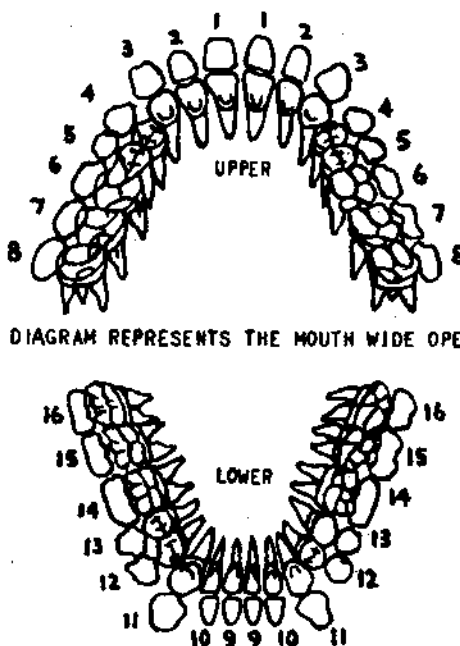




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

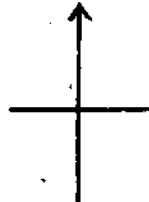
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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



**REMARKS:**

CONDITION OF BODY PRECLUDED FINGERPRINTING AND TOOTH CHART.

RESTRICTED  
REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

"AMERICAN SECTION" *sum*  
28010 424 Bomb Sq.  
307 (E-24) GP

*243* HUMBER William W 0-699422 1st Lt U.S. Air Force  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Tortosa, Negros, P.I. 8 NOV 44 KIA - Plane Crash - Skeleton  
(Place of death) (Date of death) (Cause of death)

1800 - 25 May 1945 USAF Cem. Bacolod, No. 1, Occidental, Negros, P.I.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

337 17 Reg. Cross  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Religion: Duplicate of this Report of Interment enclosed in identification bottle buried with body.

Zinc strip with pertinent information thereon, attached to cross.  
(If no identification tags, what means of identification are buried with the body?)

Identified by Josue R. De Jose, Filipino civilian.  
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Unknown X-4 and Unknown X-17 U.S. Air Force 338  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Charles N. Witham U.S. Air Force 336  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

*4*  
*incl 13*

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: Apparent nationality:  
Weight: Laundry marks:  
Color of eyes: Number of rifle:  
Color of hair: Wear glasses?  
Race: Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

(Signature of officer or other person reporting burial)

Sgt Arthur E. Dodd, 101st QM Co, Reg Flat

(Verified by Army GRS Officer)

WILLIAM W. BEARDSLEY, 1st Lt QMC

5012

LEFT HAND

4

3

2

1

THUMB

19 DEC 1945

4

3

2

1

THUMB

RIGHT HAND