FILE IDENTIFICATION TOPPER FILE NUMBER 293 Marela Mars. 7-3786

AIRWAL

QUART 298

22 March 1951

Unknown 1-3786
AGRS Mausoleum, Manila, P.1.

SUBJECT: Identification of Borld War II Deceased

alife H

X-102

PO.

Commanding Officer
American Graves Registration Service
Pacific Lone
APO 956, c/o Postmaster
San Francisco, California

- 1. Reference is made to Certificate of Unidentifiability for the remains of Unknown X-3786, AURS Mausoleum, Manila, P.I., formerly Unknown X-102, USAF Cemetery #1, Leyte, P.I.
- 2. This Office approves the classification of the above Unknown as Unidentifiable.

FOR THE QUARTERMASTER OF STALL

EJF

JOHN W. HAFF
Capt QMC
Memorial Division

G.Palmer:lro
Salser
cc--Administrative Section
cc--Cinore
cc--Phi/com

1993 und Lyte#1 1-102

AIRMAL

1. FILE UNDER NO.

293 - Unk Leyte # 1 X-102

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

22 Mar 51

4. FROM:

OQMG

5. TO:

Com. Officer Amer. Graves Reg. Ser. PZ, APO 958 c/e PM San

Fran., Cal.

6. SUBJECT:

Idenitification of World War II Deceased

Ref made to Certificate of Unidentifiability for the remains of Umk X-3786, AGRS Mausoleum, Manila P.I.

7. DOCUMENT FILED

UNDER NO. 293 - Unk X-3786 Mausoleum Mapila

еb

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: "Itr," "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.

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RESTRICTED DATE OF REPORT REPORT OF THE REPORT STORAGE WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) DEC (AR 30-1810 and AR 30-1815) 1 1950 Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial)
3 UNKNOWN X-102 USAF Cem Leyte #1, P. I. SERIAL NO. Unknown (Manila Maus 1-3786) BRANCH OF SERVICE ORGANIZATION GRADE. О Unknown Unknown Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION Unknown Unknown DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Unknown Killed in Action Unknewn EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse) (f. f. or none) Mone 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 cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. ARMY MAUSOLEUM, AGRS-PAZ Casket TYPE OF GRAVE X BEAUX BIX TOTAL DE BURIED IN (Shroud, blanket, or name of other) DATE OF BURIAL HOUR 197 fanila Section Final Type Casket 3 Nov 50 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) AGRS Mausoleum, Manila, P. I. Yes 812 IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG ATTACHED TO MARKER (Yes or to) IDENTIFICATION TAG BURIED WITH BODY (Yes or 740) ORGANIZATION GRAVE No. SERIAL NO. RANK BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to GRAVE No. ORGANIZATION RANK SERIAL No. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets SIGNATURE OF GRS OFFICER VERIFYING REPORT PERSON PREPARING REPOR SIGNATURE OF LEROY F. Adm. Asst. DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dethrough Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

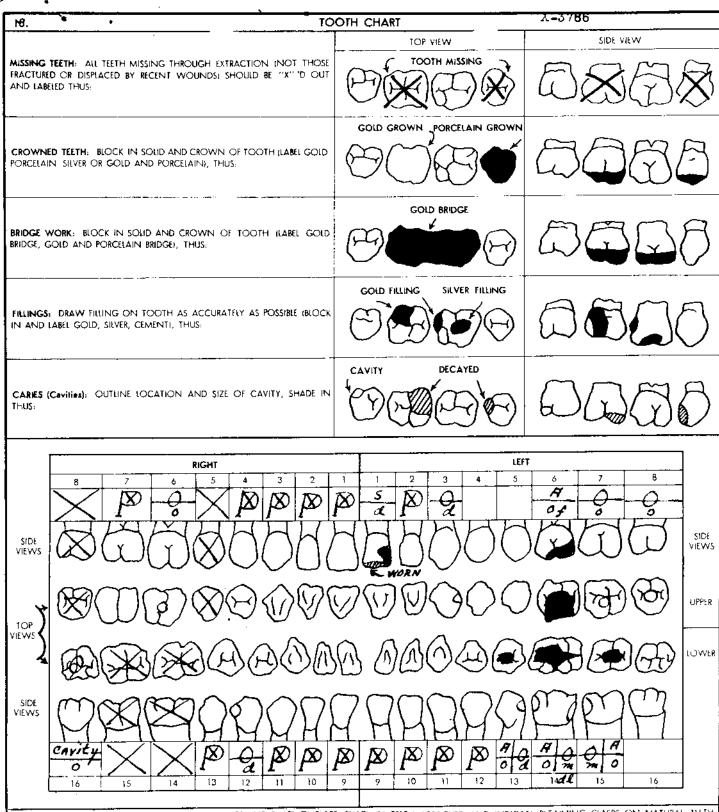
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	_	Section 3. UNIC	ENTIFIED RI	EMAINS,					
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The state of the s	HIGHT LITTLE FINGER)	*****	GEI NAL	· '@ '	•		

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T. REMAINS OF LINKNOWN	IDENTIFICA	AHUN	DAIA	1	TO PATE OF BEDOX	- -
y.	Formerly UNK X-102 USAF Cemetery #1, Leyte	рт)			2. DATE OF REPOR	
3. NAME OF CEMETERY	OUT. CHIRGOIA HT. TOACH	a Pa⊥a) A. PLOT	5. ROW	6. GRAVE	7. DATE	
31/2			LR BAY		DISINTERMENT	REINTERMENT
Anna a				!		STORAGE
AGRS Mausoleum, 1		812	W	57 69	11 Dec 47	14 Feb 48
A FORMULTON WEIGHT	PHYSICAL				TI BLOC	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 51 7 5/8"	10. COLOR	OF HAIR UTJ		11. RACE	,
	TAL IDENTIFICATION FOUND WITH REMAIN	4S	010		U <u>T</u> ı	<i>.</i>
	substitute tag with the UNANOWN X. (This tag placed ** ** SCARS ON BODY AND OR SUCH INFORM	-102 ith rea	mains.)		-	
13. GIVE DESCRIPTION OF TATTOOS C	AK SCARS ON BOOT AND OR SUCH INFOR	MATION OBT.	AINED FROM	OTHER SOUR	CALS A	;
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14. WAS BODY BURNED ?	TO WHAT EXTENT #		7	ray		·
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15. WAS BODY MANGLED ?	TO WHAT EXTENT?	<u>~</u>		·		
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merks ere indistinct such notation shou	uld be made and specimen forwarded through	channels for e	examination wh	en facilities are	e not available in the	area)
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OMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

19. BLACK OUT PARTS OF BODY NO COVERED	¥ X-3786
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	L-Humerus 33.5 cm - 170cm
	L-Femur 47.2 cm - 174 *
	L-Tibia 37.9" - 174 '
	Average height 172 2/3 or 5' 7 5/8
MACC PURISH CONTINUE	ATE AT ADDISCADIE
20. MASS BURIAL CERTIFIC (Wherein segregation in wh	
I Certify that the Group Remains Consist of Parts of	Decedents Based on the Presence of One or More of the Follow-
ing Anatomical Parts:	
	· · · · · · · · · · · · · · · · · · ·
	SIGNATURE OF MEDICAL OFFICER
21. REMARKS AND ADDITIONAL INFORMATION	
	·
No nersonal effects.	no ROI bottle found with remains.
	in section 12 found. Circumference
of the skull approximatel	y 20 $\frac{1}{2}$ inches. Estimated weight of
remains 6 lbs.	
•	
	•
CERTIFIED TRUE COPY	
J. S. Fambo	
G T GAMBOA	$ar{\psi}$
2d Lt MSC	¥
I Certify that I Have Personally Viewed the Remains of E the Best of My Knowledge	Deceased and that All Resulting Information Has Been Recorded to
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
/p/ CLAUDE A PILLERS Emb sr U-063247	,
CIP Laboratory, Manila, P.1.	s/ Claude A Pillers
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL THETH WITH THE WORD, "CLASP."

REMARKS: Mostly teeth present with remains are discolored.

RTITLED THE COPY OF A

G T FAMBCA 2d Lt MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT TOVERED		X-37	86.
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			7
		L-Humerus L-Femur L-Tibia	33.5 cm - 170cm 47.2 cm - 174 ' 37.9" - 174 '
	Average	height 172	2/3 or 5' 7 5/8
20. MASS BURIAL CERTIFIC (Wherein segregation in who			
I Certify that the Group Remains Consist of Parts of NUMBER	Decedents Based on the	Presence of One	or More of the Follow-
vi.	SIGNATURE OF	MEDICAL OFFICER	
21. REMARKS AND ADDITIONAL INFORMATION			
		₩.	
No personal effects,	no ROI bottle fou	nd with rem	ains.
Two (2) tags as described	in section 12 fou	nd. Circum	ference
of the skull approximately remains 6 lbs.	y 20% inches. Bet	imated weig	nt or
J. J. Janbor			
G T CAMBOA 2d Lt MSC			
E-LL 2012 12/LIFE			
I Certify that I Have Personally Viewed the Remains of D	eceased and that All Resulti	ng Information Ha	s Been Recorded to
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE		
/p/ CLAUDE A PILLERS Emb Sr 0-063247			*
CIP Laboratory, manila, P.1.	s/ Cl	aude A Pill	ers .

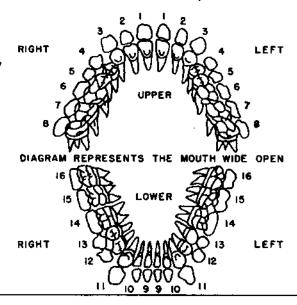
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QHC FORM 1885 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS:

- 4. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1

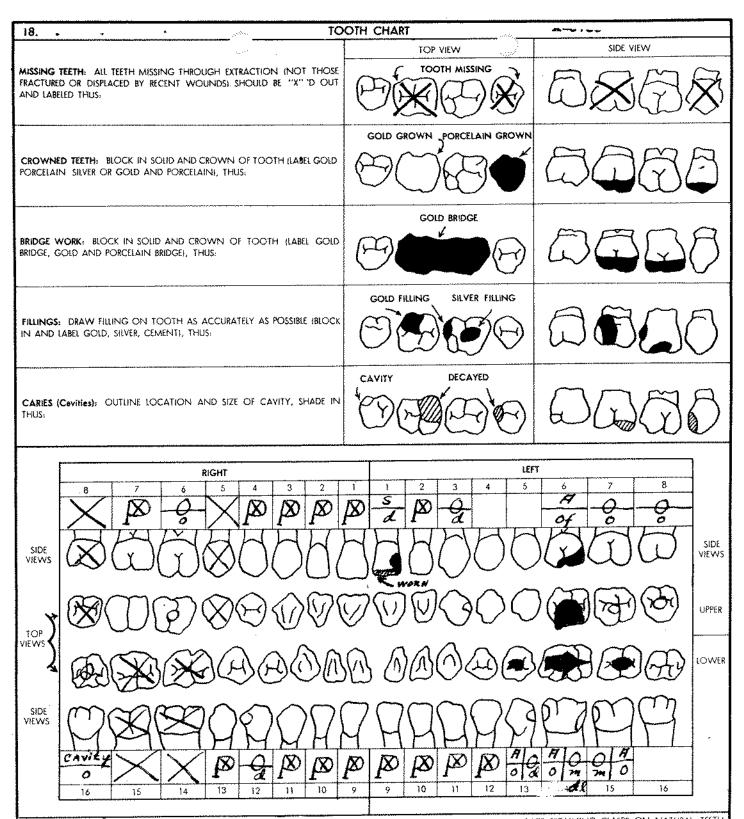
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Laseph Dor. Phelos

JOSEPH H. PHELAN, Capt., CAC

14 November 1946

DATE



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: Mostly teeth present with remains are discolored.

Lambo.

O T GAMBOA 2d Lt MSC

s/ John J Connors

#1

<u> </u>		·		A-	-3785		
	IDENTIFIC	CATION	DATA				
. REMAINS OF LINKNOWN	(Formerly UNK X-102			***************************************	2. DATE OF REPOR	7	
UNKNOWN X-3786	MUSAF Cometery #1, Ley	te, P.I.)			13 Feb 4	18	
, NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE		
		MAN	GER BAY	CRYPT	DISINTERMENT	REINTERMENT STORAG	:F
A OTT OF THE							
AGRS Mausoleum,	Manila, P.I.	812	W	5769	11 Dec 47	14 Fet	b 48
	~~~~~~	AL DESCRIPTIO					
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR			II. RACE		
· UTD	5' 7 5/8"		UTD		UTL	<u> </u>	
2. GIVE DESCRIPTION OF ANT OF	FICIAL IDENTIFICATION FOUND WITH REM	MAINS					
Two (	2) substitute tag with UNKNOWN		inscrip	ption fo	ound:		
	(This tag placed	d with rea	mains.)				
3. GIVE DESCRIPTION OF TATTOOS	S OR SCARS ON BODY AND OR SUCH INF	FORMATION OBT	AINED FROM	OTHER SOUR	CES		· · . · · · · · · · · · · · · · · · · ·
• .	UTD						
						•	
4. WAS BODY BURNED F	TO WHAT EXTENT #	***************************************					
YES 🔼 NO							
5. WAS BODY MANGLED ?	TO WHAT EXTENT ?						
YES IK NO	FRACTURES AND BONE MALFORMATIONS						<del></del>
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marks are indistinct such notation s	should be made and specimen (orwarded thro	Andu cusumers for e	examination wr	en jacinnes an	a nor avaliable in the	5Fe61	
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PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE OMC FORM REV 18 MAR 47 1044

### REPORT OF DISINTERMENT FOR INDENTIFICATION

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						Dat	e <u>24 Dec</u>	: 45	
I	Rem	ains of _	Unknow	m X-102		Ser	ial Number		
T	<b>Zan</b> k			. Organizatior					
	. WELLE			. OI BAITIAGUOL					
Ι	Disin	terred (	date):		Fr	om (give	complete l	ocation):	
	24	Dec 4	5	USAF Ce	metery L	yte #	1, P.I.	Grave	3039
	Ву	: <b>G</b> roup	Sgt McM	lemama	Un	it <u>458</u>	6 GR Co.		
F	Rebu	ried (da	te)				mplete loca		
	24	Dec 4	5	USAF Ce	metery L	yte #	1, P.I.	Grave	3039
	Ву	: Group	et McMe	omanushit 45	86 GR Co	Natu	re of reburi	al <u>she</u>	lter halve
F	Repo	rt as to	nature of o	riginal burial	and conditi	on of bo	dy upon dis	intermen	
В	ody	comp	lete <b>ly</b> d	lecomposed	origina.	l buri	al in sh	elter	halve.
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		A 1 1	0.1.1					teral rem	arks:
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(				entification to ig on mark	ang Pagasarang Pantanang Pant	Mark Miller and A		waste the beat was	
( I	der	tific	ation ta		er, 1den	tifica	tion ta	on bo	dy.
( I v	der Wha	tific	ation to	ig on mark	er, 1den	tifica	tion ta	g on bo	ns:
( I v	der Whai	tific does ex Height	ation to	of body show	er, 1den	tifica	tion ta	g on bo	ns:
( I V ( ) ( )	What (a)	tific does ex Height	ation ta camination (actual me (estimated	of body show	er, 1den	tifica	tion ta	g on bo	dy.
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	Mhai (a) (b) (c) (f) Disinsupe	tific does ex Height Weight Hair-Co Qu Ch Hair or Loc Qu Permar culiarit Wound of casu terment	ation taxamination (actual me (actual me (estimated) antity aracteristic aracteristic aracteristic antity nent marks ies, or missing alty)  Sgt Me	of body show easurement)	d scars, peved at time	the follo	wing ident	on bo	ns:  12 5 following special states and second secon
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### Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

- 1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
- 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
- 3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
- 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
- 5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
- (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
- 6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or cannines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Tooth missing MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent Tooth missing wounds) should be scratched out, thus: קווי Porcelain CROWNED TEETH. Block in solid the crown of tooth (label gold, crown porcelain, or gold and porcelain) thus: Ocrown Gold & porcelain bridge Block in solid the crown of tooth (label gold BRIDGE WORK. Gold bridge bridge, gold and porcelain bridge), thus: FILLINGS. Silver filling Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus: Gold Gold filling filling Cavity CARIES (CAVITIES). Outline location and size of cavities, shade in Decayed Decayed thus: Decayed 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".

- 7. Show name of person supervising the disinterment and the name and title of the person approving same.
- 8. Show name of person supervising the reburial and the name and title of the person approving same.

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WD QMC FORM 1042 (Rev. UAnc. 1945)		REPORT OF	INTERMEN		OF REPORT		
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 a)	INTERMEN and AR 30-18	STORAGE		March	48
Imprint Identification T DO NOT TY	Tag If Possible.	Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-3786	(Formerly	TIME V_109	SERI	AL No.	
	1	USAF Cemetery I	evte #1.	₽_ <b>Т.)</b> ₽_ <b>Т.)</b>	1	hknown	
>	1	GRADE	ORGANIZATION		<del></del>	ICH OF SERVI	<u> </u>
(	0		i				
\	1	Unknown	Unknow	vn	<u> </u>	nknown	
		RACE	RELIGION		IF OTHER THE NAME OF C	IAN U.S. DEA OUNTRY	ID, GIVE
		Unknown	Unkno	wn			
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
Unknown	<del></del>	KTA				Unknowi	a
EMERGENCY ADDRESSEE (Na	me, relationship, o	nd address)				, , , , , ,	
Unknown							
IDENTIFICATION TAGS FOUN (1, \$, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, E	DESCRIBE MEANS O	F IDENTIFICATION Q	f unidentified, f	ll in section 3	on reserse)
None				مقائم - ا	22		
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no	<u>ə</u>		· y	20 20 and		
w . /n)				3.5			
Yes (2)			· · · · · · · · · · · · · · · · · · ·	( - 4	4 9 2		
LIST PERSONAL EFFECTS FOL	JND ON BODY AN	D DISPOSITION OF SAME		· · · · · · · · · · · · · · · · · · ·	3 3 10		
					4.14		
Non <b>e</b>							
Section 2 — RURIAL If our	har than in esta	blished cometery, furnish sketch	L				
NAME, NUMBER, COORDINAT	_ ~		h and map occur.	inates on reverse.			
		W OF CEMETERY					
	25, 1415 GOOKIN	AGRS MAUSCLEUM,	, MANILA, J	P. <u>I.</u>			
DATE OF BURIAL	Hour				PLOT No.	ROW No.	GRAVE No.
	HOUR	AGRS MAUSCLEUM,		TYPE OF GRAVE MARKER			
14 Feb 48	HOUR 1300	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no	ame of other)	TYPE OF GRAVE MARKER None	8 12	W	grave no. 5769
14 Feb 48 WAS THIS A REBURIAL? (Yes or No)	HOUR 1300	AGRS MAUSCLEUM, BURIED IN (Shroud, blanked, or no Casket INDICATE NAME, NUMBER, COORD	ome of other)	TYPE OF GRAVE MARKER None	8 12	W	5769
14 Feb 48 WAS THIS A REBURIAL? (Yes or No) Yes	HOUR  1300  IF A REBURIAL  USAF Cen	AGRS MAUSCLEUM, BURIED IN (Shroud, blambel, or no Casket INDICATE NAME, NUMBER, COORD metery Leyte #1, P.	ome of other) DINATES OF PREVIO I.	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L	8 12 OCATION OF G	W RAVE ROW No.	5769 GRAVE No. 3039
14 Feb 48 WAS THIS A REBURIAL? (Yes or No) Yes	HOUR  1300  IF A REBURIAL  USAF Cen	AGRS MAUSCLEUM, BURIED IN (Shroud, blanked, or no Casket INDICATE NAME, NUMBER, COORD	ome of other)  DINATES OF PREVIO  I.	TYPE OF GRAVE MARKER None	8 12 OCATION OF G	W RAVE ROW No.	5769 GRAVE No. 3039
14 Feb 48  WAS THIS A REBURIAL? (Yes or No)  Yes  Type of religious	HOUR  1300  IF A REBURIAL  USAF Cen	AGRS MAUSCLEUM, BURIED IN (Shroud, blambel, or no Casket INDICATE NAME, NUMBER, COORD metery Leyte #1, P.	ome of other)  DINATES OF PREVIO  I.	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L  ON TAGS NOT USED.	8 12 OCATION OF G	W RAVE ROW No.	5769 GRAVE No. 3039
14 Feb 48  WAS THIS A REBURIAL? (Yes or No)  Yes  Type of religious CEREMONY	HOUR 1300 IF A REBURIAL. USAF Cen PERSON CONDU	AGRS MAUSCLEUM, BURIED IN (Shroud, blambel, or no Casket INDICATE NAME, NUMBER, COORD metery Leyte #1, P.	ome of other)  DINATES OF PREVIO  I.	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L  ON TAGS NOT USED.	8 12 OCATION OF G	W RAVE ROW No.	5769 GRAVE No. 3039
14 Feb 48  WAS THIS A REBURIAL?  Yes  Yes  Type of Religious  CEREMONY  IDENTIFICATION TAG SURIED	HOUR 1300 IF A REBURIAL. USAF Cen PERSON CONDU	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITIFICATION TAG ATTACHED TO	ome of other)  DINATES OF PREVIO  I.	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L  ON TAGS NOT USED.	8 12 OCATION OF G	W RAVE ROW No.	5769 GRAVE No. 3039
14 Feb 48  WAS THIS A REBURIAL? (Yes of No.)  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes of No.)  Yes	HOUR 1300 IF A REBURIAL. USAF Cen PERSON CONDU	AGRS MAUSCLEUM, BURIED IN (Shroud, blambet, or no Casket INDICATE NAME, NUMBER, COORD BACTERY Leyte #1, P. ICTING BURIAL RITES  ATTRICATION TAG ATTACHED TO RKER (Yes or no) Yes	ome of other)  DINATES OF PREVIO  I.	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L  ON TAGS NOT USED.	8 12 OCATION OF G	WY RAVE ROW NO. NTIFICATION	GRAVE NO. 3039  DATA AND
14 Feb 48  WAS THIS A REBURIAL? (Yes of No)  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes of No)  Yes  BODY BURIED ON DECEASED	HOUR  1300  IF A REBURIAL.  USAF Cen  PERSON CONDU  WITH IDEN MA	AGRS MAUSCLEUM, BURIED IN (Shroud, blambet, or no Casket INDICATE NAME, NUMBER, COORD BACTERY Leyte #1, P. ICTING BURIAL RITES  ATTRICATION TAG ATTACHED TO RKER (Yes or no) Yes	ome of other)  DINATES OF PREVIO  I.  IF IDENTIFICATION CONTAINERS BUT	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND E  ON TAGS NOT USED, URIED WITH BODY	8 12 OCATION OF GI PLOT NO.  DESCRIBE IDE	WY RAVE ROW NO. NTIFICATION	GRAVE NO. 3039  DATA AND
14 Feb 48  WAS THIS A REBURIAL? (Yes of No)  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes of No)  Yes  BODY BURIED ON DECEASED  UNKNOWN X=378	HOUR 1300 IF A REBURIAL, USAF CONDU PERSON CONDU DWITH IDEN MA	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITHECATION TAG ATTACHED TO RKER (Yes or no) Yes d, Aret, middle initial)	OINATES OF PREVIO	TYPE OF GRAVE MARKER NOME  DUS CEMETERY, AND L  ON TAGS NOT USED, URIED WITH BODY  SERIAL, NO.	8 12 OCATION OF GO PLOT NO.  DESCRIBE IDE  ORGANIZATIO	RAVE ROW NO.  NTIFICATION  HI GRAVE	5769  GRAVE NO. 3039  DATA AND  E NO. ,
14 Feb 48  WAS THIS A REBURIAL? (Yes of No)  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes of No)  Yes  BODY BURIED ON DECEASED  UNKNOWN X=378	HOUR 1300 IF A REBURIAL, USAF CONDU PERSON CONDU DWITH IDEN MA	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITHECATION TAG ATTACHED TO RKER (Yes or no) Yes d, Aret, middle initial)	ome of other)  DINATES OF PREVIO  I.  IF IDENTIFICATION CONTAINERS BUT	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND E  ON TAGS NOT USED, URIED WITH BODY	8 12 OCATION OF GI PLOT NO.  DESCRIBE IDE	RAVE ROW NO.  NTIFICATION  REPORTED TO THE PROPERTY OF THE PRO	5769  GRAVE NO. 3039  DATA AND  E NO. ,
14 Feb 48  WAS THIS A REBURIAL? (Yes of No)  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes of No)  Yes  BODY BURIED ON DECEASED  UNKNOWN X=378	HOUR  1300  IF A REBURIAL.  USAF CONDU  PERSON CONDU  WITH IDEN MA  LEFT, NAME (Les	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITHECATION TAG ATTACHED TO RKER (Yes or no) Yes d, Aret, middle initial)	OINATES OF PREVIO	TYPE OF GRAVE MARKER NOME  DUS CEMETERY, AND L  ON TAGS NOT USED, URIED WITH BODY  SERIAL, NO.	8 12 OCATION OF GO PLOT NO.  DESCRIBE IDE  ORGANIZATIO	RAVE ROW NO.  NTIFICATION  GRAVE  GRAVE	5769  GRAVE NO. 3039  DATA AND  E No. ,
14 Feb 48  WAS THIS A REBURIAL?  (Yes or No)  Yes  TYPE OF RELIGIOUS  CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes or No)  Yes  BODY BURIED ON DECEASED  UNKNOWN X=378  BODY BURIED ON DECEASED	HOUR  1300  IF A REBURIAL.  USAF CONDU  PERSON CONDU  WITH IDEN MA  LEFT, NAME (Les	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITHECATION TAG ATTACHED TO RKER (Yes or no) Yes d, Aret, middle initial)	Inates of Previo	TYPE OF GRAVE MARKER NOME  DUS CEMETERY, AND L  ON TAGS NOT USED, URIED WITH BODY  SERIAL, NO.	8 12 OCATION OF GI PLOT NO.  DESCRIBE IDE  ORGANIZATIO	RAVE ROW NO.  NTIFICATION  GRAVE  GRAVE	5769  GRAVE NO. 3039  DATA AND  E NO. , 6770  E NO.
14 Feb 48  WAS THIS A REBURIAL?  Yes  TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURIED BODY (Yes or 100)  Yes  BODY BURIED ON DECEASED  UNKNOWN X-378  BODY BURIED ON DECEASED  UNKNOWN X-378	HOUR  1300  IF A REBURIAL.  USAF Cen PERSON CONDU  WITH IDEN MA  LEFT, NAME (Les 88 RIGHT, NAME (Les 85-B  FARING REPORT	AGRS MAUSCLEUM, BURIED IN (Shroud, blambot, or no Casket INDICATE NAME, NUMBER, COORD Metery Leyte #1, P. ICTING BURIAL RITES ITHECATION TAG ATTACHED TO RKER (Yes or no) Yes d, Aret, middle initial)	I.  IF IDENTIFICATION CONTAINERS BUT TANK  RANK  SIGNATURE OF G	TYPE OF GRAVE MARKER NODE  DUS CEMETERY, AND L  ON TAGS NOT USED, URIED WITH BODY  SERIAL NO.  SERIAL NO.	8 12 OCATION OF GO PLOT NO.  DESCRIBE IDE  ORGANIZATION  ORGANIZATION  ORGANIZATION  ORGANIZATION	RAVE ROW NO.  NTIFICATION  GRAVE  GRAVE	5769  GRAVE NO. 3039  DATA AND  E NO

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_	Section UNIDENTIFIE	D REMAINS,		· · · · · · · · · · · · · · · · · · ·
LEFT LITTLE FNGER	mains. Fill in anatom social security number planes, vehicles, and ta (b) A fingerprints	ical characteristics; ; position of body foinks. or prints, are the m	below, and any other und in airplanes, vehi lost valuable of all clu to fingerorint or prints	is for the future identity of unidentified re- clues under "Other," such as shoe size, cles, and tanks; and serial numbers of air- es. Imprint all fingers and thumbs in the can be secured, the condition of each and
RING	every tooth will be indi- accomplished if one or	cated on the tooth o more fingerprints a	:hart in accordance wi	th diagram below. Tooth chart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOUS
<u></u>	WEAPON AND SERIAL NO.	LAUNDR	Y MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CL	UES	·	
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NDEX FINGER	FILLINGS	SILVER FIL	LING NG	2 2 2 2
; <del></del>	-			, 2000 BBD 1
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! 			70	ST TOST !
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		TOOTH MISS		<b>7</b>
THUMB		01/10	DIAGRA	M REPRESENTS THE MOUTH WIDE OPEN
	CROWNED TEETH		16(	(IR 20016)
	-	PORCELAIN GOLD CRO		LOWER STATE 15
INDEX		VILLEY		14 0 14
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<b>S</b>			BRIDGE	". O 0000 S
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Andone	FURNISH SKETCH AND MA	P REFERENCE AND CO	ORDINATES FOR BURIAL	IN OTHER THAN ESTABLISHED CEMETERY
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RIGHT.	QMC Form	1044, 1044 <b>-</b>	and 1044-B ac	ccomplished.
INGER			•	

RESTRICTED

RESTRICTED Graves Registration Form No. 1 (Revised May 11, 1943)

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



UNKNOWN X-102 (Rank) (Initial) (Serial number) (Last name) (Cause of death) (Date of death) (Name or co-ordinates of location) (Place of death) USAF Cemetery 1500 hrs 22 July 1945 ____ Reg. Cross (Type of marker Regulation V-shaped or other) 3039 (Plot number) (Row number) Disposition of identification tags: Buried with body Yes ( ) No ( X ) Attached to marker Yes ( ) No ( X ) Religion Disinterred from USAF Cemetery Pinamopoan #1, Leyte, P.I. Grave 116 (X-6) Metal tag buried with remains and attached to marker.

(If no identification tags, what means of identification are buried with the body?) (If no identification tags, but identity definitely established, give particulars) Co, 1 Bn 3040 128 Inf 33 091 571 ... (Serial number) Body buried on RIGHT_HENSLEY, LeRoy (Grave number) 3038 128 Inf 38 352 730 (Serial number) Pvt Agapito (Grave number) Body buried on LEFT CHAVEZ, (Organization (Rank) (Name) (Name and address of LEGAL NEXT OF KIN) (Name and address of EMERGENCY ADDRESSEE) List only personal effects FOUND ON BODY and disposition of same: None 1134 SM Printing Plant 5 46 45 30M

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	IF DECE	ASED UNIDENTIFIED			
	TAKE FINGERPRINTS OF P	OTH HANDS OF THE			
	CAN, and fill in as many of the	he following as von are al	VE THOSE YOU		4
	Height:				
	Weight:	Apparent nationali	ty:		[ .
Cu A	Color of eyes:	Laundry marks:			. ]
	Color of hair:	Number of rifle:		The second secon	
	Race;	Wear glasses?			e2 .
	1	Is tooth chart attac	hed? No.		
	(II possible, have med	ical personnel take a tooth c	thart)		
	In space below, locate and d formities, etc.:	escribe any scars, birthm	arks, moles de-		AND
HAND					H
ð				•	2 E4
	Note below any identifying of de	luce found			RIGHT
	probable organization of de	rues louid, such as lettel	rs, photographs,		_ Š
		evancu, etc.,			
	IF THIS IS AN ISOLATED E	RIRIAT ATTEACHE	And the probability of		4
	LOCATION, ORIENTED WI	THE DEPOSATION A SKI	ETCH OF THE		
	(.)	THE MERITANENT LAND	MARKS.		
	Juliu E.	200			-
	double by	obis, S/Sgt, GRS	3		.
	e or office	er or other person reporting b	urial)	<b>4</b>	
		1. Lemon		<b>5</b>	
The state of the s	FRANCIS 1	SIMON, 1st Lt.	, OMC		
	1781	illed by Army GRS Officer)			1 .

Graves Registration Form No. I (Revised May II, 1943)

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RESTRICTED 127MA 45

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

Unknown X6.		***************************************			***************************************
(Last name)	the transfer of the Valley of the Section (Section )	an Mark Dalieber at All College and All College and All College at All College and All College at All College	(Seria (OTRA)-CAU	PAYRIA SINDER BOOK BOOK SIND TO SEE	service containing amount of the contraction of the
, 100 to 100	Nc	t deteminab	le no EMT	found-prepa	red same prior
(Place of dea		(Date of death			of death to interment
0930 - 25 Nc	v 1944 USAF Ce	m. Pinamopo	an No.1, Le	yte Island,	Inetes of location
Time die date	. The second of the factors where	eka) ahi kadalistan kansar ata			
	— <u>————————————————————————————————————</u>	<del>nimia. Nejminim ile ile ile</del> Is è ude ile come ile come	2700 Warasasa (ba		
116	3			Improvise	ad Marker.
(Grave number)	(Row number)	(Plot number)	(Type o	of marker—Regulation V	shaped or other)
Disposition of identifica	ntion tags: Buried with	body Yes	No 😿 Attac	hed to marker	Yes 🔲 No 🔯
물 기타인 보이어도 일을 가는 것이	Andreas and the second	ി ദ്രഹതമെ ജിവാന	tad sut the bo	ðu Øino at	min attached
Religion ? Memo e to Mar	den in the transfer of the state of the stat		Too at on bo	Cy . Zilio 51	urth goodaire
		kaya madinal parteach		The second secon	omen om med sent til sent sent sent sent sent sent sent sent
DERTIFIED TRUE	OUPY (If no identification to	gs, what means of identif	ication are buried with t	he body?)	
100	ONN ONG.				
1st J.J. J. T	(If no Identification	tags, but identity definit	ely established, give par	ticulars)	
Body buried on RIGH	T VACANT - Rock	Obstruct10	<b>13</b>		
- Commission of the Commission	(Name)	(Serie	d number) (Rank)		
Body buried on LEFT	HENSLEY, LeRo	y, NMI 330	91571 Pfc		Inf.Regt. 115
	(Name)	Serie	I number) (Rank)	(Organizat	ion) (Grave number)
***************************************		kanganan kangan kan Bangan kangan kanga	All moning and a	ddress of LEGAL NEXT	OF KINI
	tres of EMERGENCY ADDRESS Is FOUND ON BODY	nakabar in palasarah ini labah bakalarah di kelimparan ke	e salasas de la seguina de la companya de la compa		
			Motte T	ound on boo	1129
(21)		CONFID	ENTIAL:		

		DECEASED UNIDENTIF	ien		
Control of Section 2	TAKE FINGERPRIN 3/19/43). If unable t	IS OF BOTH HANDS to obtain a complete set	(W. D. Cir. No. 79 of fingerprints, <b>TAK</b> I		
	THOSE YOU CAN,	and fill in as many of the	following as you are		
	Height: Weight:	Apparent na Laundry mar			
	Color of eyes : Color of hair :	Number of ri Wear glasses			m
	Race:	Is tooth char have medical personnel take a	t attached ?		
A Constant of the Constant of	In space below, locate formities, etc. :	and describe any scars,	birthmarks, moles de	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S X X
Signature sensitives	The second of th		in in the second	25 25	RIGHT
	Note below any ident probable organization	ifying clues found, such as on of deceased, etc. :	letters, photographs		
		The state of the s			_
	OF THE LOCA		ITH PERMANEN		
	LANDMARKS. CE	RTIFIED TRUE CO RLIN D. LEWIS, Co Seturation of the Parson	apt.QMC.		2
	<b>1</b> 1000000	(Mighature of officer of other person inn Trinale 1st (Verified by Arm	A A of Art and Assessment A		
		(Verified by Arm	y ext Office)	ostoooseeste terrette valtamisse oo	