

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK LEYTE #1, X-114

SUBJECT

(also Manila Maus, X-3650)

QMC FORM 1121  
1 Aug 45

**DISINTERMENT DIRECTIVE** *PHITCOM*

DATE: \_\_\_\_\_ SIGNATURE OF SENDER: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF RECEIVER: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: \_\_\_\_\_ DIRECTIVE NUMBER: **7740 81013** DATE: **16 02 50**  
KIND OF COMRADE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DAY MONTH YEAR

NAME: **K-114** SERIAL NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_ ARM: \_\_\_\_\_ RACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
UNKNOWN 1-1143650 SHIPPED

CEMETERY: **KEYSTONE MILITARY CEMETERY** PLOT: \_\_\_\_\_ ROW: \_\_\_\_\_ GRAVE: **3112** DISPOSITION OF REMAINS: **7701 80E**  
USAF CEMETERY NO. 1, P. I. DATE: \_\_\_\_\_ DISPOSITION CODE DIST. CTR.

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE: **UNITED STATES MILITARY CEMETERY** NAME AND ADDRESS OF NEXT OF KIN: \_\_\_\_\_  
NO. 1 PT. W. MCKINLEY, P. I. DATE: \_\_\_\_\_ SHIPPED **(BY ADMINISTRATIVE DECISION)**

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_ DATE DISTINTERRED: \_\_\_\_\_  
KIND OF COMRADE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: \_\_\_\_\_ RELIGION: \_\_\_\_\_ IDENTIFICATION VERIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_ SHIPPED NAME AND TITLE

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL: \_\_\_\_\_ CONDITION OF REMAINS: \_\_\_\_\_  
DATE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER MEANS OF IDENTIFICATION: \_\_\_\_\_  
NO. 1 DATE: \_\_\_\_\_ SHIPPED

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
DATE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMAINS PREPARED AND PLACED IN CASKET  
DATE: \_\_\_\_\_ BY: \_\_\_\_\_ SHIPPED

CASKET SEALED BY: \_\_\_\_\_ EMBALMER (Signature): \_\_\_\_\_  
DATE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASKET BOXED AND MARKED: \_\_\_\_\_ SHIPPING ADDRESS VERIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_ BY: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
DATE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS AND SPECIAL INSTRUCTIONS: \_\_\_\_\_ SIGNATURE OF AGRS INSPECTOR: \_\_\_\_\_  
DATE: \_\_\_\_\_ NAME OF COMRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

FILE: \_\_\_\_\_ RECORDS ANNOTATED: \_\_\_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECORD OF COPIES OF THIS REPORT  
 \_\_\_\_\_ BR. MEM. DIV.

826 # 372

/bpm <b>1</b>	Interred 28 Feb 50 N 13 77 Ft. McKinley <i>Searchmark</i>		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM		
	Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81013</b>		DATE <b>16 02 50</b> DAY MONTH YEAR
NAME <b>UNKNOWN</b>		<i>X-114</i> SERIAL NUMBER <b>X-114</b>	GRADE	ARM	RACE RELIGION
CEMETERY <b>USAF CEMETERY <del>...</del> NO. 1, P. I.</b>		PLOT <i>Maintaining graves of Camp</i>	ROW <del>...</del>	GRAVE <b>3112</b> <del>3112</del>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE <i>Reins</i> <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>X - 114</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>22 July 49</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>RICHARD A HOYT</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 <b>X - 3650 Mausoleum</b>					
MINOR DISCREPANCIES ( <i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i> )					
REMAINS PREPARED AND PLACED IN CASKET					
DATE <b>22 July 49</b> BY <b>RICHARD A HOYT</b>					
CASKET SEALED BY <b>RICHARD A HOYT</b>			EMBALMER ( <i>Signature</i> ) <b>s/ Richard A Hoyt</b>		
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY DATE <b>22 July 49</b> BY <b>RAYMOND H TANGUAY, Sgt 1c RA</b> <b>J. J. McDERMOTT</b>		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  <b>s/ J. J. McDermott</b> SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>US Military Cemetery</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Honick</i>	DATE <b>FEB 28 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

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7748 03175

DATE

15 01 50  
DAY MONTH YEAR

NAME

Unknown - 114 digit

SERIAL NUMBER

UNKNOWN X-003650

GRADE

ARM

RACE

RELIGION

0 0 5

CEMETERY

MANILA HAUS NO 1 P I

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

7701 50  
CODE DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

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

UNKNOWN

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

REMAINS UNIDENTIFIABLE

NAT  
FILE  
RECORDS ANNOTATED  
DATE 24 Oct 50  
NAME [Signature]  
BR. MEM. DIV.

6

# DISINTERMENT DIRECTIVE

### SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

774- 0-17

DATE

15 01 50

DAY MONTH YEAR

NAME

*gms*  
UNKNOWN

SERIAL NUMBER

X-003850

GRADE

ARM

RACE

RELIGION

CEMETERY

MANILA (HAUS NO 2) P I

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

7731

50

CODE

DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

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

UNKNOWN

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.)

*Reverted to Regano*

REMAINS PREPARED AND PLACED IN CASKET

DATE

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

REMAINS UNIDENTIFIABLE

**HAS FILE**  
*[Signature]*

SENT JAN 20 1950

**AIRMAIL**

293 unk. P.I. (Misc) memo  
REF: 293  
CDS Par last 7-3427447 7-685  
7-7457446 7-75071943 1257  
SUBJECT: Identification of World War II deceased 7-1117110

INDEX - 3650  
(1 Name, numbers) P.I. (11/11/50)

TO : Commanding Officer  
American Graves Registration Service  
Philomena Camp  
APO 943, c/o Postmaster  
San Francisco, California

1. Reference is made to certificates of Unidentifiability for the following Unknown Deceased:

AGRS Name, Serial	WAR Com. Serial #2	GRA Unit	Page
X-312	X-15	1	1
X-415	X-155	1	3
X-435	X-159	1	4
X-795	X-310	1	5
X-856	X-300	1	4
X-730	X-247	1	5
X-1343	X-3275	1	11
X-1257	X-3650	1	19
X-1129	X-3782	1	21
X-1376	X-3960	1	22

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

FOR THE QUARTERMASTER GENERAL:

W. Littlepage  
L. E. White  
J. Lindner  
cc: Adm Section  
Copy furnished AGRS APO 500

T. H. SKEZ  
Lt. Colonel, USA  
Memorial Division

JHE  
TSC

**AIRMAIL**

AIRMAIL

QMGMT 293  
GRS Far East

12 December 1949

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 at the AGRS Mausoleum, Manila, P. I.:

Unknown X-3328	(Formerly X-536, Leyte #1)
Unknown X-3650	(Formerly X-114, Leyte #1)
Unknown X-3280	(Formerly X-118, Leyte #1)
Unknown X-3651	(Formerly X-119, Leyte #1)
Unknown X-3652	(Formerly X-120, Leyte #1)
Unknown X-3281	(Formerly X-127, Leyte #1)
Unknown X-3410	(Formerly X-128, Leyte #1)
Unknown X-3420	(Formerly X-179, Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

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

HEB

TEC

R. W. Miller:lak  
Salsar  
J. Windsor

cc: Administrative Section

CG: Commander-in-Chief  
Far East  
APO 500, c/o Postmaster  
San Francisco, California

*Ind N  
File 9 Aug 50  
E. Christine Garvin  
Id Br*

AIRMAIL



COPY:

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900  
22 November 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-2731	AGRS	Mslm	UNKNOWN	X-3410	AGRS	Mslm
"	X-2732	"	"	"	X-3420	"	"
"	X-2865	"	"	"	X-3650	"	"
"	X-3280	"	"	"	X-3651	"	"
"	X-3281	"	"	"	X-3652	"	"
"	X-3328	"	"	"	X-4721	"	"

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

FOR THE COMMANDING OFFICER:

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

12 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

C  
O  
P  
Y

AIRMAIL  
RESTRICTED

27 September 1949

247  
QUART 293  
QRS Far East

(Bd of Review)

SUBJECT: Identification of World War II Deceased

To: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Proceedings of the Field Board of Review recommending the following identifications are returned herewith disapproved:

Unknown X-3652 AGRS Mausoleum, Manila (formerly Unk. X-120 Leyte #1)  
as Russel, Sam J., Cpl., 54663407.

X 93 P. 1

Unknown X-3650-A	AGRS Maus. Manila	(formerly Unk. X-114 Leyte #1)
" X-3279	" " "	" Unk. X-117 "
" X-3280	" " "	" Unk. X-118 "
" X-3651	" " "	" Unk. X-119 "
" X-3262	" " "	" Unk. X-121 "
" X-3281	" " "	" Unk. X-127 "
" X-3410	" " "	" Unk. X-128 "
" X-3420	" " "	" Unk. X-179 "

as a Group Burial, the remains of the following decedents:

Dissler, Frederick E.	T/5	32069191
Klatte, Richard L.	T/5	36205716
Mathews, Walter L.	T/5	34665190
Mute, Kenneth H.	T/4	36013715
Pawlowicz, Leo G.	T/5	36608077
Platchek, Joseph	T/5	37385478
Shapiro, Barnett I.	T/5	12201720
Walker, Eugene S.	T/5	38282215

2. Investigation in this Office reveals that there are believed to be between eighty and one hundred Army personnel killed or missing in action as the result of the incident which was responsible for the death of the above named deceased. No complete official casualty list has ever been compiled. Therefore paragraph #8 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

RESTRICTED

AIRMAIL

RESTRICTED

IRMAIL

QMGT 293

QMS Far East

SUBJECT: Identification of World War II Deceased

27 September 1949

3. Lack of dental data and the fragmentary condition of the remains precludes any possibility of individual identifications.

4. The identification of Unknown X-3260 as Deck Engineer Carroll S. Larson, I-369261, Merchant Marine associated with the same incident, was rescinded per letter to your headquarters 9 September 1949.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. Bd Proceedings (Bissel)
2. Bd Proceedings  
(Group Burial)

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

RES  
RMB

TEC

J.E.Ball:lrc

Salsar

JM

cc--Administrative Section  
cc--Cincfe

2

RESTRICTED

MAIL

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

CSGR 293.9

AFO 707  
13 SEP 1949

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers

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

1. The change of status or designation of some Unknowns stored at AGPS Mausoleum, Manila, P.I., necessitated the cancellation of the letter suffix "A" or "C" of the X-numbers of the Unknowns which were originally recovered or interred together with the Unknowns supra-mentioned.

2. In view of the above, it is requested that all records, your office, pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

JUSTIFICATION

X-2091-A, AGPS Mausoleum  
(Formerly X-2581, Manila #2)

X-2091-B designated  
as CIL #229

X-3227-A, AGPS Mausoleum  
(Formerly X-236, Sta. Barbara #1)

X-3227-B designated  
as CIL #439

X-3514-A, AGPS Mausoleum  
(Formerly X-224B, Manila #2)

X-3514-B designated  
as CIL #446

X-3650-A, AGPS Mausoleum  
(Formerly X-114, Leyte #1)

X-3650-B voided and con-  
solidated with X-3410

X-3701-A, AGPS Mausoleum  
(Formerly X-58, Leyte #1)

X-3701-B designated  
as CIL #258

X-3826-C, AGPS Mausoleum

X-3826-A identified as ST2c  
LOPEZ, Augustin 1818607  
USMC and X-3826-B, now  
X-5121, Returned to Allied  
Control

X-4125-A, AGPS Mausoleum

X-4125-B, now X-5123, con-  
sidered Unidentifiable

OSCR 293

Subject: Cancellation of Letter Suffixes of Unknown Numbers

X-4610-A, ACPS Mausoleum

X-4610-B designated  
as CIL #254

X-4814-A, ACPS Mausoleum

X-4814-B, now X-5113, con-  
sidered Unidentifiable

3. All records in this Headquarters pertaining to the above Un-  
knowns have already been amended accordingly.

FOR THE COMMANDING GENERAL:

/s/ John M. Weston, Jr.  
JOHN M. WESTON JR  
1st Lt           ACD

\*C\*O\*P\*Y

\*C\*O\*P\*Y\*

1

### DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 7740 00136		DATE 15   05   48 DAY   MONTH   YEAR		
NAME <u>UNKNOWNX-000114</u>				SERIAL NUMBER		RANK		ARM Q
CEMETERY USAF CEMETERY LEYTE NO 1				DISPOSITION OF REMAINS 7701   80 CODE   DIST. PT.		DATE OF DEATH DAY   MONTH   YEAR		0
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH		
		3112	PHILIPPINE ISLANDS			6		

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)		NAME AND ADDRESS OF NEXT OF KIN	
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**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY <i>[Signature]</i>
NAME AND TITLE				

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *I*

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		

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 GRS INSPECTOR

**FILE**  
APR 25 1950  
*[Signature]*


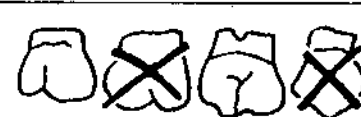






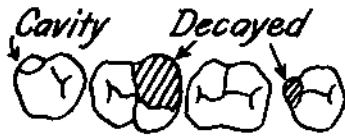

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.




**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3650 (Formerly UNK X-114 Leyte #1)</b>				2. DATE OF REPORT <b>20 Oct 1949</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I .</b>		4. PLOT <b>812</b>	5. ROW <b>U</b>	6. GRAVE <b>5410</b>	7. DATE OF DISINTERMENT REINTERMENT	
<b>PHYSICAL DESCRIPTION</b>						
8. ESTIMATED WEIGHT <b>U T D</b>		9. ESTIMATED HEIGHT <b>5'5 3/8"</b>		10. COLOR OF HAIR <b>U T D</b>		11. RACE <b>UNKNOWN</b>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p align="center"><b>N O N E</b></p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p align="center"><b>U T D</b></p>						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p align="center"><b>N O N E</b></p>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  <p align="center"><b>N O N E</b></p>						

**"UNIDENTIFIABLE"**

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

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
<del>7</del>	$\frac{A}{0}$	X	<del>7</del>			X	<del>7</del>	<del>7</del>			X	<del>7</del>	X	<del>7</del>	<del>7</del>		
<i>Side Views</i>																	<i>Side Views</i>
<i>Top Views</i>																	<i>UPPER</i>
<i>Side Views</i>																	<i>LOWER</i>
X			$\frac{A}{0}$	$\frac{A}{od}$							$\frac{0}{6}$		$\frac{A}{0}$	$\frac{A}{F}$	X		
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."

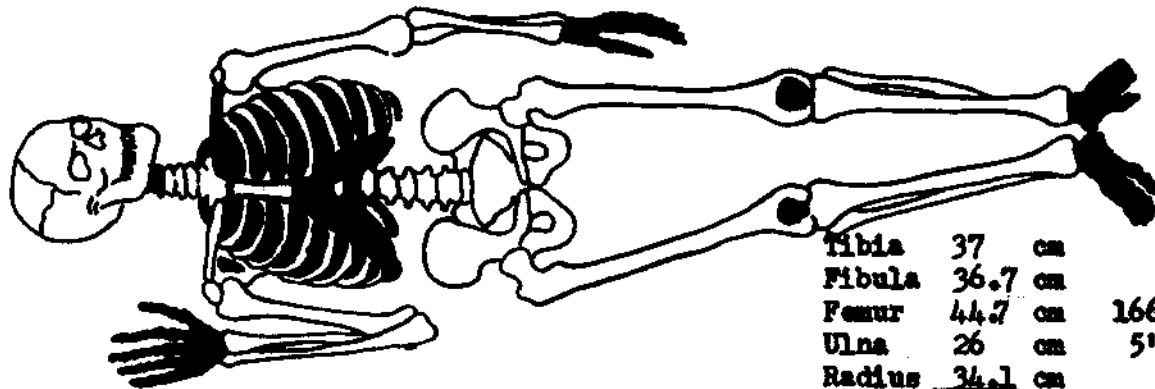
**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Paul R. Nichols*  
**PAUL R. NICHOLS**  
 Chief, Ident. Section



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 - 10 lbs.

Circumference of skull - 21 1/2 inches.

**"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 Section**

SIGNATURE

*Paul R. Nichols*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

18 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-114, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3112, USMC USAF Com. Loyte#1 have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. W. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3650- <del>4</del> (Formerly UNK X-114 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 10 Feb 48	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW RANGER BAY U	6. GRAVE CRYPT 5410	7. DATE OF DISINTERMENT 11 Dec 47
				REINTERMENT S.I.O. 11 Feb 48	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'5 3/8"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	---------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D - Skeletal Chart and Tooth Chart attached.

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


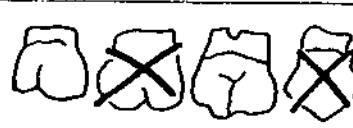
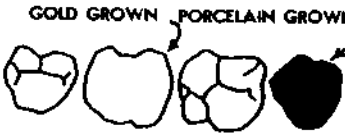



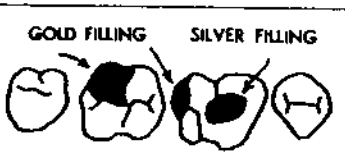
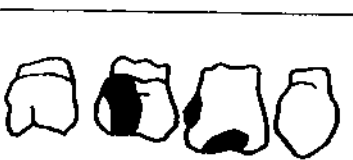
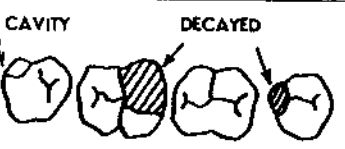

N O N E

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

N O N E

18.

TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS																
TOP VIEWS																
LOWER																
SIDE VIEWS																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

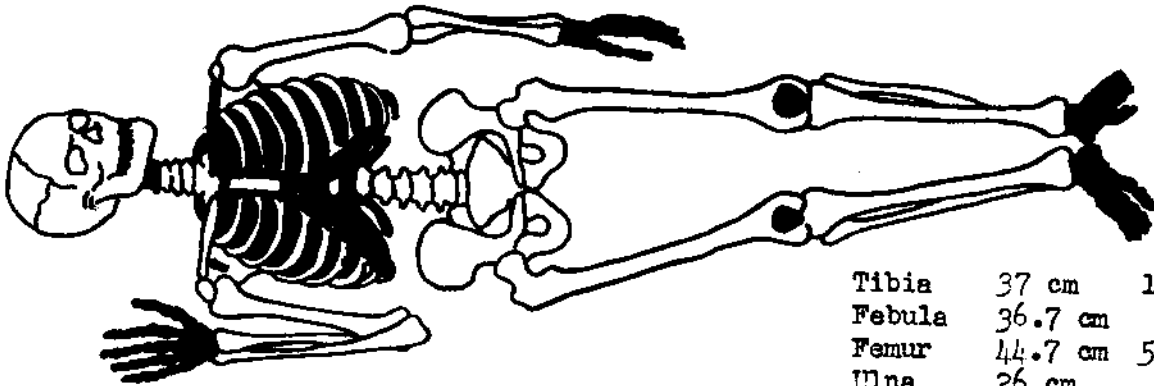
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
 G T GAMBOA  
 2d Lt MSC

/s/ John H Bennett Jr

19. BLACK OUT PARTS OF BODY NOT COVERED



Tibia	37 cm	166 cm
Febula	36.7 cm	or
Femur	44.7 cm	5'5 3/8"
Ulna	26 cm	
Radius	34.1 cm	
	<u>148.5 cm</u>	

20.

## MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of \_\_\_\_\_ NUMBER \_\_\_\_\_ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

## 21. REMARKS AND ADDITIONAL INFORMATION

While processing X-3650, AGRS Mausoleum, Manila, P.I., we found one extra lumbar, one (1) left scapula and one (1) tooth. Classified these extra bones as UNK X-3650-B. Upon processing X-3650-A, no ROI burial bottle, ID tags, personal effects, or other means of identification received with remains. Skull is 21½ inches in circumference. Estimated weight of remains, 10 lbs. The physical height is approximately 5 ft. and 5 3/8 inches. (Refer to UNK X-3650-B).

CERTIFIED TRUE COPY:

*G T Gamboa*  
G T GAMBOA  
2d Lt MSC

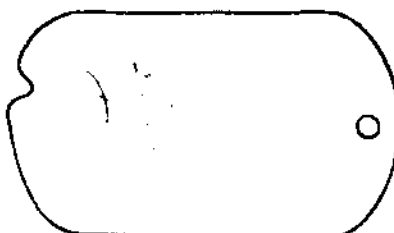
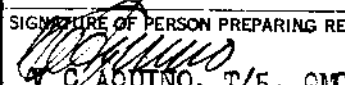
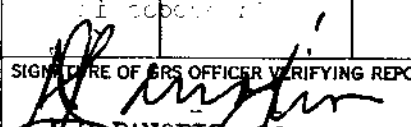
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge


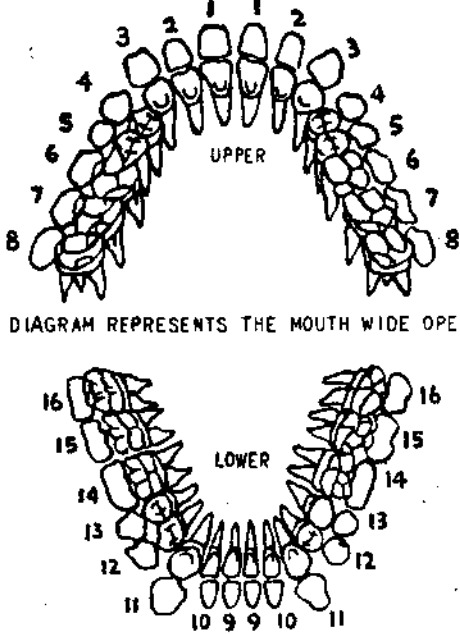




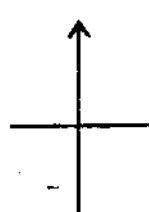
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ CLEMENT G SWAN  
Emb Sr Ung C-064862  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G Swan

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)				REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 19 Feb 48		
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.						SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-3650- <del>A</del> (Formerly USAF 6-114 USAF Cemetery Leyte #1, P.I.)						Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY					
PLACE OF DEATH Aboard SS Jeremiah H Daily, Leyte Gulf, P.I.		CAUSE OF DEATH KIA - 2nd degree burns, shrapnel wounds - EA				DATE OF DEATH 12 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 (2)									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  None									
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.									
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  AGRS MAUSOLEUM, MANILA, P. I.									
DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. 5410		
WAS THIS A REBURIAL? (Yes or no) RESTORED 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. 3112
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) SIGNED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes								
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3650-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5411			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3649			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5409			
SIGNATURE OF PERSON PREPARING REPORT  C. AQUINO, T/5, QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. S. PANOPIO, 2d Lt., Inf					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.									

	Section <b>—UNIDENTIFIED REMAINS</b>	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>							
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
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									
<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>				
<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>									
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>									
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>									
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>									
<p><b>REMARKS:</b> In processing former UNK X-114 USAF Cem Layte #1, P.I. at CIP, AGRS Mausoleum, Manila, P.I., remains of two (2) bodies were found, segregated and designated as UNKs X-3650-A (subject case) and X-3650-B AGRS Mausoleum, Manila, P.I. Cross check subject case with UNK X-3650-B, AGRS Mausoleum, Manila, P.I. QMC Form 1044, 1044-A and 1044-B accomplished.</p>									

**19 MAY 1948**

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

8450

UNKNOWN AMERICAN SOLDIER X-114

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
 Aboard SS Jeremiah H. Daily, 12 Nov 1944 KIA-2nd deg burns, shrapnel  
 (Place of death) (Date of death) (Cause of death)  
 Leyte Gulf, P.I. wounds-EA  
 1300 hrs 23 July 1945 USAF Cemetery Leyte # 1, P. I.  
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

3112

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 (X) Attached to marker Yes ( ) No (X)  
 DISINTERRED from Grave 362, USAF Cemetery Tacloban # 1, Leyte, P. I.  
 Religion (UNKNOWN AMERICAN SOLDIER X-46)

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)

Body buried on **RIGHT** UNKNOWN AMERICAN SOLDIER X-115 3113  
 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 Body buried on **LEFT** UNKNOWN AMERICAN SOLDIER X-113 3111  
 (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 RESTRICTED



**IF DECEASED UNIDENTIFIED**

**TAKE FL. ERPRINTS OF BOTH HANDS** (W.D. Cir. 1. 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? **yes**

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

**Tooth chart taken on disinterment.**

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 LANDMARKS.**

*John E. Bobis*  
 S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
 FRANCIS M. SIMON, 1st Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

**REGISTER OF DENTAL PATIENTS AT  
UNKNOWN AMERICAN SOLDIER**

**X-114**

**USAF Cemetery Leyte # 1, P.I**

**Grave 3112**

(1) SURNAME (2) CHRISTIAN NAME

(3) RANK (4) COMPANY (5) REGIMENT (6) STATE

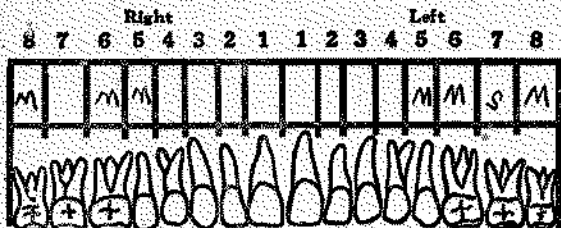
(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

(10) DISEASE OR INJURY WITH LOCATION, OR PLICATIONS, SEQUELAE, E.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper	8 lft--missing	
Upper	lft # 7--silver filling	
Upper	lft # 6--missing	
Upper	lft # 5--missing	
Upper	rt # 8--missing	
Upper	rt # 6--missing	
Upper	rt # 5--missing	
Upper	rt # 4--missing	
Lower	rt # 16--missing	
Lower	rt # 13--silver filling	
Lower	rt # 12--H	
Lower	rt # 16--missing	
Lower	rt # 14 and 15--silver fillings	

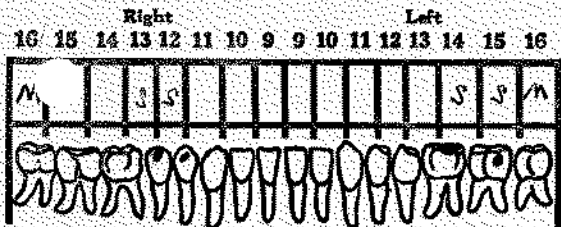
**Charles R. Sego, Pvt, CBS**  
Dental Corp. U. S. A.

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**



**LOWER TEETH**



CLASS \_\_\_\_\_

Occlusion \_\_\_\_\_; Calculus: Slight, Medium, Heavy

Periodontoclasia \_\_\_\_\_

Dental foci suspected:      Yes                  No

Other conditions \_\_\_\_\_

Date 23 July 1945

*Charles R. Sego*  
**Charles R. Sego, Pvt, GRS**

Dent ~~XXXXXXXX~~

\*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture  
 (horizontal line)



Teeth replaced by fixed bridge  
 (oval to include abutments)



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

**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

UNKNOWN AMERICAN SOLDIER X-114

Aboard (Last Name) *Jeremiah* (First Name) *H.* (Initial) (Serial number) *K (Rank) - 2nd (Organization) MARINES,*  
Daily, Leyte Gulf, P.I. 12 Nov. 1944 shrapnel wounds-EA  
(Place of death) (Date of death) (Cause of death)

1300 hrs 23 July 1945 USAF Cemetery Leyte #1, P.I.  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

DISINTERRED from Grave 362, USAF Cemetery Tacloban #1, Leyte, P.I.  
(UNKNOWN AMERICAN SOLDIER X-46)  
Reg Cross

3112 (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

TRUE COPY

*Leader W. O'Neil* Metal tag buried with remains and attached to

(If no identification tags, what means of identification are buried with the body?)

LEADER W. O'NBILL Marker.

1st Lt., Infantry (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN AMERICAN SOLDIER X-115 3113  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-113 3111  
(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 RESTRICTED

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

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

UNKNOWN AMERICAN SOLDIER X-114

Aboard (Last Name) *Jeremiah* (First) *H.* (Initial) (Serial number) *K-1* - 2nd (Organization) *COG BARRNS*,  
Daily, Leyte Gulf, P.I. 12 Nov. 1944 shrapnel wounds-EA  
(Place of death) (Date of death) (Cause of death)

1300 hrs 23 July 1945 USAF Cemetery Leyte #1, P.I.  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

DISINTERRED from Grave 302, USAF Cemetery Tacloban #1, Leyte, P.I.  
(UNKNOWN AMERICAN SOLDIER X-46)

3112 (Grave number) (Row number) (Plot number) Reg Cross (Type of marker - Regulation V-shaped or other)

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

Religion *TRUE COPY*

*Leander W. O'Neill* Metal tag buried with remains and attached to  
(If no identification tags, what means of identification are buried with the body?)

LEANDER W. O'NEILL marker.

1st Lt., Infantry (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN AMERICAN SOLDIER X-115 3113  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-113 3111  
(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 RESTRICTED

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. r. 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 ? <input checked="" type="checkbox"/> Yes

(If possible, have medical personnel take a tooth chart)  
Tooth chart taken on disinterment  
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 LANDMARKS.**

/s/t/ S/Sgt John E. Dobis, GRS  
(Signature of officer or other person reporting burial)

/s/t/ FRANCIS M. SIMON, 1st Lt., GRC  
(Verified by Army GRS Officer)

LEFT HAND

2

1

THUMB

REGISTRATION AND  
RECORDS BRANCH

61  
MAY 1943  
MEMORIAL DIVISION

RIGHT HAND

2

1

THUMB

**REGISTER OF DENTAL PATIENTS AT  
UNKNOWN  
AMERICAN SOLDIER X-114**

(1) SURNAME (2) CHRISTIAN NAME  
USAF Cemetary Leyte #1, P.I.  
Grave# 3112

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

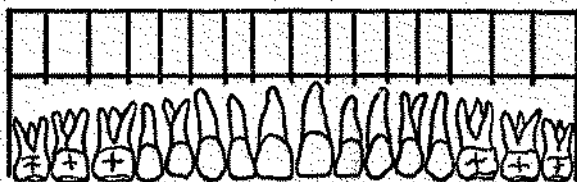
(10) DISEASE LOCATION SEQUENTIAL	(11) INJURY WITH APPLICATIONS	(11) DATES AND NATURE OF TREATMENT AND OPERATIONS	(12) RESULTS AND REMARKS
Upper 8 lft	Missing		
Upper lft #7	Silver filling		
Upper lft #6	Missing		
Upper lft #5	Missing		
Upper rt #8	Missing		
Upper rt #6	Missing		
Upper rt #5	Missing		
Upper rt #4	Missing		
Lower rt #16	Missing		
Lower rt #13	Silver filling		
Lower rt #12	Silver filling		
Lower rt #16	Missing		
Lower rt #14 and 15	Silver filling		

/t/ Charles R. Segr. Ext. 683  
Dental Corps, U. S. A.

**\*REPORT OF DENTAL SURVEY**

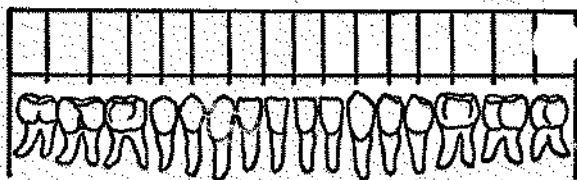
**UPPER TEETH**

Right Left  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



**LOWER TEETH**

Right Left  
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS -----

Occlusion -----: Calculus: Slight, Medium, Heavy  
Periodontoclasia -----

Dental foci suspected: Yes No

Other conditions -----

A TRUE COPY

*L. W. O'Neill*  
L. W. O'NEILL  
1st Lt., Inf

Date 23 July, 19 45

/s/t/ Charles R. Sego, Pvt GR5  
*Dental Corps, U.S. Army*

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line) 

X	X	X
---	---	---

Teeth replaced by fixed bridge  
(oval to include abutments) 

( X )
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~~CONFIDENTIAL~~

27 Jan 45

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

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

8459

**UNKNOWN AMERICAN SOLDIER X-46**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS	Jermiah H.	Daily	Leyte Gulf	12 Nov. 1944	KIA 2nd degree
(Place of death)	Leyte, P.I.		(Date of death)	burns, shrapnel wounds	
1000 hrs 15 Nov. 1944	USAF CEMETERY, TACLOBAN #1,		enemy action		
(Time and date of burial)	(Name of cemetery)		LEYTE, P.I. (Name or co-ordinates of location)		

362

Cross, regulation

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Religion

Report of Interment (in bottle)

(If no identification tags, what means of identification are buried with the body?)

Finger prints unobtainable due to the condition of remains.

(If no identification tags, but identity definitely established, give particulars)

Body buried on	<b>RIGHT</b>	<b>UNKNOWN AMERICAN SOLDIER X-47</b>				<b>363</b>
	(Name)	(Serial number)	(Rank)	(Organization)		(Grave number)

Body buried on	<b>LEFT</b>	<b>BEGINNING OF ROW</b>				
	(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.**

~~CONFIDENTIAL~~

27 Jan 45

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

**REPORT OF INTERMENT**  
(TM 10-430 AND AR 30-1815)

8459

**UNKNOWN AMERICAN SOLDIER X-46**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jermiah H. Daily,	Leyte Gulf	12 Nov, 1944	KIA	2nd degree	burns, shrapnel wounds
(Place of death)	Leyte, P.I.	(Date of death)			enemy action
1000 hrs 15 Nov, 1944	USAF CEMETERY, TACLOBAN #1,				
(Time and date of burial)	(Name of cemetery)	LEYTE, P.I.	(Name or co-ordinates of location)		

362

(Grave number)	(Row number)	(Plot number)	Cross, regulation	(Type of marker—Regulation V-shaped or other)
----------------	--------------	---------------	-------------------	---

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

Religion

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Body buried on <b>RIGHT</b>	<b>UNKNOWN AMERICAN SOLDIER X-47</b>				363
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	

Body buried on <b>LEFT</b>	<b>BEGINNING OF ROW</b>				
(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.**

(21)

27 Jan 45

