

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Dept #1 X-117

SUBJECT

Also 293 Ink mass manila X-3279

OMMG DEPT OF ARMY WASH DC

191800Z FEB 52

UNCLASSIFIED

ROUTINE

OCUSARPAC FT SHAFTER TN

X

X

CIRCUM TOKYO JAPAN (AIR MAIL)

OO AGENS PHILCOB (AF) ZONE MANILA PI (AIR MAIL)

FROM (URGENT)

UNKNOWN XRAY 2 MANILA NR 1 XRAY 117 LEMBE NR 1 XRAY 291 AND XRAY 4956

AGENS MAUS MANILA PI APPROVED UNIDENTIFIABLE

G. Reynolds/jlj  
Clements  
cc: Adm Sec

UNCLASSIFIED

(WD)

CLARENCE G. SAISER

OMMG T 293 GMS Pacific

73880

I. C. BRIDGES  
Lt. Col., GMS Mem Div.

*By identification*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3279 (Formerly UNK X-117 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>813</b>	5. ROW <b>I</b>	6. GRAVE <b>2755</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'9 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>UNKNOWN</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**298 Unk Leyte # 1 X-117**  
**NONE** *ja*

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
**U T D**

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Portion of body</b>
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  
**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)

**U N I D E N T I F I A B L E**  
 BY REASON OF  
**13 February 1952** *Stewart W. Abel* **STEWART W. ABEL**  
**Lt Col QMC**

**NONE**


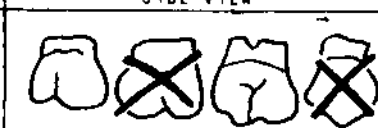






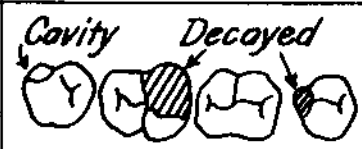

**"UNIDENTIFIABLE"**




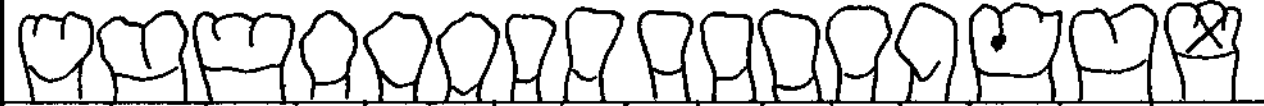
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*18 Feb 52*

*9. Leysville*  
*19 Feb 52*

*MAT*  
*19 Feb 52*  
*air*

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:		

See Remarks															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	P	X	P	A ON	P	P	P	P			P	P	A mo	P	P
															
															
															
															
P	P	P						P	P				A mod P	A ed	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
See Remarks								See Remarks							

**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:** Due to condition of maxilla UTD whether R7 and R8 are X or P. R4 fractured on distal side. L2 and L3 are charred and also fractured. Mandible fractured between L5 and L6. Mandible also fractured between L1 and L1. R16, L5, L4 teeth and mandible missing. L11, L12 fractured on the facial side. L13 broken off. L14 and L15 fractured on facial side.

"UNIDENTIFIABLE"

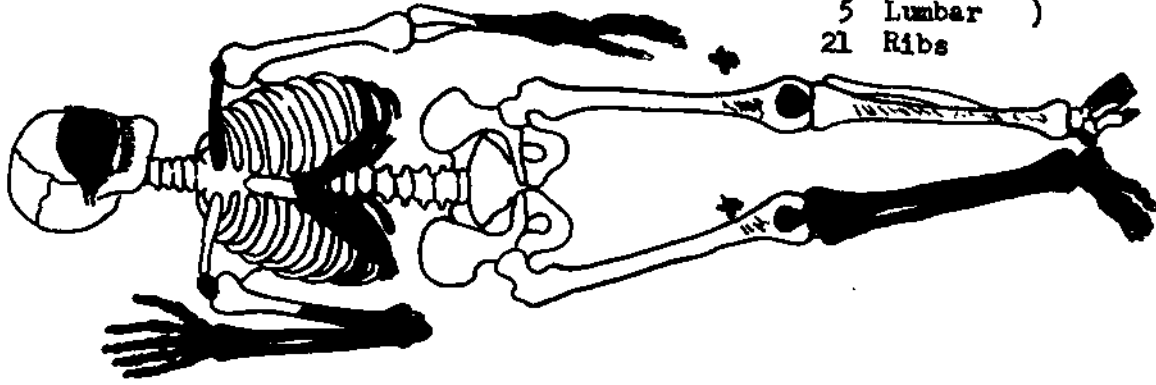
*Paul R. Nichols*  
 PAUL R NICHOLS  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-3279

Present	)
2 Cervicle	)
12 Dorsal	)
5 Lumbar	)
21 Ribs	)

Vertebrae



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 - 6½ lbs.

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF 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

SIGNATURE

PAUL R NICHOLS  
 Chief, Identification Section

RESTRICTED

QUONT 293  
AGRS Far East

*B. H. P.*

27 September 1949

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., 34063407.

Unknown X-3650-A AGRS Maus. Manila (formerly Unk. X-114 Leyte #1)							
<i>Identified</i> " 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	32068191
Klatte, Richard L.	T/5	36205718	
Mathews, Walter L.	T/5	34655190	
Nute, Kenneth H.	T/4	36013715	
Pawlowicz, Leo C.	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 46 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

RESTRICTED

MAIL

MAIL  
RESTRICTED

QMCMT 293

CMS 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, Z-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 (Bussel)
2. Bd Proceedings  
(Group Burial)

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

RBB  
RAB

TBC

J.E.Hall:lrc

Salsor

JW

cc--Administrative Section  
cc--Cincfe

RESTRICTED

AIRMAIL

/drs 1 /87c		Interred 18 January 1950 H 10 135 Ft. McKinley <i>Caremark</i> CARL R. H. MARK			DISINTERMENT DIRECTIVE		
		Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00139		DATE 15   05   48 DAY   MONTH   YEAR	
NAME		SERIAL NUMBER UNKNOWN X-000117		RANK	ARM Q	DATE OF DEATH DAY   MONTH   YEAR	
CEMETERY USAF CEMETERY LEYTE NO 1					0	DISPOSITION OF REMAINS 7701   80 CODE   DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY 3116 PHILIPPINE ISLANDS			CAUSE OF DEATH 6	
SECTION B - CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)				NAME AND ADDRESS OF NEXT OF KIN			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME UNKNOWN X-117 (Maus) UNKNOWN X-3279		SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISINTERRED 28 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> 2 REMAINS <input checked="" type="checkbox"/> 1 MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY ALEXANDER P PETTICE Embalmer NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL Shelter Half				CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES 1 Two (2) tags (Mausoleum) UNKNOWN X-3279							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 28 Sept 48		BY ALEXANDER P PETTICE					
CASKET SEALED BY ALEXANDER P PETTICE				EMBALMER (Signature) <i>Alexander P Pettice</i> ALEXANDER P PETTICE			
CASKET BOXED AND MARKED DATE 28 Sept 48, HORACE L ALLISON, Sgt, Inf				SHIPPING ADDRESS VERIFIED BY CORSIANE C KAYANAN, 1st Lt, Inf			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
<i>Corsiane C Kayanan</i> CORSIANE C KAYANAN, 1st Lt, Inf SIGNATURE OF GRS INSPECTOR							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							



## RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Care R. Mark</i>	DATE JAN 18 1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

1 May 46  
DATE

Unknown American Soldier X-117  
LAST NAME      FIRST      INITIAL

\_\_\_\_\_  
RANK      SERIAL NO.

Aboard SS Jeremiah H Daily,  
Leyte Gulf, P.I.  
PLACE OF DEATH
















\_\_\_\_\_  
ORGANIZATION  
USAF Cemetery Leyte #1, P.I.      3116  
PLACE OF BURIAL      PLOT      ROW      GRAVE NO.

	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	X	X	X	⊗	A	⊗		⊗	⊗				⊗	A	⊗	X
LOCATION					o									M D		

### INSIDE — LOOKING OUT

	RIGHT				LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE		X	⊗					⊗	⊗	⊗				A	A	X
LOCATION														FL	o	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

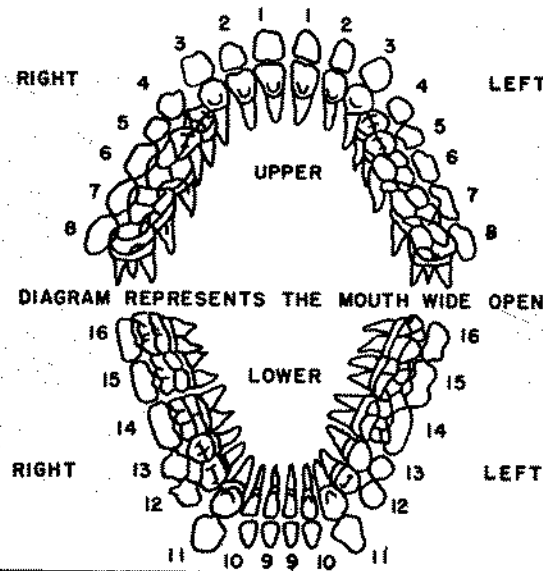
**INSTRUCTIONS:**

1. 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  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

Sgt Stephen G Oliver, GRS  
SIGNATURE OF PERSON WHO PREPARED CHART

Sgt Stephen G Oliver, GRS  
NAME AND RANK TYPED OR PRINTED

GRS, Base K, APO 72  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Henry Paterno  
VERIFIED BY GRS OFFICER

HENRY PATERNO, 1st Lt., QMC  
NAME AND RANK TYPED OR PRINTED

1 May 46  
DATE

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

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

*Handwritten notes:*  
8455  
1  
1

**UNKNOWN AMERICAN SOLDIER X-117**

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

3116

Reg Cross

(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 (X) Attached to marker Yes ( ) No (X)  
 DISINTERRED from Grave 358, USAF Cemetery Tacloban # 1, Leyte, P. I.  
 Religion (UNKNOWN AMERICAN SOLDIER X-43)

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 <b>RIGHT</b>	<b>SELLECK, William M.</b>	<b>RM1c V-6</b>	<b>US A. W. Grant</b>	<b>DD 649</b>	<b>3117</b>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <b>LEFT</b>	<b>UNKNOWN AMERICAN SOLDIER X-116</b>				<b>3115</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 RESTRICTED**

574

**IF DECEASED UNIDENTIFIED**

**TAKE FINGER PRINTS OF BOTH HANDS (W.D. Cir. No. 79, 9/43).**

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? <b>YES</b>

(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 C. 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

I

THUMB

4

3

2

1

THUMB

RIGHT HAND

7A

REGISTER OF DENTAL PATIENTS AT  
 UNKNOWN AMERICAN SOLDIER X-117

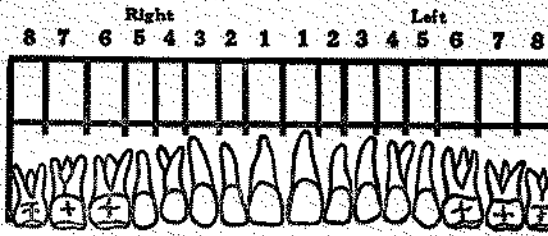
(1) SURNAME Grove 3116, US Army Cemetery		(2) CHRISTIAN NAME Grove 3116, US Army Cemetery	
(3) RANK Pvt	(4) COMPANY 1st P.I.	(5) REGIMENT OR STAFF CORPS 1st P.I.	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, BEREAVEMENT, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
LOWER Rt # 15 - missing	1944 - missing	
LOWER Rt # 14 - cold crown	1944 - cold crown	
<del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	
<del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	<del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	
LOWER lft # 11 - silver filling	1944 - silver filling	
LOWER lft # 10 - silver filling	1944 - silver filling	
LOWER lft # 9 - silver filling	1944 - silver filling	
LOWER lft # 8 - silver filling	1944 - silver filling	
LOWER lft # 7 - silver filling	1944 - silver filling	
LOWER lft # 6 - silver filling	1944 - silver filling	
LOWER lft # 5 - silver filling	1944 - silver filling	
LOWER lft # 4 - silver filling	1944 - silver filling	
LOWER lft # 3 - silver filling	1944 - silver filling	
LOWER lft # 2 - silver filling	1944 - silver filling	
LOWER lft # 1 - silver filling	1944 - silver filling	

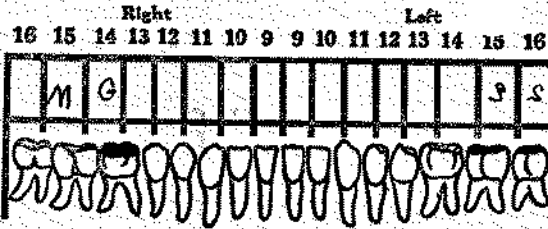
*Charles R. Mayo*  
 Charles R. Mayo, Pvt, CDS  
 1st P.I., U.S.A.

\*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, 19 45

Charles R. Sego, vt, GRS  
~~Dental Surgeon~~

\*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	⊖
---	---	---

# CONFIDENTIAL

27 Jan 45

8455

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

## REPORT OF INTERMENT

(TM 10-430 AND AR 20-1015)

UNKNOWN AMERICAN SOLDIER X-43

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily, Leyte Gulf,			12 Nov 1944	KIA	shrapnel wounds, generalized,
(Place of death)	Leyte, P. I.	(Date of death)			(Cause of death)
1000 hrs 15 Nov 1944	USAF Cemetary, Tacloban # 1,				result enemy bombing.
(Time and date of burial)	(Name of cemetery)	Tacloban,	(Name or co-ordinates of location)		Leyte, P. I.

358

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

Report of interment buried (In Bottle) with remains.

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

Fingerprints unobtainable due to condition of remains.

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

Body buried on RIGHT	UNKNOWN AME ICAN SOLDIER	X-44			359
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER	X-42			357
	(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



HHB

RESTRICTED

# REPORT OF INTERMENT

(TM 10-430 AND AR 30-1815)

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

UNKNOWN AMERICAN SOLDIER X-117

Above (Last name) SS Jeremiah H. (Initial) (Serial number) (Rank) - shrapnel wounds, generalized, result of Enemy Cause of Death.  
Daily, Leyte, P.I. 12 Nov. 1944

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

DISINTERRED from Grave 358, USAF Cemetery Tacloban, Leyte, P.I. (Name of cemetery) (Name or co-ordinates of location)  
3116 (Grave number) (Row number) (Plot number) (Type of marker - Regulation Y-shaped or other) Reg Cross

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

Religion

A TRUE COPY

Metal Tag buried with remains and attached to marker.

*Leander O'Bill*  
LEANDER O'BILL

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

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

Body buried on RIGHT *William W. Grant* (Name) *31400* (Serial number) *Private* (Rank) *US Army* (Organization) *DD 649* (Grave number) *3117*

Body buried on LEFT *UNKNOWN AMERICAN SOLDIER X-116* (Name) (Serial number) (Rank) (Organization) (Grave number) *3115*

(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

CONTINUATION AND RECORDS BRANCH

LEFT HAND

THUMB

50 PM '46

MEMORIAL DIVISION

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. 5: 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 :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- 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.**

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

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

3

2

1

THUMB

RIGHT HAND

REGISTER OF DENTAL PATIENTS AT

UNKNOWN

AMERICAN SOLDIER X-117

(1) SURNAME (2) CHRISTIAN NAME

Over Cemetery Level #1, F. I.

Grave 3116

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

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

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, ETC.			
Lower Rt # 15	-- missing		
Lower Rt # 14	-- Gold crown		
<del>Lower Rt # 13</del>	<del>XXXXXXXXXXXX</del>		
<del>Lower Rt # 12</del>	<del>XXXXXXXXXXXX</del>		
Lower left # 10	- silver filling		
Lower left # 11	-- silver filling		

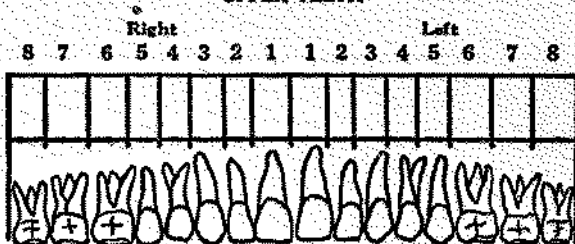
(11) DATES AND NATURE OF OPERATIONS

(12) RESULTS AND REMARKS

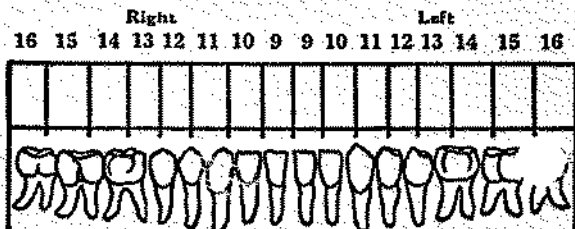
/s/t/ CHARLES R. SEGO, LYT, GRS  
Dental Corps, U. S. A.

# REPORT OF DENTAL SURVEY

## UPPER TEETH



## LOWER TEETH



CLASS \_\_\_\_\_

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

Periodontoclasia \_\_\_\_\_

Dental foci suspected:      Yes                  No

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

A TRUE COPY

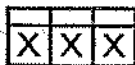
*L. W. O'Neill*  
L. W. O'NEILL  
1st Lt., Inf

Date 23 July, 1945

/t/ Charles P. Sego, Evt. OLS  
Dental Corps, U. S. A.

\*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)

