

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Leyte #1 X-118

SUBJECT

Also 293 unk Manila manila X-3280

Formerly 293 unk Tacloban #1 X-41

QMC FORM 1121
1 Aug 45

Redesignated 293 unk Ltr #1 X-118

1. FILE UNDER NO. 293 - UNK Maus. Manila X-3280

SYNOPSIS

2. TYPE OF DOCUMENT: LTR 3. DATE: 5 Jan 51
4. FROM: OQMG
5. TO: CG, U.S.A., Pacific, APO 958, San Francisco, Calif.
6. SUBJECT: Identification of World War II Deceased

Re: 1. Reference is made to the Report of Interment for the remains of Unknown X-4280, AGRS Mausoleum, formerly X-1762, USAF Cemetery Manila #2.....

7. DOCUMENT FILED UNDER NO. 293 - UNK Manila #2 X-1762

igb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

Valid

Redes X 118 Leyte

Formerly X 41 Tacloban

RESTRICTED

Q M 0807

BASIC: Ltr ASF, QMG, WASH 25, D.C., file SPQYG 293, subj: "Report of Burial", dtd 17 March 45.

MEGD 293 1st Ind
HEADQUARTERS, USAFPE, APO 501, 26 April 1945.

TO: Commanding General, USASOS, APO 707.

By command of General MacARTHUR:

Leonard S. Carroll
LEONARD S. CARROLL
LT. COLONEL, A.G.D.
ASST. ADJ. GENERAL

GSQMM ~~293-9~~ 2932/293 2nd Ind.
HEADQUARTERS, USASOS, APO 707

2 MAY 1945

TO: Commanding Officer, Base K, APO 72.

1. Attention invited to paragraph 3 basic communication.
2. Desire any additional information which might aid in the identification of Unknown X-41 in the USAF Cemetery, Tacloban No. 1, Grave 356 be forwarded this headquarters.
3. Should a more distinct copy of fingerprint submitted on NMS Form N be available, desire same be attached hereto.

By command of Major General FRINK:

R. D. Coursen
R. D. COURSEN
Captain, A G D
Asst Adjutant General

PKQM 293 3rd Ind.
HEADQUARTERS BASE "K", USASOS, APO 72, 10 May 1945.

TO: Headquarters, USASOS, APO 707.

There is no additional information at this office that would help establish identity of Unknown X-41.

For the Commanding Officer:

Edward A. Hazelton
EDWARD A. HAZELTON
Captain, A G D
Asst Adjutant General

RESTRICTED

293-9-2932/293

293/293
15 MAY 1945

MAY 3 1945

K



ARMY SERVICE FORCES

IN REPLY REFER TO SPQYG 293
Unknown 8453, P.I.

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

17 March 45

SUBJECT: Report of Burial.

TO : Commanding General, SWPA
APO 501, c/o Postmaster
San Francisco, California
FROM: The Chief Quartermaster

1. Reference is made to report of burial for Unknown American Soldier X-41 in the USAF Cemetery, Tacloban #1, Grave 356.
2. The fingerprint submitted on the NMS Form #1 was found to be too indistinct for comparison.
3. Should additional information become available to your headquarters, which may be of assistance in the identification of the Unknown, it is requested that it be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

E. A. BARNES
Brigadier General, QMC
Deputy The Quartermaster General

Hand
File

MAR 21 1945

Identification Branch

AIRMAIL

293 unk P. I. (manila) (Manila)
see list below

X
UNIT 293
QRS Far East

12 December 1949

293. unk Leyte #1 4118

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-3338 ✓ (Formerly X-536, Leyte #1)
- Unknown X-3650 ✓ (Formerly X-114, Leyte #1)
- Unknown X-3380 ✓ (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. MEEZ
Lt. Colonel, QMG
Memorial Division

REP
REB

TEC

R. W. Miller:lak
Salser
J. Windsor

cc: Administrative Section

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

AIRMAIL

AIRMAIL
RESTRICTED

QMGMT 293
GHS Far East

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., 34663407.

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 "

4092 Vok PL

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

Dissler, Frederick E.	T/5	32066191
Klatte, Richard L.	T/5	36205716
Mathews, Walter L.	T/5	34665190
Nute, Kenneth H.	T/4	36013715
Pawlowicz, Leo C.	T/5	36608077
Piathek, 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 #6 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

RESTRICTED

AIRMAIL

RESTRICTED

QMGT 293

GRS 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 (Russel)
- 2. Bd Proceedings (Group Burial)

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

KGB

KKK

TEC

J.R.Hall:lrc

Salser

JW

cc--Administrative Section

cc--Cinofe

RESTRICTED
 MAIL

1	/abc		Interred 30 January 1950 ▲ 16 32 Ft. McKinley <i>Caremark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00140			

NAME <i>293</i> UNKNOWN X-000118		SERIAL NUMBER	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 7701 80
CEMETERY USAF CEMETERY LEYTE NO 1					DISPOSITION OF REMAINS CODE DIST. PT. 0 6
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		3118	PHILIPPINE ISLANDS		6

293 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-118 UNK X-3280 (MAUSOLEUM)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY PERRY E. WHITE 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) Identification tags read MAUS UNK X-3280.

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE	EMBALMER (Signature) <i>Perry E. White</i> PERRY E. WHITE
------------------------------------	---

CASKET BOXED AND MARKED DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt., Inf.	SHIPPING ADDRESS VERIFIED BY TEOBILLO M. AMOTAN, 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.

Teobillo M. Amotan
TEOBILLO M. AMOTAN, 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>Carroll Smith</i>	DATE JAN 30 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 <i>WALTON ORDER</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>WALTON</i>	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

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- 118, Plot _____,
Row _____, Grave 3118, USMC USAF Gen. 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. B. McNamee

H. B. McNamee
Captain, QMC
Chief, Records Branch

Atch: Form 1044

RECEIVED

293 - Unknown 84 53 Pending in 20/20/20

FEIC 293 (17 Mar 45)

5th Ind

MCS/dgt/emm

HQ UNITED STATES ARMY FORCES IN THE FAR EAST, APO 501, 21 May 1945.

TO: The Quartermaster General, Washington 25, D. C.

FOR THE COMMANDING GENERAL:

M. G. SCHOFIELD
Capt., A. G. D.
Asst. Adj. Gen.



RECEIVED

R E S T R I C T E D

SPQYG 293
Unknown 8453, P.I.

17 March 45

SUBJECT: Report of Burial.

TO : Commanding General, SWPA
APO 501, c/o Postmaster
San Francisco, California
FOR: The Chief Quartermaster

1. Reference is made to report of burial for Unknown American Soldier X-41 in the USAF Cemetery, Tacloban #1, Grave 356.
2. The fingerprint submitted on the NMS Form #1 was found to be too indistinct for comparison.
3. Should additional information become available to your headquarters, which may be of assistance in the identification of the Unknown, it is requested that it be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

H. A. BARNES
Brigadier General, QMC
Deputy The Quartermaster General

R E S T R I C T E D

RESTRICTED

AGPC-S 704 (28 Feb 45) 1st Ind. AD, AGO, Washington, 25, D. C., 9 March 1945.

TJH/McG/arc/4602

TO: The Quartermaster General, Washington, 25, D. C., Attention: Chief, Registration and Planning Branch, Room 1100, Temporary Building C.

1. Returned unidentified. Fingerprints on attached forms Report of Interment No. 8453, and Certificate of Death, for unknown American soldier X-41, are too indistinct for comparison purposes.

FOR THE ADJUTANT GENERAL:

JOHN T. BURNS
Major, AGO,
Officer in Charge,
Status Review and
Determination Section.

2 Incls.
n/c



293. Unknown 8453 Photo of face forwarded

R E S T R I C T E D

SPQYG 293
Unknown 8453, P. I.

5 February 1945

SUBJECT: Fingerprint of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D. C.

1. The inclosed NMS Form N is forwarded to your office with a request that comparison be made of the thumb print thereon with those on file for personnel known to have been casualties of the SS Jeremiah H. Daily.
2. Photostatic copy of report of burial is also inclosed.
3. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addresses and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q.M.C.,
Assistant.

2 Incls:

- 1 - Photostatic copy of Burial Report
- 2 - NMS Form N.

R E S T R I C T E D

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN I-3280 (Formerly UNK X-118 Leyte #1)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW H	6. GRAVE 2447	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR U T D		11. RACE UNKNOWN	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U T D</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">N O N E</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">N O N E</p>					

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

Indy

18.

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Malposed	Impacted	A	A	A		S	P	P			X	A	A	Impacted	Partially Impacted
o	o	o	mo	od		m	P	P			X	o	o	o	o
Side View								Side View							
Top View								Top View							
Side View								Side View							
A	A	X	A	A		P	P	P	P		A		X	A	A
o	o		mo	mo							od			o	o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

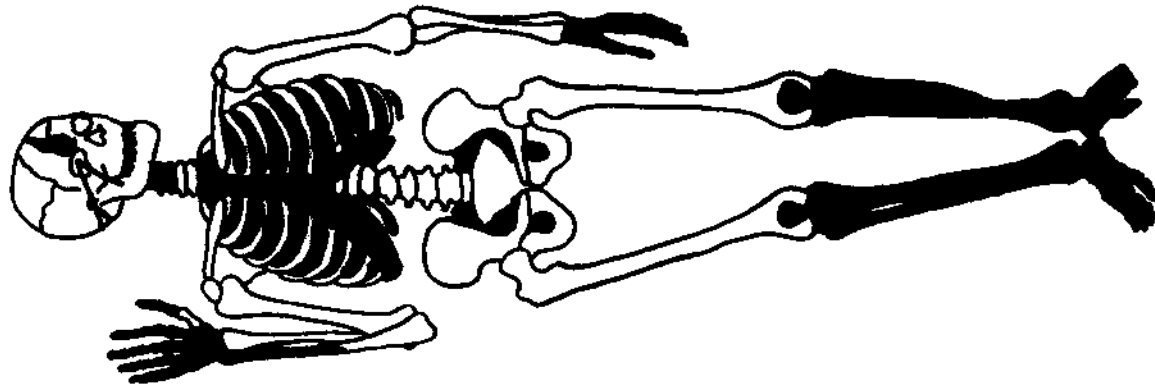
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols
PAUL R. NICHOLS
 Chief, Identification 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 - 5½ lbs.

Circumference of skull - 20 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

IDENTIFICATION DAT.

1. REMAINS OF UNKNOWN UNKNOWN X-3280 (Formerly UNK X-118 USAF Cemetery Loyte #1, P.I.)			2. DATE OF REPORT 8 Jan 48				
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.			4. PLOT 815	5. ROW H	6. GRAVE 2447	7. DATE OF DISINTERMENT 11 Dec 47	REINTERMENT 10 Jan 48
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 8"		10. COLOR OF HAIR UTD		11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U T D</p>							
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? 2nd Deg. burn per original ROI (See box 21)					
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">N O N E</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">No clothing nor any personal effects found with remains.</p>							

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

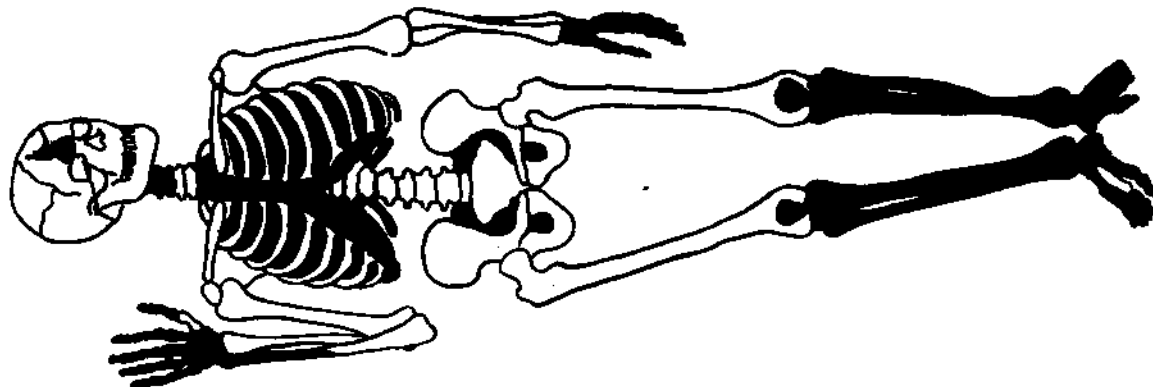
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>maxillary</i>	<i>and</i>	<i>maxillary</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>S</i>	<i>P</i>	<i>P</i>		<i>X</i>	<i>A</i>	<i>A</i>	<i>can't</i>	<i>A</i>	<i>partially</i>
	<i>o</i>	<i>o</i>	<i>o</i>	<i>mo</i>	<i>od</i>		<i>m</i>	<i>P</i>	<i>P</i>			<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>	<i>impaired</i>
Side Views																
Top Views																
Side Views																
	<i>A</i>	<i>A</i>	<i>X</i>	<i>A</i>	<i>A</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>A</i>	<i>P</i>		<i>A</i>	<i>A</i>
	<i>o</i>	<i>o</i>	<i>o</i>	<i>mo</i>	<i>mod</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>od</i>	<i>P</i>		<i>o</i>	<i>o</i>
	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

a/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT DISCOVERED



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

2 - Cervical
11 - Thoracic vertebrae
5 - Lumbar
22 - Ribs
Circumference of skull is 20"
Approximate weight of remains is 5 1/4 lbs.
In processing remains bones were not charred.

G. T. Gamboa
CERTIFIED TRUE COPY:
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

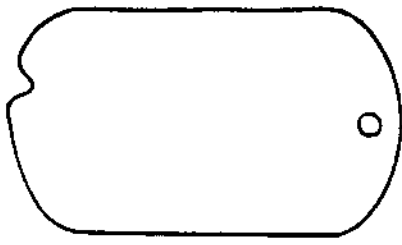
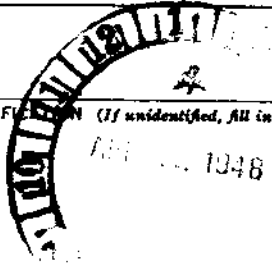
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
p/ EDWARD F. MORIARTY, Emb Sup
CIP Laboratory, Manila, P.I.

SIGNATURE
s/ Edward F. Moriarty

APR 28 1948

RESTRICTED

8453

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE		DATE OF REPORT	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-3280 (Formerly UNK X-118 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, severe, shrapnel wounds, result of enemy bombing.			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 2 on reverse)						
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								
DATE OF BURIAL STORAGE 10 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. H	GRAVE No. 2447		
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 3118		
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3282			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2449		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3277-C			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2445		
SIGNATURE OF PERSON PREPARING REPORT R.R. ACILATO, Pvt				SIGNATURE OF GRS OFFICER VERIFYING REPORT L.S. PANOPIC, 2d Lt. INF				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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






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

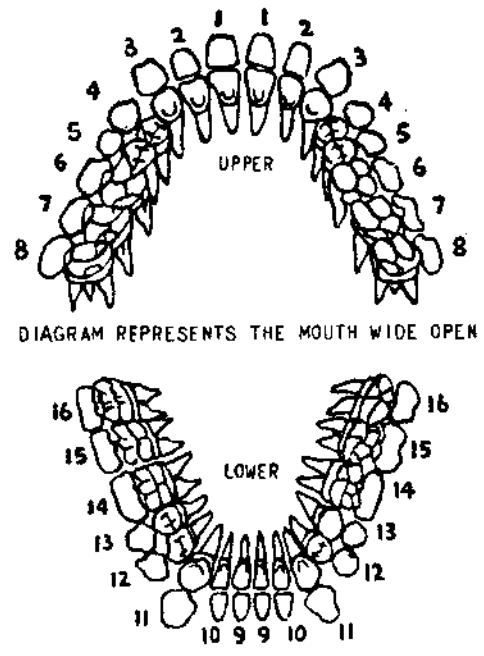
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

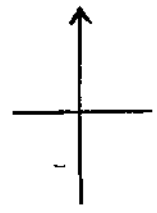
OTHER IDENTIFICATION CLUES

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

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

2 MAR 1948

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN AMERICAN SOLDIER X-118

about (Last name) *St* *Jeremiah H.* (First) (Initial) (Serial number) *118*
 Daily, Leyte Gulf, P.I. 12 Nov. 1945 (Date of death)
 (Place of death) (Date of death)
 1300 hrs 23 July 1945 (Time and date of burial) USAF Cemetery -evte #1, P.I. (Name of cemetery) (Name or co-ordinates of location)
 DISINTERRED FROM Grave 355, USAF Cemetery Tacloban #1, Leyte, P.I. (Name of cemetery) (Name or co-ordinates of location)
 3118 (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

A TRUE COPY improved, well marked, hand some and thick and good field

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

LEANDER W. O'NEILL

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

Body buried on RIGHT UNKNOWN AMERICAN SOLDIER X-119 (Name) (Serial number) (Rank) (Organization) (Grave number) 3119

Body buried on LEFT SBELLECK, William M. (Name) (Serial number) (Rank) (Organization) (Grave number) Public V-6 Grant DD 3117

(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:

INVESTIGATION AND
RECORDS BRANCH

SEP 6 5 50 PM '46

MEMORIAL DIVISION

THUMB

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. o. 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.

/s/t/ S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

/s/t/ FRANCIS M. SIMON, 1st Lt., GRC

(Verified by Army GRS Officer)

RIGHT HAND

THUMB

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1015)

UNKNOWN AMERICAN SOLDIER X-118

Above (Last name) *Platt* SS Jeremiah H. (Initial) (Serial number) *2nd de*
Daily, Leyte Gulf, P.I. 12 Nov. 1945 severe, shrapnel wounds,
(Place of death) (Date of death) result of enemy bombing

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 355, USAF Cemetery Tacloban #1, Leyte, P.I.
(UNKNOWN AMERICAN SOLDIER X-41)

3118 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

A TRUE COPY
Franklin D. ...
(If no identification tags, what means of identification are buried with the body?)

LEANDER W. O'NEILL
1st Lt., Infantry (no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN AMERICAN SOLDIER X-119 3119
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SELLECK, William M. 3117
(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-118

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

3118

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)
 Religion **DISINTERRED from Grave 356, USAF Cemetery Tacloban # 1, Leyte, P. I.**
 (UNKNOWN AMERICAN SOLDIER X-41)

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-119				3119
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on LEFT	SELLECK, William M.		RMLc V-6	USS A. W. Grant DD 649	3117
(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**

23

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 78, 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.:

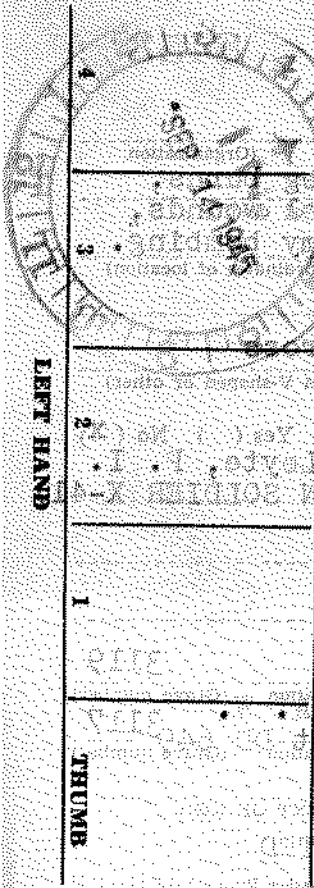
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

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

RIGHT HAND

4
3
2
1

THUMB

REGISTER OF DENTAL PATIENTS AT

UNKNOWN AMERICAN SOLDIER

(1) SURNAME

(2) CHRISTIAN NAME

Grave 3118, War Cemetery

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORP.

Company # 1, I. I.

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

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper left # 4	---silver filling	
Upper left # 4	---gold filling	
Upper rt # 6	---gold filling	
Upper left # 16	---silver filling	
Upper left # 16	---silver filling	
Lower left # 15	---silver filling	
Lower left # 14	---missing	
Lower left # 13	---Gold Filling	
Lower left # 12	---gold filling	
Lower rt # 16	---silver filling	
Lower rt # 15	---silver filling	
Lower rt # 14	---missing	
Lower rt # 11	and 12---gold filling	

Pvt Charles H. Gege, (Co) B Co, A

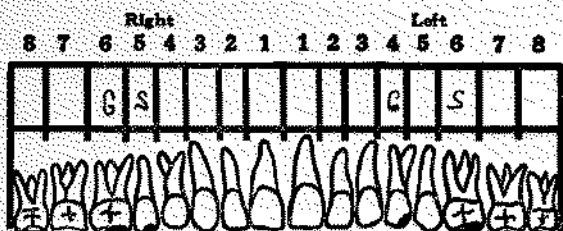
Charles H. Gege

W. D. A. G. O. Form No. 79 (Old W. D. M. D. Form No. 79)

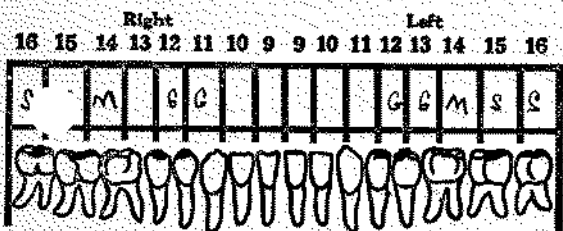
which may continue in use 31 May 1914

***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 3 July, 1945

Charles R. Sego, Pvt, GRS

~~Dental Corporal 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)



CONFIDENTIAL

27 Jan 45

31
8453

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

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

UNKNOWN AMERICAN SOLDIER X-41

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,	Leyte Gulf,	12 Nov 1944	MIA	2nd deg burns severe,	
(Place of death)	(Date of death)	(Cause of death)			
Leyte, P. I.	1000 hrs 15 Nov 1944	USAF Cemetary, Tacloban # 1	Tacloban, Leyte, P. I.	shrapnel wounds, result of enemy bombing.	
(Time and date of burial)	(Name of cemetery)	(Name or co-ordinates of location)			

356

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 identify definitely established, give particulars)

Body buried on RIGHT	UNKNOWN AMERICAN SOLDIER	X-42				357
	(Name)	(Serial number)	(Rank)	(Organization)		(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER	X-40				355
	(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

IF DECEASED UNIDENTIFIED

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

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

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

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

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

One navy Certificate of death inclosed with print right index finger. No further prints could be taken.

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

Henry P. Morrison
T/Sgt Henry P. Morrison GRS

(Signature of officer or other person reporting burial)

Roy E. Sulzbacher
ROY E. SULZBACHER 1st Lt., GRC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

31

4

3

2

1

THUMB

RIGHT HAND

RECEIVED
10 JAN 1946

**REGISTER OF DENTAL PATIENTS AT
UNKNOWN AMERICAN
SOLDIER X-118**

(1) SURNAME (2) CHRISTIAN NAME
 War Cemetery Beyce #1, I.I.
 Grave 3118

(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, SEQUA, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Upper R 1ft #6	- Silver filling	
Upper 1ft #4	-- Gold filling	
Upper R #6	-- Gold filling	
Upper 1ft #5	-- Silver filling	
Upper 1ft #10	-- Silver filling	
Lower 1ft #15	-- Silver filling	
Lower 1ft #12	-- Missing	
Lower 1ft #11	-- Gold filling	
Lower 1ft #10	-- Gold filling	
Lower R #10	-- Silver filling	
Lower R #10	-- Silver filling	
Lower R #13	-- Silver filling	
Lower R #14	-- Missing	
Lower R #11	and 12-- Gold filling	

/s/t/ CHARLES R. SEGO, PVT, CRS
 Dental Corps, U. S. A.

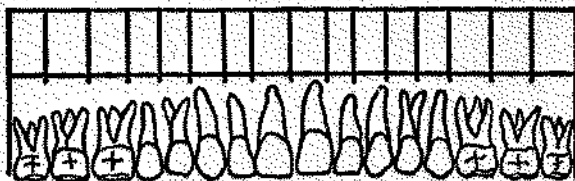
***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right

Left

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

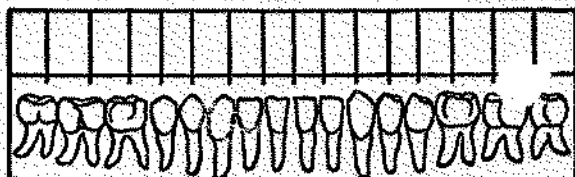


LOWER TEETH

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

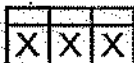
/s/ Charles R. Sego, Pvt. GRS
Dental Corps, U. S. A.

*Restorable carious teeth by O

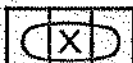
Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



CERTIFICATE OF DEATH

CONFIDENTIAL 32 8453

From: _____

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter E-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name: UNIDENTIFIED AMERICAN SOLDIER X-41 Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____



FINGERPRINT

Pl. Index

State which finger RIGHT
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Aboard SS Jeremiah H. Daily Date 12 Nov. 44 Hour _____

9. Cause of death { Principal 2nd Degree burns, severe, shrapnel wounds. Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains U.S.A.F. CEMETERY, TACLOBAN #1, LEYTE, P.I.

12. Summary of facts relative to the death:

Incl #2 8453

Handwritten signature and initials.