

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 Cont. Lyle #1 X-128

SUBJECT

Also Manila News #1 X-3410

(Lyle #1 X-114 Stack X-3650-B Manila News

And Lyle #1 X-112 Stack X-3648-B Manila News

GMC FORM  
1 Aug 45

1121

were consolidated with X-128 Lyle #1)

AIRMAIL  
RESTRICTED

24  
QMGMT 293  
GRS Far East

*Body Review*

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

*X 293 Unk #1*

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
Nute, Kenneth H.	T/4		36013715
Pawlowicz, Leo C.	T/5		36608077
Piatchek, Joseph	T/5		37385478
Shopiro, 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.

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of Unknown X-3260 as Deck Engineer Carroll S. Larson, Z-369261, Merchant Marine associated with the same incident, was rescinded per letter to your headquarters 9 September 1949.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

REB

EAK

TEC

J.E.Ball:lrc

Salser

JW

cc--Administrative Section

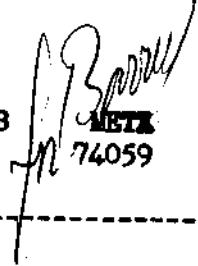


cc--Cincfe

RESTRICTED

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

X-1281

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief, Id Br Id Sec Mem Div	Repat Br Rec Sec Mem Div ATTN: Capt Snedigar	15 June 49	Attached Reports of Storage forwarded for cancellation and return to Identification Section.
acn				2 Incls: ROS X-3648B & X-3650B (Manila Maus.)  <div style="text-align: right;">   <b>BARRY</b>                      74059 2462                 </div>
2	Chief, Rec Sec Repat Br Mem Div	Chief, Ident Br Ident Sec Mem Div  <i>White</i>	24 June 49	1. No action taken, in this Section.  2. Attached Reports of Storage are not of records in this section.
				<div style="text-align: right;">   <b>SNEDIGAR</b>                      5198                 </div> <div style="text-align: right; margin-top: 20px;">   <b>JACKSON</b>                      72267                 </div> 2 Incls n/c

/ebc		Interred 25 January 1950					
/fbp		D 10 159 F. McKinley					
		<i>Caremark</i>				<b>DISINTERMENT DIRECTIVE</b>	
		Cemetry Superintendent SECTION A—		DIRECTIVE NUMBER		DATE	
		NAME AND BURIAL LOCATION OF DECEASED		7740 00150		15   05   48 DAY   MONTH   YEAR	
NAME		SERIAL NUMBER		RANK		ARM	
		UNKNOWNX-000128				0	
CEMETERY						DATE OF DEATH	
USAF CEMETERY LEYTE NO 1						DAY   MONTH   YEAR 7701   80	
PLOT		ROW		GRAVE		COUNTRY	
				3210		PHILIPPINE ISLANDS	
						DISPOSITION OF REMAINS	
						0 7701   80 CODE   DIST. PT.	
						CAUSE OF DEATH	
						6	
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>							
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN			
FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS							
(BY ADMINISTRATIVE ORDER)							
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>							
NAME		SERIAL NUMBER		RANK		DATE OF DEATH	
UNK X-128							
UNK X-3410 (Maus)						27 Sept '48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="checked" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN				GEORGE SIMONEAU Embalmer	
NAME AND TITLE							
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>							
NATURE OF BURIAL				CONDITION OF REMAINS			
Shelter Half				Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES 1							
2 Identification tags show UNK X-3410, AGRS Mausoleum							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY					
27 Sept '48		GEORGE SIMONEAU					
CASKET SEALED BY				EMBALMER (Signature)			
GEORGE SIMONEAU				<i>George Simoneau</i> GEORGE SIMONEAU			
CASCKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
DATE				BY			
27 Sept '48				HORACE L ALLISON, Sgt Inf CHARLES R. BATES, 1st Lt., USAFR			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
<i>Charles R. Bates</i> CHARLES R. BATES, 1st Lt., USAFR 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 <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE JAN 25 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

6

## DISINTERMENT DIRECTIVE

293  
Muk x-112 P.I. (Leyte)SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00134

DATE

15 | 05 | 48  
DAY | MONTH | YEAR

NAME

UNKNOWN X-000114

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

USAF CEMETERY LUYTE NO 1

DISPOSITION OF REMAINS

7701 | 00  
CODE | DIST. FT.

PLOT

ROW

GRAVE

COUNTRY

1110 PHILIPPINE ISLANDS

CAUSE OF DEATH

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY

NAME AND ADDRESS OF NEXT OF KIN

MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

 REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

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 GRS INSPECTOR

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Elimination of Unknowns by Process of Consolidation

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

1. The reprocessing of UNKNOWNNS X-3648-B and X-3650-B, AGRS Mausoleum, resulted in the voiding of their respective unknown numbers brought about by consolidation.

2. The remains of UNKNOWNNS X-3648-B and X-3650-B were consolidated with the remains of UNKNOWN X-3410, AGRS Mausoleum, Manila, P. I. 292

3. It is, therefore, requested that your records pertaining to UNKNOWNNS X-3648-B and X-3650-B be voided indicating that these unknown remains were eliminated by process of consolidation.

FOR THE COMMANDING GENERAL:

*John A. Marszal*  
JOHN A. MARSZAL  
1st Lt., AGD  
Asst Adj Gen





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-128, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3210 USMC USAF Gen. Lyle #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:

  
J. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Attn: Form 1044

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3410 (Formerly UNK X-128 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	5. ROW	6. GRAVE	7. DATE OF	
	<b>813</b>	<b>J</b>	<b>3332</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</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

**N O N E**

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

**U T D**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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**

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

16. 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
M A X I L L A								M I S S I N G							
Side Views								Side Views							
Top Views								Top Views							
M A N D I B L E								M I S S I N G							
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."

**REMARKS:** Maxilla and mandible are missing. Only L4 is present with remains.

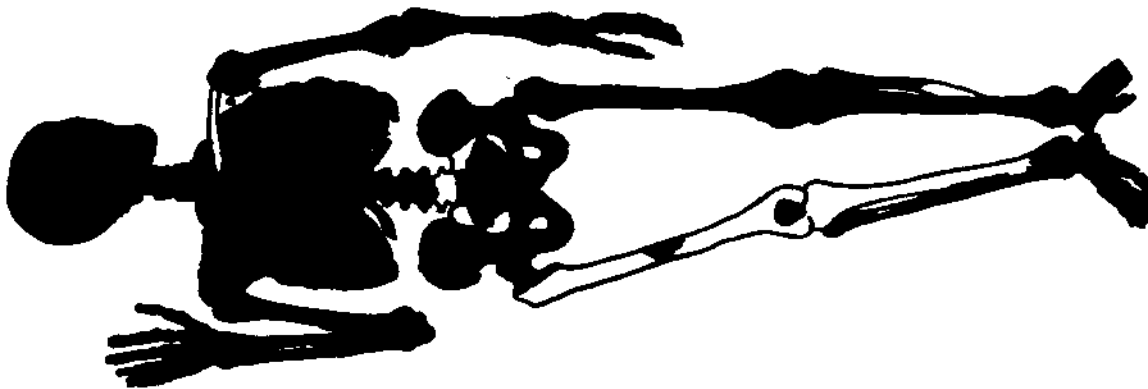
**"UNIDENTIFIABLE"**

"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

1 lumbar vertebrae present



Estimated height: U T D

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 2 lbs.

**"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 DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-3410 ( Formerly Unk X-128 Leyte # 1 )</b>				2. DATE OF REPORT <b>23 April 1949</b>	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
-----------------------------------	-----------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

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

**None**

14. WAS BODY BURNED? <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

**None**

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

**None**

with remains.

*DD McIntire*

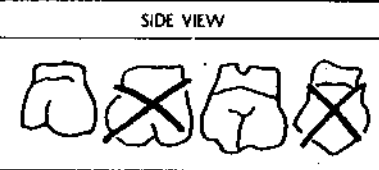
# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3650-B (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 U	6. GRAVE 5411	7. DATE OF DISINTERMENT 11 Dec 47
				REINTERMENT STOPPAGE 11 Feb 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		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					

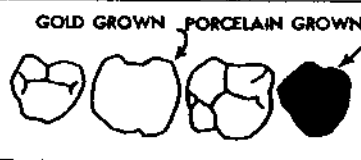
18.

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



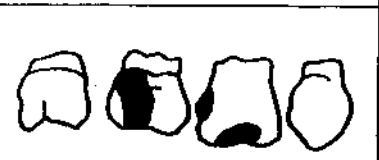
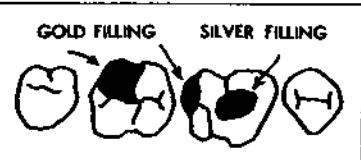
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



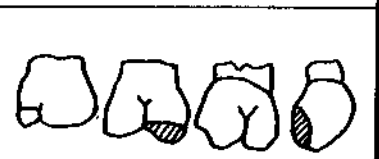
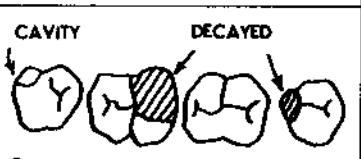
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



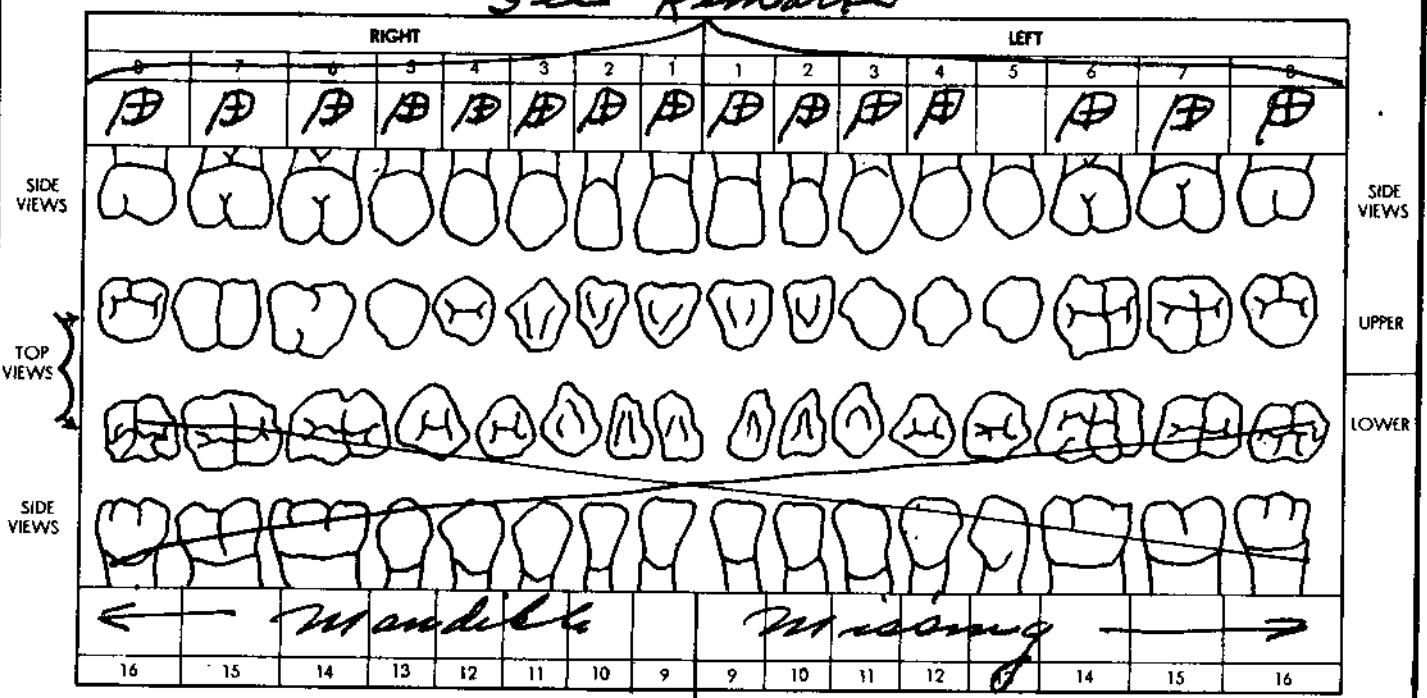
**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



*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:** Maxilla missing, maxillary tooth, 15 found loose.  
Mandible missing, no mandibular teeth found.

CERTIFIED TRUE COPY:

*G. J. Gamba*  
G. J. Gamba  
2d Lt MSC

/s/ J J McDermott  
Laboratory Officer

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

Upon processing X-3650-B, AGRS Mausoleum, Manila, P.I., no ROI burial bottle, ID tags, personal effects, or other means of identification received with remains. One (1) lumbar, one (1) left scapula and one (1) tooth of remains only were received. Unable to determine the physical height and the measurement of the skull due to the condition of remains.

(Refer to X-3650-A).

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  
CYP Laboratory, Manila, P.I.

SIGNATURE

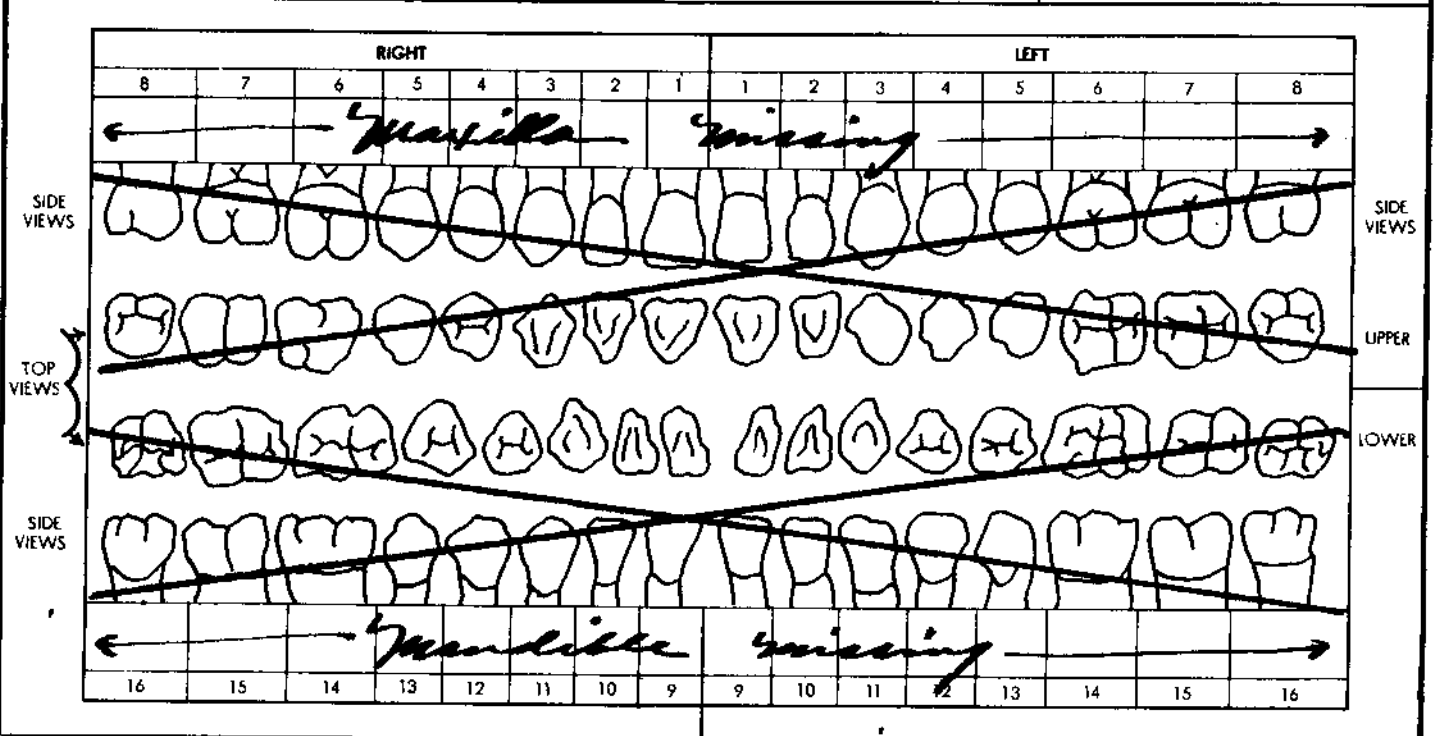
/s/ Clement G Swan



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3648-B (Formerly UNK X-112, USAF Cemetery 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 MANGER BAY U	6. GRAVE CRYPT 5408	7. DATE OF DISINTERMENT 11 Dec 47	REINTERMENT STORAGE 11 Feb 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  None						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  UTD- 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  None						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  None						

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:		TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		GOLD GROWN PORCELAIN GROWN 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		GOLD BRIDGE 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		GOLD FILLING SILVER FILLING 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		CAVITY DECAYED 	



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

REMARKS: Both maxilla and mandible missing.  
No maxillary and mandibular teeth found.

CERTIFIED TRUE COPY

*A. A. Gamboa*

G T GAMBOA  
2d Lt MSC

/s/ John H Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT REFERRED



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

Upon processing X-3648-B, AGRS Mausoleum, Manila, P.I., no ROI burial bottle, I.D. tags, personal effects or other means of identification received with remains. One right clavicle of remains received only.  
 (Refer to UNKNOWN X-3648-A)  
 (AGRS, Mausoleum, Manila, P.I.)

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









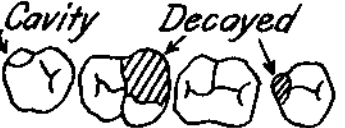

Emb. Sr Ung C-064862  
 CIP Laboratory, Manila, P.I.


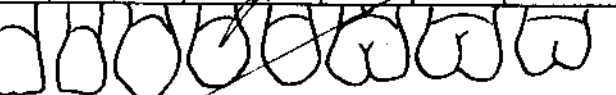






SIGNATURE

/s/ Clement G. Swan

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3410 (Formerly UNF X-128 USAF Cemetery Leyte #1, P.I.)		2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 813	5. ROW J
		6. GRAVE 3332	7. DATE OF DISINTERMENT 10 Dec 47
			REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT Most long bones fractured UTD	10. COLOR OF HAIR UTD	11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  None			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  Skeleton only. - Skeletal chart attached.			
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Previous ROI stated that this remains was burned. But bone structure seems not burned.	
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Most long bones fractured.	
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  UTD			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area  None			

	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
<i>Maxilla</i>								<i>Missing</i>							
															
															
															
															
<i>Mandible</i>								<i>Missing</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."

Neither maxilla nor mandible found with remains.

CERTIFIED TRUE COPY:  
*G. T. Gamboa*  
 G T GAMBOA, 2d Lt., MSC

/s/ John H. Bennett Jr

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 personal effects or burial bottle received with remains. No ID tags. Estimated weight of remains 1 lb.

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/ JAMES M THOMAS  
Sen Emb C-063286  
CIP, Laboratory, Manila, P.I.

SIGNATURE

/s/ James M. Thomas

RESTRICTED

REPORT OF INTERMENT  
(TM 10-830 AND AR 30-1815)

UNKNOWN AMERICAN SOLDIER X-128

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,			12 Nov 1944		KIA-shrap wounds, burns
Leyte Gulf, <sup>(Place of death)</sup> P.I.			(Date of death)		(Cause of death) extensive.
1400 hrs 24 July 1945			USAF Cemetery Leyte #1, P.I.		(Name or co-ordinates of location)
(Time and date of burial)			(Name of cemetery)		

3210

Reg. Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
3210			Reg. Cross

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

Religion

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 351 (X-36)  
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> ENARD, John J.	726 21 65	PH3c	USS Achilles	3211
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <b>LEFT</b> UNKNOWN AMERICAN SOLDIER X-127				3209
(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

RESTRICTED

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

3210

UNKNOWN AMERICAN SOLDIER X-128

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,			12 Nov 1944		KIA-shrap wounds, burns
Leyte Gulf, Leyte, P.I.			(Date of death)		(Cause of death) extensive.
1400 hrs 24 July 1945			USAF Cemetery Leyte #1, P.I.		(Name or co-ordinates of location)
(Time and date of burial)			(Name of cemetery)		

3210

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 USAF Cemetery Tacloban #1, Leyte, P.I. Grave 351 (X-36)  
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	ENARD, John J.	726 21 65	Pvt 3c	USS Achilles	3211
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER X-127				3209
	(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

568

RESTRICTED



**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. N. J.; 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? No, due to charred condition of remains.

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

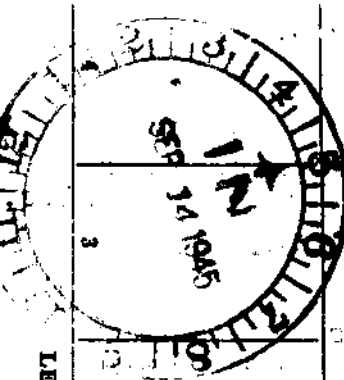
In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

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

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

*John E. Bobis*  
 John E. Bobis, S/Sgt, GRS  
 (Signature of officer or other person reporting burial)

*Francis M. Slon*  
 FRANCIS M. SLON, 1st Lt., GMC  
 (Verified by Army GRS Officer)



LEFT HAND

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

27 Jan 45 8448

UNKNOWN AMERICAN SOLDIER X-36

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS	Jermiah H. Daily,	Leyte Gulf,	12 Nov 1944	KIA	shrapnel wounds, burns
(Place of death)	Leyte, P. I.	(Date of death)		extensive	(Cause of death) Result of
0900 hrs 15 Nov 1944	USAF Cemetary, Tacloban # 1,			enemy bombing.	
(Time and date of burial)	(Name of cemetery)	Tacloban, (Name or co-ordinates of location) Leyte, P. I.			

351

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 conditions of remains

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

Body buried on <b>RIGHT</b>	UNKNOWN AMERICAN SOLDIER X-37				352
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <b>LEFT</b>	VENARD, John J.	726 21 65	PHM3c	USS Achilles	350
	(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. :

**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 next of kin or other person reporting burial)

*Roy E. Sulzbacher*  
ROY E. SULZBACHER, St. Lt., QMC  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RECEIVED  
10 JAN 1945

RIGHT HAND

4

3

2

1

THUMB

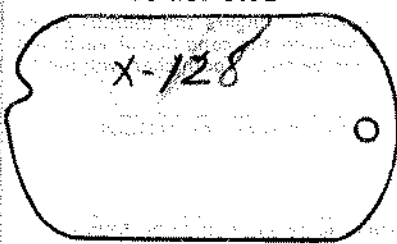
RESTRICTED

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
20 April '49

Impression Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3410 (Formerly UNK X-128 USAF Cemetery Leyte #1, P.I.)		SERIAL No. 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 Jeremish H. Daily, Leyte Gulf PI	CAUSE OF DEATH KIA—shrapnel wounds, burns extensive	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)
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 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3332
-----------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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. 3210
---	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---


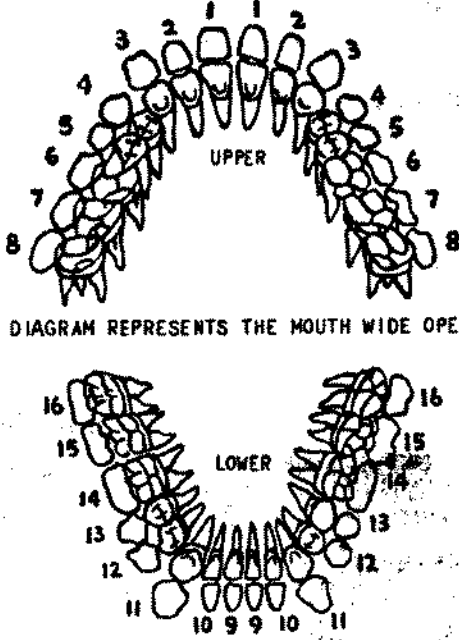




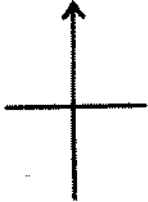
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) UNKNOWN X-3414	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3334
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3407	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3330

SIGNATURE OF PERSON PREPARING REPORT G. J. McDERMOTT	SIGNATURE OF GRS OFFICER VERIFYING REPORT H. B. McNEEMAR, Capt., QMC
---	---

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

	<b>Section 3. IDENTIFIED REMAINS.</b>	
LEFT LITTLE FINGER		<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as 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.
LEFT RING FINGER	HEIGHT _____ WEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____	BIRTHMARKS, SCARS, OR TATTOOS _____
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. _____	LAUNDRY MARKS _____ WHERE BODY WAS BURIED OR FOUND _____
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES _____	
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
RIGHT THUMB	CAVITIES  CAVITY DECAYED	
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING	
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE	
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div>	
REMARKS: Upon processing and investigation for possible identification, the remains of UNKNOWN X-3648-B (Formerly X-112, USAF Cem Leyte #1, P.I.) and UNKNOWN X-3650-B (Formerly X-114, USAF Cem Leyte #1, P.I.) were consolidated with those of UNKNOWN X-3410, AGRS Mausoleum, Manila, P.I. (Formerly X-128, USAF Cem Leyte #1, P.I.)		

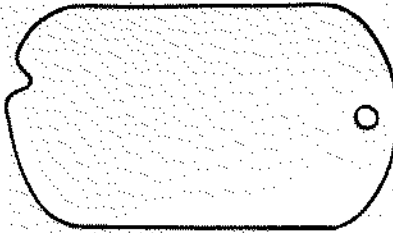
REMAINS OF  
 25 APR 1949  
 72 MP

/c bf

RESTRICTED

JUN 18 1948

U 3058

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)DATE OF REPORT  
19 Feb 48Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3650-B (Formerly UNK X-114 USAF Cem Leyte #1, P.I.)		SERIAL NO. 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 - EADATE 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)

CANCEL—Consolidated with X-3410 per  
ltr Philcem 1 June 49, Subj: Elimination of Unknowns by  
Process of Consolidation.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

See Remarks

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 Feb 48	1000	Casket	None	812	U	5411

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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

UNKNOWN X-3651

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

CRYPT  
5412

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN X-3650-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
5410

SIGNATURE OF PERSON PREPARING REPORT

C. G. ... T/5, GMC


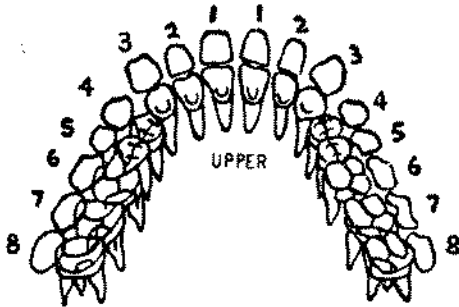
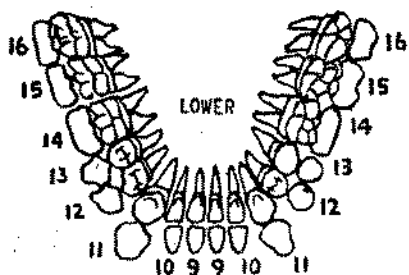




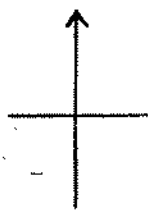
SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPPO, 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

789

LEFT LITTLE FINGER	Section 3 UNIDENTIFIED REMAINS.		
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.		
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES
			COLOR OF HAIR
			BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND
	LAUNDRY MARKS		
	OTHER IDENTIFICATION CLUES		
	Probable American		
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER
LEFT THUMB	CAVITIES  CAVITY DECAYED		
RIGHT THUMB	MISSING TEETH  TOOTH MISSING		
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT RING FINGER			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>		
	REMARKS: Cross subject case, UNK X-3650-B, AGRS Mausoleum, Manila, P.I., formerly UNK X-114 USAF Cem Leyte #1, P.I. with UNK X-3650-A AGRS Mausoleum, Manila, P.I.  QMC Form 1044, 1044-A and 1044-B accomplished.		

19 MAY 1948

JUN 16 1948

RESTRICTED

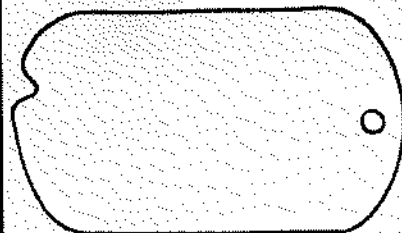
U 3057

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
20 Feb 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3648-B (Formerly UNK X-112 USAF Cem Leyte #1, P.I.)		SERIAL No. 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 Shrapnel, 1st, 2nd, 3rd degree burns 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) CANCEL—Consolidated with X-3410 per ltr Philcom 1 June 49, Subj: Elimination of Unknowns by Process of Consolidation.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	See Remarks

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) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. CRYPT 5408
--	--------------	---	---------------------------------	-----------------	--------------	----------------------------

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. 3110
---	---	----------	---------	-------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-3649	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5409
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3648-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5407
---	------	------------	--------------	----------------------------


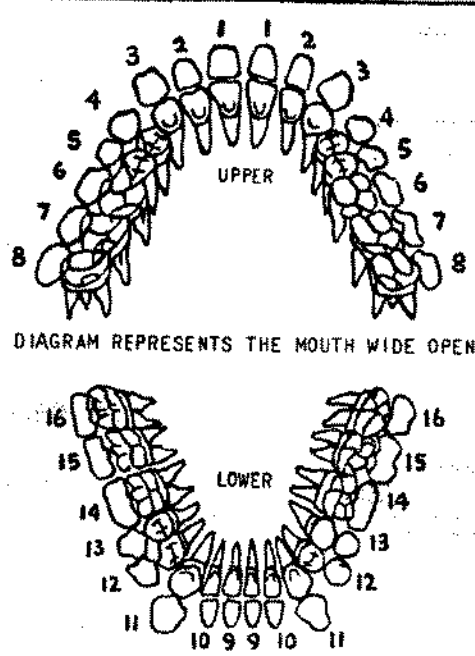

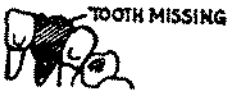



SIGNATURE OF PERSON PREPARING REPORT AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT LTS PANOFIO 2d Lt. TMC
--	---

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

310



LEFT LITTLE FINGER	<b>Section 3. UNIDENTIFIED REMAINS.</b> <b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as 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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
12 MAY 1948					
RIGHT LITTLE FINGER	REMARKS: Cross check subject case, Unk X-3648-B AGRS Mausoleum, Manila, P.I., formerly UNK X-112 USAF Cemetery Leyte #1, P.I., with UNK X-3648-A AGRS Mausoleum, Manila. QMC Form 1044, 1044-A and 1044-B accomplished.				

/amr

RESTRICTED

8448

8448

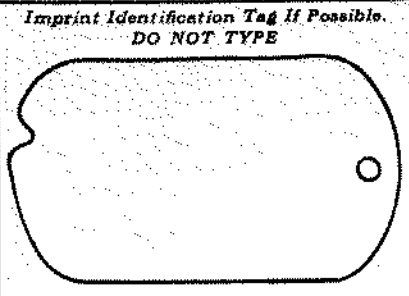
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT  
20 Jan 48

APR 27 1948



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-3410 (Formerly UNK X-128  
USAF Cemetery Leyte #1, P.I.)  
GRADE Unknown ORGANIZATION Unknown  
RACE Unknown RELIGION Unknown

SERIAL No.  
Unknown  
BRANCH OF SERVICE  
Unknown

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

CAUSE OF DEATH  
KIA-shrapnel wounds,  
burns extensive

DATE OF DEATH  
12 Nov 44

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)  
None  
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  
Yes (2)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

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 14 Jan 48  
HOUR 1300  
BURIED IN (Shroud, blanket, or name of other) Casket  
TYPE OF GRAVE MARKER None  
PLOT No. 813  
ROW No. J  
GRAVE No. 3332

WAS THIS A REBURIAL? (Yes or no) Yes  
RESTORED  
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. 3210

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-3414  
RANK SERIAL No. ORGANIZATION GRAVE No. 3334

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3407  
RANK SERIAL No. ORGANIZATION GRAVE No. 3330

SIGNATURE OF PERSON PREPARING REPORT  
C AQUINO, T/5, QMC  
SIGNATURE OF GRS OFFICER VERIFYING REPORT  
L S PANOPLO, 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

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


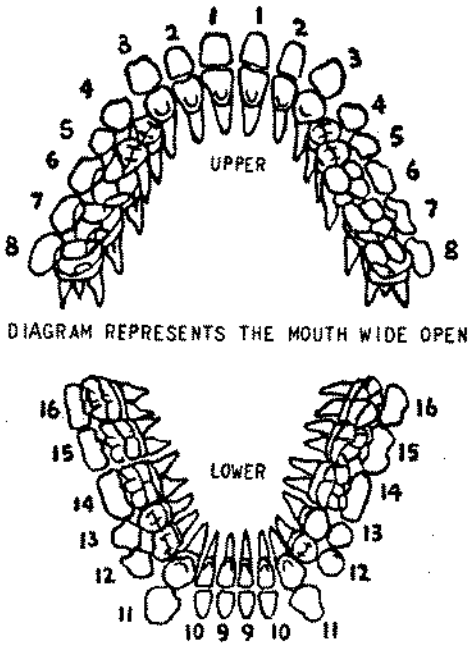




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



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

9 MAR 1948