

FILE IDENTIFICATION TOPPER

FILE NUMBER

275 Gen. Dept. # 1 X-142

SUBJECT

Also - Maria Maus # 1 X-3521

QUART 203
ONE PAR EAST

24 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGO, PHILCOM TONE

1. Reference is made to the following Unknown remains now stored in AGO Warehouse, Manila, P.I.:

Unknown I-106
" I-106
" I-222
" I-221 (formerly Unknown I-102, Leyte #1)
" I-244 (formerly Unknown I-129, Leyte #1)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

M. Donovan:rs

Salzer

JN

cc--Administrative Section
cc--CinCP

I. H. 2072
Lt. Colonel, GSC
Memorial Division

178
HEB

GS GR 293.9

SUBJECT: Unidentifiable Remains

APO 707
8 AUG 1949

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

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

UNKNOWN	X-198	AGRS	Mslm	UNKNOWN	X-3843	AGRS	Mslm
"	X-306	"	"	"	X-3154	"	"
"	X-323	"	"	"	X-3321	"	"
"	X-791	"	"	"	X-3414	"	"
"	X-982	"	"	"	X-4635	"	"

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

FOR THE COMMANDING GENERAL:

10 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN M. WESTON JR
1st Lt AGD
Asst. Adj. Gen

SEE X-3666 AGRS
LETTER 22 JUNE 49

QUEST 293
GHS Far East

13 May 1949

SUBJECT: Disapproval of Board Findings

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

1. Reference is made to the attached Field Board Findings recommending the individual identification of the following Unknowns:

X-3414 AGRS Mausoleum, Manila, P.I.
as: Pte. Harold R. Fear 37226517

X-3321 AGRS Mausoleum, Manila, P.I.
as: Pvt. Benjamin H. Burton 32689634

X-3728 AGRS Mausoleum, Manila, P.I.
as: T/4 Peter P. Coccari 32923314

X-3418 AGRS Mausoleum, Manila, P.I.
as: Pvt. Ray Beeson 59188322

X-3416 AGRS Mausoleum, Manila, P.I.
as: Pfc. Richard W. Trevor 37677775

X-3654 AGRS Mausoleum, Manila, P.I.
as: Pvt. Bernie G. Aaberg 37576340

2. Subject proceedings are being returned by this Office as additional dental data has been obtained on the personnel involved. It is recommended that a re-investigation be made by your Office and findings forwarded.

3. Further reference is made to the attached Field Board Findings dated 8 March 1949, recommending the identification of Unknown X-3790A as Pvt. Oscar Dally, 37674136, and Field Board Findings dated 2 April 1949, recommending the same Unknown X-3790A as T/5 Leonard E. Moler, 37309112. Clarification of this discrepancy is requested.

FOR THE COMMANDANT'S USE ONLY:

18 Incls:
1 - 8 Bd proceedings as stated
9 - 16 Forms 79

T. B. MITZ
Lt. Colonel, GSC
General Division

RL
28/14

1 /drs
Interred 29 August 1949
N 9 167 Ft. McKinley
R-32
Don L. Smathers
DON L. SMATHERS
DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: 1st Lt. Inf., Cemetery Officer
DIRECTIVE NUMBER: 7740 00163
DATE: 15 05 48
DAY MONTH YEAR

NAME: UNKNOWN X-000142
SERIAL NUMBER: UNKNOWN X-000142
RANK: [blank]
ARM: Q
DATE OF DEATH: [blank]
DAY MONTH YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1
DISPOSITION OF REMAINS: 7701 80
CODE: [blank] DIST. PT. [blank]

PLOT: [blank] ROW: [blank] GRAVE: 3229 COUNTRY: PHILIPPINE ISLANDS
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FORT MC KINLEY CEMETERY, MANILA, PHILIPPINE ISLANDS
NAME AND ADDRESS OF NEXT OF KIN: [blank]
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-3321 (Maus)
SERIAL NUMBER: [blank] RANK: [blank] DATE OF DEATH: [blank] DATE DISINTERRED: 27 Sept '48
UNK X-142

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: UNKNOWN
RELIGION: [blank] IDENTIFICATION VERIFIED BY: JOSEPH W. GESUSE
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: [blank]
NAT FILE

MINOR DISCREPANCIES: (2) Mausoleum tags - UNKNOWN X-3321
RECORDS ANNOTATED DATE: 27 Sept 49
NAME: [blank] R A H DE.

REMAINS PREPARED AND PLACED IN CASKET
DATE: 27 Sept '48 BY: JOSEPH W. GESUSE

CASKET SEALED BY: JOSEPH W. GESUSE
EMBALMER (Signature): JOSEPH W. GESUSE

CASKET BOXED AND MARKED: 27 Sept '48
SHIPPING ADDRESS VERIFIED BY: [blank]
DATE: [blank] BY: HORACE L ALLISON, Sgt Inf HONORIO V. AURELIO, 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.
HONORIO V. AURELIO, 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>Don L. Sinathers</i>	DATE 29 AUG 1949

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM (S)		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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 142, Plot _____,
Row _____, Grave 3229, USMC USAF Cem. Leyte #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:



A. B. McNEMAR
Captain, GMC
Chief, Records Branch

Atch: Form 1044

Received 16 Aug 49
Not identifiable from
information presently
available in. Dunsen 19 Aug 49
OQMG

Incl # 8'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3221 (Formerly UNK X-142 Leyte #1)				2. DATE OF REPORT 20 July 49		
3. NAME OF CEMETERY		4. PLOT 813	5. ROW I	6. GRAVE 2803	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 3/4"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
----------------------------	----------------------------------	--------------------------	---------------------

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

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 8

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:			

Maxilla																Missing							
RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
Side Views																Side Views							
UPPER																UPPER							
Top Views																Top Views							
LOWER																LOWER							
Side Views																Side Views							
Fractured																Fractured							
A	A	A	A	A																			
o	o	o	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."

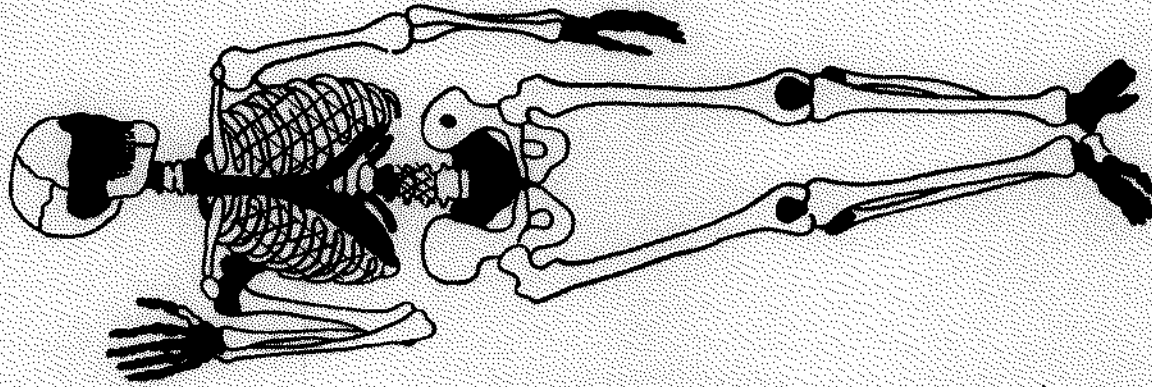
Maxilla missing, maxillary tooth R 2 found loose with remains:
mandible fractured between R 9 and L 9:

J. J. McDermott
J. J. McDERMOTT
Laboratory Officer, CIP

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 6 3/4"

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 - 9 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			X-3321 (Formerly Unk X-142 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT		9 Jan 1948	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
AGRS Mausoleum, Manila, P.I.				813	I	2803	DISINTERMENT	REINTERMENT	
				MANGER BAY CRYPT			10 Dec 47	12 Jan 48	
PHYSICAL DESCRIPTION									
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT			10. COLOR OF HAIR		11. RACE		
UTD		5' 6-3/4"			UTD		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									
None									
14. WAS BODY BURNED ?					TO WHAT EXTENT ?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15. WAS BODY MANGLED ?					TO WHAT EXTENT ?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
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:			
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:			

Maxilla missing

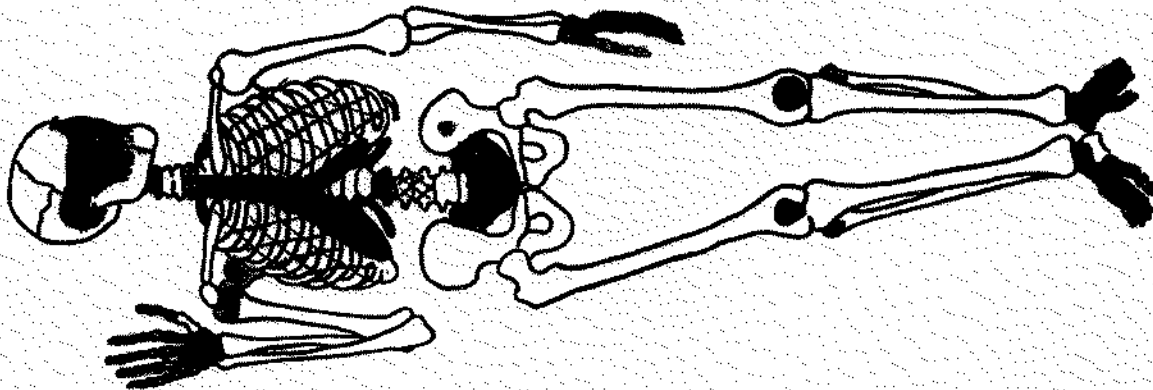
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	P	P	P	P	P		P	P	P	P	P	P	P	P	P
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
<i>Fractured</i>															
A	A	A	A	A	A	P	P	P	P	P	P	P	X	A	A
o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	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."

REMARKS: Maxilla missing, maxillary tooth R 2 found loose with remains; mandible fractured between R 9 and L 9:

CERTIFIED TRUE COPY: *G. T. Gamboa*
 G. T. GAMBOA
 2d Lt., MSC
 s/ John J. Connors

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 identification tags, personal effects, or other means of identification. Unable to determine circumference of the skull due to fragmentation. Estimated weight of remains - 9 lbs.

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/ BIRGER A. FREEBERG, EMBALMER
C-063267
CIP Laboratory, Manila, P.I.

SIGNATURE
s/ Birger A. Freeberg.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-142 Grave 3229 Serial Number _____
Rank _____ Occupation Formerly UNKNOWN X-17, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): _____
By: Group Tec 5 Napoli Unit Base K, GRS

3. Reburied (date): 26 Aug 45 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 3229
By: Group Tec 5 Napoli Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Body completely decomposed. tooth chart taken.

5. (a) Identification tags: Buried with body? No On grave marker? No
(b) Other means of identification found upon disinterment, and general remarks: Metal tag made by GRS buried with remains and attached to marker

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

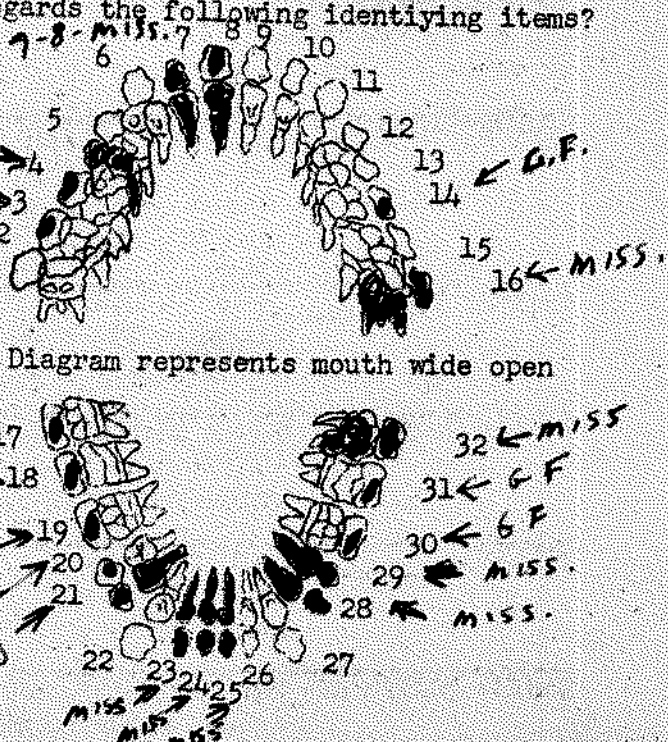
(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____



7. Disinterment supervised by Tec 5 Napoli Approved: Francis M. Simon 1st Lt., QMC
(Title) GRO

8. Reburial supervised by Tec 5 Napoli Approved: Francis M. Simon 1st Lt., QMC
(Title) GRO

Jul 49

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.











3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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

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

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

DENTAL CHART

Unknown X-142

Name-

R-8 _____
R-7 S. fil
R-6 S. fil
R-5 X
R-4 _____
R-3 _____
R-2 X
R-1 X

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 S. fil
L-7 _____
L-8 X

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

R-16 S. fil
R-15 S. fil
R-14 S. fil
R-13 S. fil
R-12 X
R-11 _____
R-10 X
R-9 X

R-16 _____
R-15 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 X
L-10 _____
L-11 _____
L-12 X
L-13 X
L-14 S. fil
L-15 S. fil
L-16 X

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

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

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

UNKNOWN X-142

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-shrapnel wounds, mult.,
(Place of death)			(Date of death)		badly burned (Cause of death)
0900 hrs 25 July 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

3229

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 183, USAF Cemetery Dulag # 1, Leyte, P.I.
(UNKNOWN X-17)

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 X-143					3230
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on LEFT UNKNOWN X-141					3228
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: NONE RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 19; 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

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

Unable to take tooth chart 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., QM c

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

19 Jan 45

8299

UNKNOWN X-17

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Island of Leyte, P.I.			26 October 1944	KIA - Shrapnel Wounds, Mut	
(Place of death)			(Date of death)	Badly Burned	(Cause of death)
0840	26 October 1944		USAF Cemetery Dulag #1	Dulag, Leyte, P.I.	
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

183	5	1	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

Embossed Plate attached to Marker Religion - **Unknown**

One copy of GR Form #1 placed in sealed bottle and buried with Body showing Unknown Number (If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT Unknown X-16				182
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Body buried on LEFT Unknown X-18				184
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

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, ~~possible~~ organization of deceased, etc.:

possible
502nd AAA, 7th QM Co; 722nd Eng Dpt Det

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

Luigi G. Galanter
 (Signature of official or other person reporting burial)
 LOUIE G. GALANTER 40

 (Verified by Army GRR Officer)
 Robert W. Greer, 2nd Lt. Inf

8075 **SEA**

Fingerprints not obtainable because of Badly burned condition of Body

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

FINGERPRINTS NOT OBTAINABLE

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

APR 28 1948

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

DATE OF REPORT
15 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3321 (Formerly Unk X-142 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 Dulag, Leyte, P.I.	CAUSE OF DEATH KIA- shrapnel wounds, mult., badly burned	DATE OF DEATH 26 Oct 1944
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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 MAUSCLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORAGED Casket	TYPE OF GRAVE MARKER None	PLOT NO. 813	ROW NO. I	GRAVE NO. CRYPT 2803
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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. 3229
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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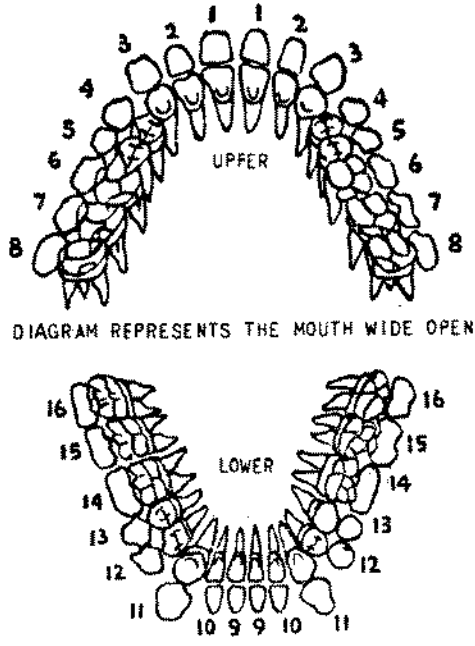





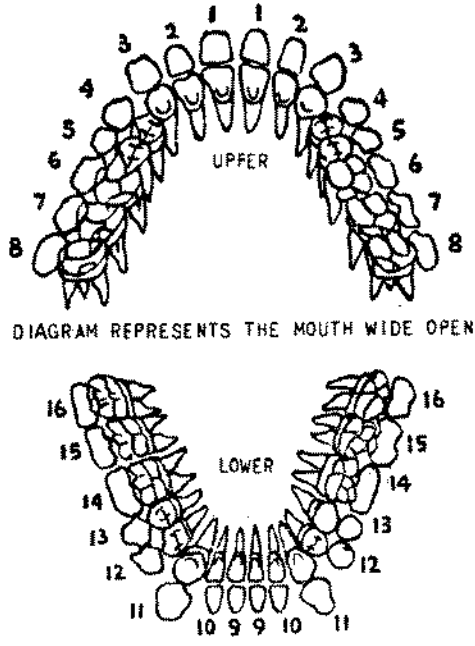





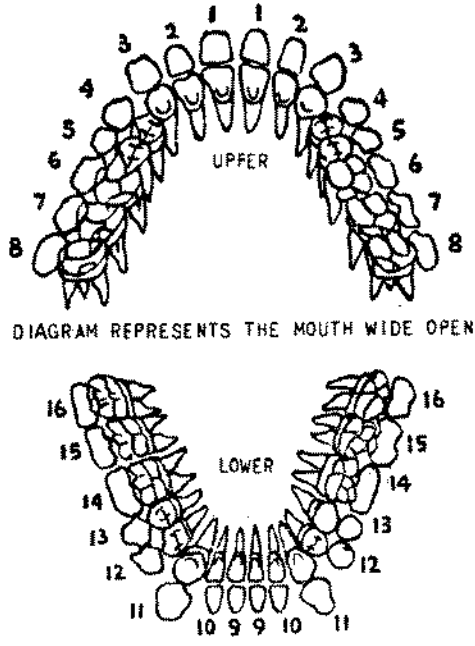




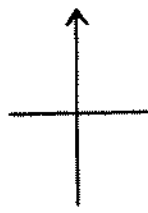
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3323	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2805
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3319	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2801
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SIGNATURE OF PERSON PREPARING REPORT R. R. ACIBERTO, Pfc.	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIC, 2d Lt., Inf
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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.

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.															
	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>															
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS													
	COLOR OF EYES	COLOR OF HAIR														
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		WHERE BODY WAS BURIED OR FOUND													
	LAUNDRY MARKS															
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES															
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">  </td> </tr> <tr> <td>CAVITIES</td> <td>  </td> </tr> <tr> <td>MISSING TEETH</td> <td>  </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  </td> </tr> <tr> <td></td> <td></td> </tr> </table>			FILLINGS			CAVITIES		MISSING TEETH		CROWNED TEETH		BRIDGE WORK			
FILLINGS																
CAVITIES																
MISSING TEETH																
CROWNED TEETH																
BRIDGE WORK																
RIGHT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>															
RIGHT RING FINGER	REMARKS:															
RIGHT LITTLE FINGER	<p>QMC Form No 1044, 1044-A and 1044-B accomplished.</p>															

9 MAR 1948