

AIRMAIL

QMGMAT 293
GRS Far East

15 August 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. Reference is made to the following Unknown remains now stored at AGRS Mausoleum, Manila, P.I.:

- Unknown X-3265 (formerly Unknown X-153, Leyte #1, P.I.)
- " X-3309 (formerly Unknown X-184, Leyte #1, P.I.)
- " X-3447 (formerly Unknown X-328, Leyte #1, P.I.)
- " X-3595
- " X-3643
- " X-3729 (formerly Unknown X-363, Leyte #1, P.I.)
- " X-3731 (formerly Unknown X-378, Leyte #1, P.I.)
- " X-3821
- " X-3824
- " X-4173 (formerly Unknown X-4173A, AGRS Mausoleum, Manila, P.I.)
- " X-4207
- " X-4536
- " X-4810
- " X-4892
- " X-4947
- " X-4976
- " X-5098

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

3. QMC Form 1044 with certificate of unidentifiability has been received for Unknown X-4622, Hanger 802, Bay E, Crypt 1478. Records of this Office indicate Unknown X-4622B stored in this location. Classification is requested. Clar

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

AIRMAIL

X 293 Unknowns P 1 X

3 Lt.
 unread

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293.9

AFD 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 8 AUG 1949

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

1. A recent reprocessing of Unknown remains presently stored at AGRS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with the Unknowns declared Unidentifiable.

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

UNKNOWN X-1776-A	UNKNOWN X-3405-A	UNKNOWN X-3770-A	UNKNOWN X-4758-A
" X-2362-A	" X-3578-A	" X-3833-A	" X-4759-A
" X-2766-A	" X-3597-A	" X-3836-A	" X-4761-A
" X-2889-A	" X-3613-A	" X-4173-A	" X-4769-A
" X-3029-A	" X-3634-A	" X-4314-A	" X-4771-A
" X-3265-A	" X-3679-A	" X-4315-A	" X-4772-A
" X-3289-A	" X-3686-A	" X-4533-A	" X-4778-A
" X-3315-A	" X-3687-A	" X-4725-A	" X-4792-A
" X-3363-A	" X-3704-B	" X-4740-A	" X-4805-A
" X-3402-A	" X-3729-A	" X-4752-A	

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

FOR THE COMMANDING GENERAL:

/s/ John M. Weston, Jr.
JOHN M WESTON Jr
1st Lt ACD
Asst Adj Gen

/add

M8 GWA

1 fms

Interred 20 July 1949
L 7 124 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00172

DATE
15 05 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER UNKNOWX-000153 RANK Q ARM Q DATE OF DEATH

CEMETERY USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS 0 770.1 80 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY 3268 PHILIPPINE ISLANDS CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X - 153 3265 Mslm SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 9 June 49 IDENTIFICATION TAG ON 2 REMAINS 1 MARKER ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY RICHARD HOYT 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

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 June 49 BY RICHARD HOYT

CASKET SEALED BY RICHARD HOYT EMBALMER (Signature) RICHARD HOYT

CASKET BOXED AND MARKED WEYMAN L McGUIRE SGT., MC SHIPPING ADDRESS VERIFIED BY GERARD A BRICK

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Gerard A. Brick
GERARD A BRICK
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carermark</i>	DATE 20 JUL 1949

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 <i>Carermark</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>Carermark</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Carermark</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
PHILIPPINES COMMAND
UNITED STATES ARMY

1-Aug

GSGR 293.9

AFPO #07

SUBJECT: Unidentifiable Remains

19 Jul 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 QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-350	AGRS Mslm	UNKNOWN X-2037	AGRS Mslm
" X-623	" "	" X-2045	" "
" X-711	" "	" X-2070	" "
X- X-1155	" "	" X-2439	" "
" X-1164	" "	" X-2466	" "
" X-1216	" "	" X-2554	" "
" X-1296	" "	" X-3173	" "
" X-1382	" "	" X-3265	" "
X- X-1399	" "	" X-3729	" "
" X-1407	" "	" X-4103	" "
" X-1558	" "	" X-4173	" "
" X-1750	" "	" X-4764	" "
" X-1753	" "	" X-5098	" "
" X-1952	" "		

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

FOR THE COMMANDING GENERAL:

JOHN A. MARSZAL
/s/ JOHN A. MARSZAL
1st Lt., AGD
Asst Adju Gen

27 Incls

QMC Forms 1044 w/certificates
of unidentifiability

COPY

Miller

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

11 June 1949

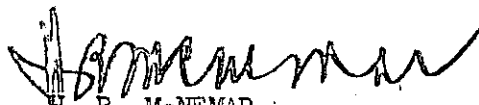
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-153, Plot _____,
Row _____, Grave 3268, USMC Cemetery Leyte #1, P.I. 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. McNEMAR
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 1 Aug 1949 OQMG
Not identifiable from
information presently J. Miller Id Sec.
available
11 Aug 49

Encl. # 22'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3265 (Formerly UNK X-153, Leyte #1)				2. DATE OF REPORT 11 June 49	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	F	1872	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Bone structure shows remains been burned.
---	---

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

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. # 22²

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
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
Top Views															
LOWER															
Side 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."

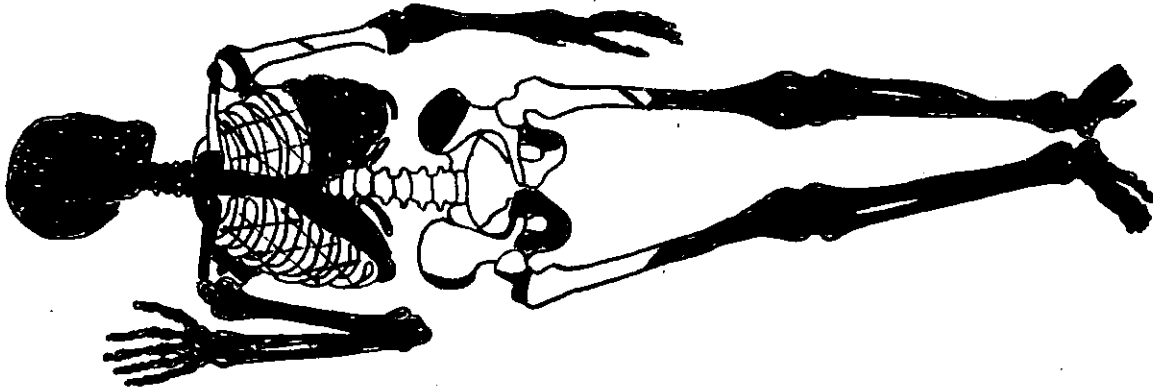
No loose teeth present with remains.

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

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 - 3 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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3265-A (Formerly UNK X-153 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 7 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	RANGER 013	BAW F	CR-PT 1872	DISINTERMENT 10 Dec 47	REINTERMENT STORAGE 8 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT All long UTD, bones fractured	10. COLOR OF HAIR UTD	11. RACE UTD
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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 ? Charred places found on bones. Bone structure shows that this remains had been burned.
--	--

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

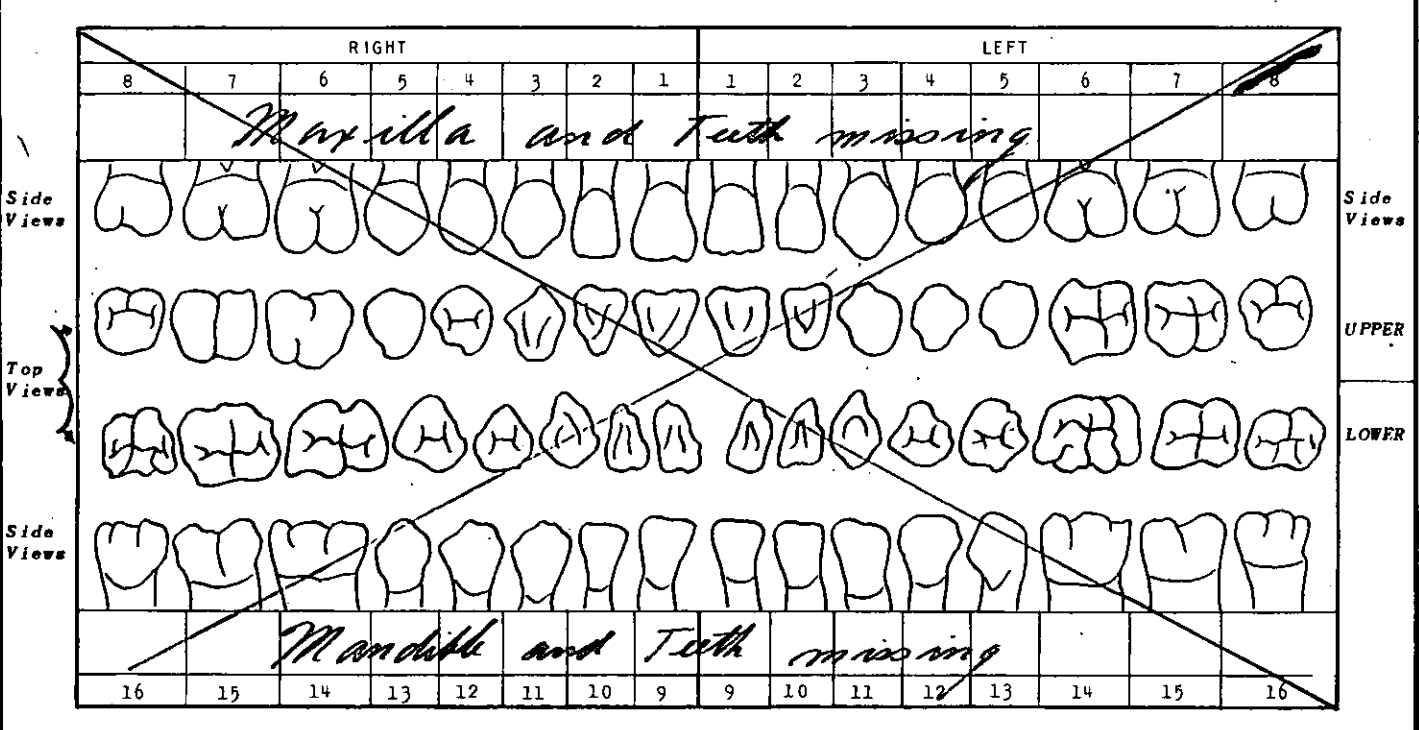
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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:			



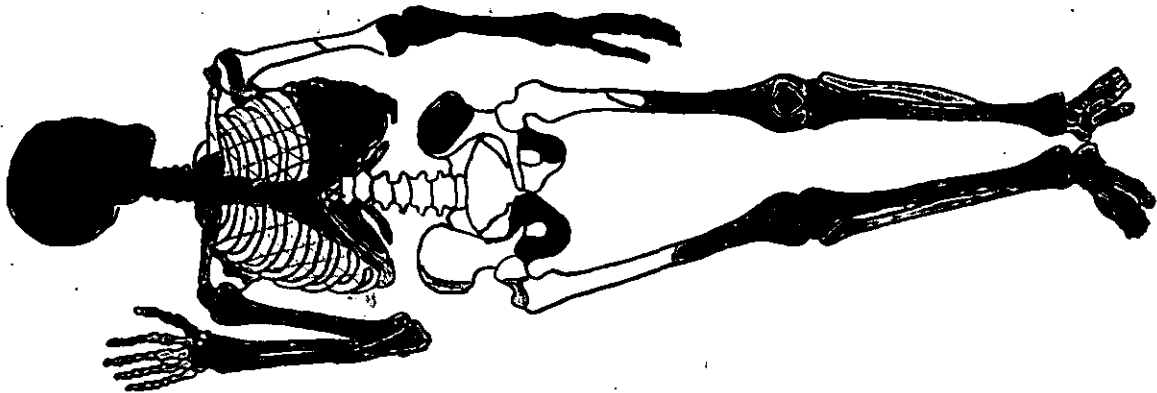
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No maxilla, mandible or teeth found with remains, X-3265-A.

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

/s/ Julian H. Weddle

19. BLACK OUT PARTS OF BODY NOT RECORDED



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, I.D. tags, burial bottle or other means of identification found with remains. Estimated weight of remains 3 lbs.

In processing the remains extra bones were found. We were able to segregate the remains and designated them as Nos. X-3265 A and X-3265-B.

CERTIFIED TRUE COPY

G. T. Gamboa

G. T. GAMBOA
 2d Lt., MSC

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JULIAN H. WEDDLE

Emb Sr G-064965

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Julian H. Weddle

/aa

APR 28 1948

RESTRICTED

8389

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 14 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3265-A (Formerly UNK X-153 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 Dulag, Leyte, P.I.		CAUSE OF DEATH KIA-body completely burned		DATE OF DEATH 26 Oct 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY GRS MAUSOLEUM, MANILA, P						
DATE OF BURIAL STORAGE 8 Jan 48	(HOUR) 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 813	ROW No. BA4 F	GRAVE No. CRYPT 1872
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.					
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-3266-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1874		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3263	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1870		
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERIO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOFIO, 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.						

Serial 1183

RESTRICTED

Section UNIDENTIFIED REMAINS.


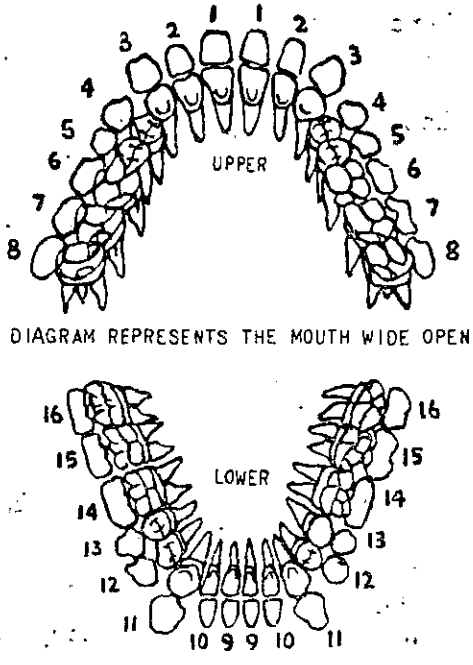




INSTRUCTIONS:

(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.

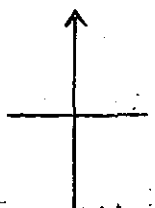
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS: In processing UNKNOWN X-153 USAF Cemetery Leyte #1, evidence of two bodies were found. They were segregated into two unknown remains and recorded as UNKNOWN X-3265-A and X-3265-B, AGRS Mausoleum, Manila, P.I. Cross reference this case, UNK X-3265-A, with UNK X-3265-B.
 QMC Form 1044, 1044-A and 1044-B accomplished.

9 MAR 1948

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 1945

1. Remains of UNKNOWN X-153, Grave 3268 Serial Number _____
USAF Cemetery Leyte #1, P.I.
Rank _____ Organization Formerly UNKNOWN X-3, Dulag

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

3. Reburied (date): 26 Aug 45 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 3268
By: Group Pfc Maish Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Completely decomposed, no skull or jaw bones.

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) _____

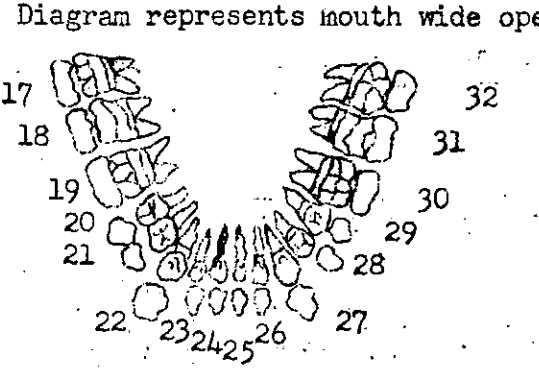
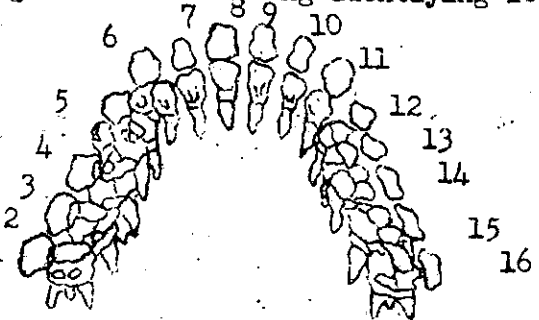


Diagram represents mouth wide open

7. Disinterment supervised by Pfc Maish Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO






8. Reburial supervised by Pfc Maish Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO

Ind # 2

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 Gold 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 Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity Decayed 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.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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

8389

8389

UNKNOWN X-153

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-body completely burned
0900 hrs 26 July 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

3268

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 169, USAF Cemetery Dulag # 1, Leyte, P.I
 (UNKNOWN X-3)

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 CARR, George A.	36 733 210	Pvt	Hq Co 808 Avn	3269
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT UNKNOWN X-152				3267
(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

5-59

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? 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.:

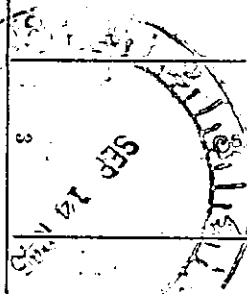
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

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., QMC
 (Verified by Army GRS Officer)

LEFT HAND	4	
	3	
	2	
	1	
THUMB		

4	
3	
2	
1	
THUMB	

RIGHT HAND

Unknown X-3

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Island of Leyte, P.I.			26 October 1944	KIA	Body completely
1140	26 October 1944	USAF Cemetery Dulag #1		Dulag, Leyte, P.I.	Burned
(Time and date of burial)		(Name of cemetery)		(Name or coordinates of location)	

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
169	5	1	Cross

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
 Embossed Plate attached to Marker Region - Unknown

One copy of GR Form #1 placed in sealed bottle and buried with body showing

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

Identity could not be established because body was burned/beyond recognition

(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Left Body buried on ROBERT Carr, George (N.A.)	1367332101	pvt.	Hq Co 808th Aviation	168
Right Body buried on DEED Unknown X-4				170

(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.:

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.

Lovillo G. Etchenyer
 (Signature of officer or other person reporting burial)
 Lovillo G. Etchenyer, Tec 4
 (Verified by Army GRS Officer)

Robert W. Greer, 2nd Lt, Inf

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

Finger prints not obtainable because of
 Body being completely burned

RECEIVED
 6 JAN 1943