

FILE IDENTIFICATION TOPPER

FILE NUMBER

273 West Lytle # 1 X-160

SUBJECT

Also Maida Maus # 1 X 3253

QMC FORM 1121  
1 Aug 45

W 31676

PREPARED BY PHILCO

### DISINTERMENT DIRECTIVE

SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
----------------------	--	------	--	-----------------------	--	------	--

SECTION A - NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER		DATE		
UNKNOWN X - 100			7749 80282		23 05 48		
NAME			SERIAL NUMBER		GRADE		ARM
RACE			RELIGION		DISPOSITION OF REMAINS		

CEMETERY		PLOT		ROW	GRAVE	DISPOSITION OF REMAINS	
USMC		3670			200	7701	
CEMETERY LEYTE NO. 1, P. 1		DISTRICT		CODE		DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. MCNILEY, P. I.	(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS		NAME AND TITLE		
<input type="checkbox"/> MARKER				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)	
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 AGENT IN CHARGE

REMARKS AND SPECIAL INSTRUCTIONS	
SIGNATURE OF AGENT IN CHARGE	

**FILE**  
JAN 23 1950

RECORD OF CASUALTY INVESTIGATION

QMOMT 293 1st Ind.  
GRS Far East  
SUBJECT: Unidentifiable Remains

Department of the Army, OQMG, Washington 25, D. C. 27 April 1949

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

Subject cases have been reviewed and this Office approves the classification of the following Unknowns, now stored at AGRS Mausoleum, Manila, P.I., as unidentifiable:

X-3253	(formerly X- 16, Leyte #1, P.I.)	}
X-3314	(formerly X-193, Leyte #1, P.I.)	
X-3350	(formerly X-229, Leyte #1, P.I.)	
X-3721	(formerly X- 18, Leyte #1, P.I.)	
X-3755	(formerly X- 91, Leyte #1, P.I.)	
X-3757	(formerly X- 95, Leyte #1, P.I.)	
X-3943	(formerly X-185, Finsch. #3, N. G.)	

FOR THE QUARTERMASTER GENERAL:

7 Incls: w/d

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

B. Venesky:lrc  
Salsar  
JW  
cc--Administrative Section

REB

NJS

Info

Interred 13 June 1949  
10 33/90 Ft. McKinley

DISINTERMENT DIRECTIVE

M.K.

Cemetry Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00179  
DATE  
15 05 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM  
UNKNOWNX-000160 0 0

CEMETERY  
USAF CEMETERY LEYTE NO 1  
DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
3676 PHILIPPINE ISLANDS  
CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNK X-160  
UNK X-3253 (Maus) 27 Sept 48  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN PERRY E. WHITE  
 MARKER  
Embalmers NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES  
Two (2) Identification Tags read UNK X-3253 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY PERRY E. WHITE

CASKET SEALED BY EMBALMER (Signature)  
PERRY E. WHITE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt. INF. TROTILO M. AMATA, 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.

TROTILO M. AMATA, 1st Lt., INF.  
SIGNATURE OF GRS INSPECTOR

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

JUL 1949  
REPATRIATION  
BRANCH  
MEX. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll</i>	DATE <b>13 JUN 1949</b>

## 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>ПРИКОМИ</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>БОЛЪ МСКЛІТІЕЛ СЕМЕТІЕВЪ</b>	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

1

Interred 13 June 1949  
D 6 90 rt. McKinley

*Carey Frank*  
CARL R. H. MARK

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 80282

DATE  
23 05 49

NAME  
UNKNOWN X - 160

SERIAL NUMBER  
GRADE  
ARM

RACE  
RELIGION

CEMETERY  
USAF CEMETERY LEYTE NO. 1, P. 1.

PLOT  
ROW  
GRAVE  
289

DISPOSITION OF REMAINS  
7701  
80  
CODE  
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. MCKINLEY, P. 1.

NAME AND ADDRESS OF NEXT OF KIN  
(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION

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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE  
CASKET SEALED BY

BY  
EMBALMER (Signature)  
*J. J. McDemeth*

CASKET BOXED AND MARKED  
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

*A. J. Robertson*  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carey Smith</i>	DATE <b>13 JUN 1949</b>

## 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

REPAIRATION  
 RECORDS BRANCH  
 JUN 8 1 52 PM '49  
 NORMAL DIVISION

## 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

/yel

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3253 (Formerly UNK X-160 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 7 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT RANGE 813	5. ROW F	6. GRAVE 1863	7. DATE OF DISINTERMENT 9 Dec 47 REINTERMENT 8 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 5' 5-3/8"	10. COLOR OF HAIR U.T.D.		11. RACE U.T.D.	
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  U. T. D.					
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  U. T. D.					
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
<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>Maxilla Missing</i>															
Side Views															Side Views
UPPER															
Top Views															Top Views
LOWER															
Side Views															Side Views
<i>Mandible</i>								<i>Missing</i>							
<i>Mandible Missing</i>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

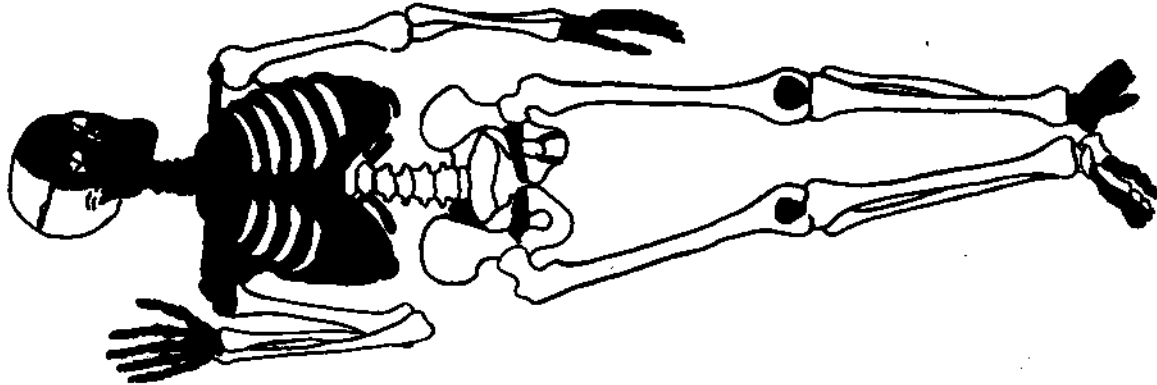
**REMARKS:**  
 Maxilla and Mandible missing, no maxillary or mandibular teeth found with remains.

**CERTIFIED TRUE COPY:**

*G. T. Gamboa*  
 G. T. GAMBOA  
 2d Lt., USC

/s/ John H. Bennett Jr., Dental Tech.

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 I.D. tags, personal effects or ROI in bottle found with remains.  
 Circumference of skull in inches is unobtainable due to its fractured skull.  
 Estimated weight of remains - 3½ 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/ G. H. BROWN - Emb. Sr.

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ G. H. Brown

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-3253 (Formerly Unk X-160 Leyte #1 )</b>				2. DATE OF REPORT <b>24 March 49</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 5 3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

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

**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

Received 22 Feb 1949 **CGMA**

Identifiable from  
information presently

available Veterinary 2508 1949

*Incl #1*

<p><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:</p> <p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> <p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> <p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	TOP VIEW	SIDE VIEW
	<i>Tooth Missing</i>	<i>Gold Crown, Porcelain Crown</i>
	<i>Gold Bridge</i>	
	<i>Gold Filling, Silver Filling</i>	
	<i>Cavity, Decayed</i>	

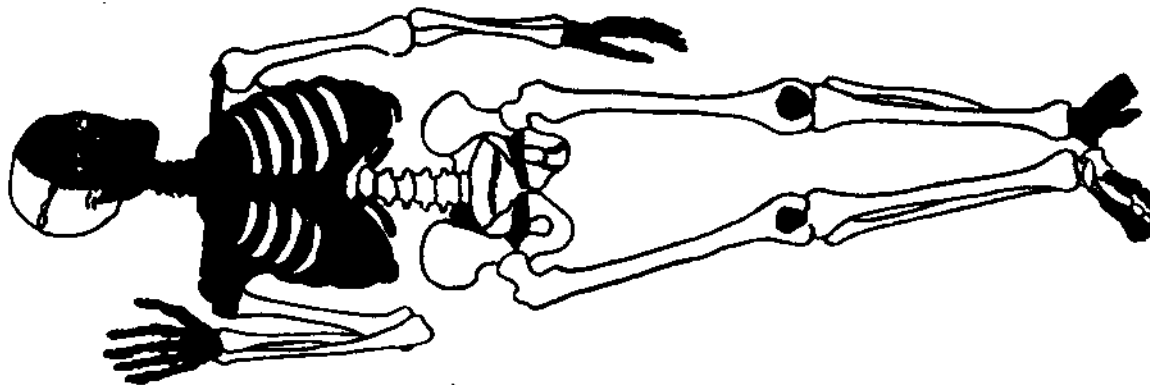
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

Maxilla and mandible missing. No maxillary or mandibular teeth present with remains.

*J. J. McDerlott*  
 J. J. McDERLOTT  
 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 - 3½ lbs.

**UNIDENTIFIABLE**  
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, CJF

SIGNATURE

RESTRICTED

RE-  
 REPORT OF INTERMENT

0117 0117

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN X-160

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Limon, Leyte, P.I.

21 Nov 1944

KIA

(Place of Death) (Date of Death) (Cause of Death)

0900 hrs 31 July 1945

USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

3676

Reg. Cross

Buried with body   
 Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Metal tag buried with remains and attached to marker.

Protestant   
 Catholic   
 Hebrew

Disinterred from USAF Cemetery Valencia #1, Leyte, P.I. Grave 289 (X-6)

Other pertinent data to enable grave to be located.  
 (Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

(7) 730

Fingerprints (right hand) if right hand missing furnish prints of left hand.  
 (Required when positive identity cannot otherwise be established) (Par. 25e (2)  
 TM 10-630)

Place X mark  
 below when  
 prints are of  
 left hand

Thumb

1

2

3

4

List of personal effects and disposition of same None

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— CAPRISTA, Frank J.      39 109 582      Tec 5      Hq Co, 2 Bn  
 19 Inf      3677

On Left— UNKNOWN X-159      3675

John E. Bobis, S/Sgt, GRS  
 Signature of Officer or other person reporting Burial.

Francis M. Simon, 1st Lt., QMC  
 Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

Unknown X-6

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Limon, Leyte, P.I.

~~0898~~ 21 Nov 44

KIA

(Place of death) (Date of death) (Cause of death)

1630 9 February 45

USAF CEM, VALENCIA #1

VALENCIA, Leyte, P.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

289

9

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

(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-7

(Name)

(Serial number)

(Rank)

(Organization)

290

(Grave number)

Body buried on LEFT

Caprista, Frank J.

(Name)

39109582

(Serial number)

(Rank)

19th Inf

(Organization)

288

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

U.S. Currency: \$0.45  
1 "Eversharp" Pen

84A

List only personal effects FOUND ON BODY and disposition of same:

Small AID 619





RESTRICTED

U-117

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

APR 28 1948

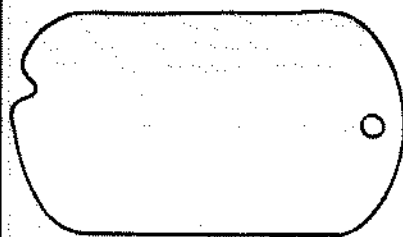
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3253 (Formerly UNK X-160  
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

Limon, Leyte, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

21 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)

Received 22 April 1949  
Not identifiable from  
information presently  
available

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

8 Jan 48

HOUR

1100

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

813

ROW No.

F

GRAVE No.

1863

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.

3676

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-3255

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1865

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

UNKNOWN X-3251

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1861

SIGNATURE OF PERSON PREPARING REPORT

R R ACIERTO, Pfc

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPIO, 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

Jan 27 48

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**



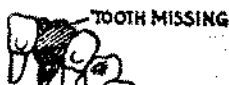


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

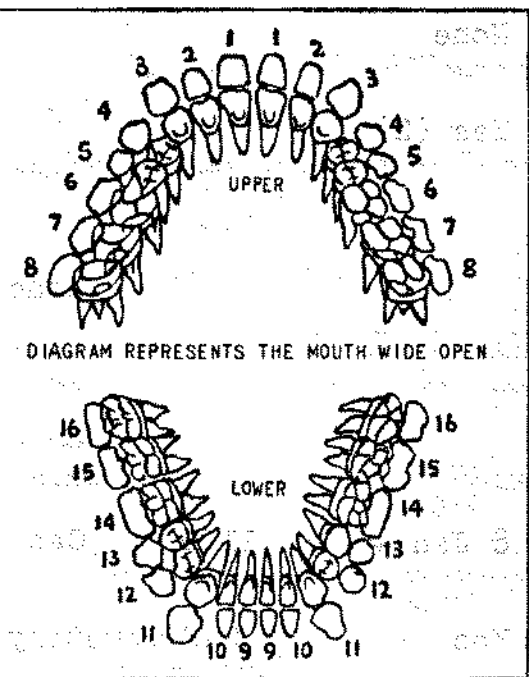
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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

REMARKS:

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

**21 MAR 1946**