

AIRMAIL

QNGMT 293

10 March 1950

Unknown X-3255
AGRS Mausoleum, Manila, P.I.

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to Unknown X-3255, AGRS Mausoleum, Manila, P.I., (formerly X-162, Leyte #1) Unit 2, Page 6.

2. Subject case has been reviewed and this Office approves the classification of the above listed Unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

JMS
R. Miller:lrc
Salser
JW
cc--Administrative Section
cc--Cincfe



JMN
JMN
TEC

MAR 13 1 26 PM '50

O. Q. M. G.
MAIL & RECORDS BRANCH

4293 unk P.I. X-162 (Leyte #1)

AIRMAIL

MAR 13 1 56 PM '50

MAIL & RECORDS DIVISION
U. S. MAR. C.

to - 101-1010
notices - 101-1010
re -
subject
investigation



101-1010
MAR 13 1950

MAR 13 1950

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
6 January 1950

GRPZ 293
SUBJECT: Unidentifiable Remains

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-2212	AGRS Mslm	UNKNOWN X-3419	AGRS Mslm
" X-3255	" "	" X-3423	" "
" X-3315A	" "	" X-3738	" "
" X-3363A	" "	" X-3311	" "
" X-3402A	" "		

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
/t/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

lfc

1
/ebc

Interred 13 Feb 1950
No. 8, 193 Ft. McKinley

DISINTERMENT DIRECTIVE

M.K.

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

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00181

DATE
15 | 05 | 48
DAY | MONTH | YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWN X-000162	0	0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY (LEYTE NO 1)					0 7701 80 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		3715	PHILIPPINE ISLANDS	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
U.I. X-162 U.I. X-3255 (Haus)				27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE L. MIX Embalmers NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

IDENTIFICATION TAGS SHOW U.I. X-3255 (HAUS)

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept 48 BY GEORGE L. MIX

CASKET SEALED BY
GEORGE L. MIX
EMBALMER (Signature)
George L. Mix
GEORGE L. MIX

CASKET BOXED AND MARKED
DATE 27 Sept 48 BY FORAGE L. ALLISON, Sgt. I T. CORSIENE C. HEYMAN, 1st Lt. S. INF.

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

Corsiene C. Heyman
CORSIENE C. HEYMAN, 1st Lt. S. INF.
SIGNATURE OF GRS INSPECTOR

MAR 1950

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATION
BRANCH
MCM. DIV. *Heyman*

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>Charles Mark</i>	DATE FEB 13 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 <i>MARK</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY CEMETERY	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
FIFTH ZONE
AMERICAN GRAVES REGISTRATION SERVICE

6 Jan 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 162, Plot _____,
Row _____, Grave 3715, USMC Leyte #1, P.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


B. MCNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan '50 6314
Not identifiable from
information presently
available Robert W. Miller

Encl 2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3255 (Formerly UNK X-162 USAF Cem Leyte #1,)				2. DATE OF REPORT 6 Jan. 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	F	1865	DISINTERMENT 9 Dec 47	REINTERMENT 8 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 7/8"	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

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)

N O N E

RECEIVED
 1950 JAN 10 10 30 AM
 U.S. ARMY
 HEADQUARTERS
 WASHINGTON, D.C.

And 22

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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



		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
				A O	X	X	P	P	P	P	P	P	X	A O					
Side Views		[Side view diagrams of teeth]																Side Views	
Top Views	UPPER	[Upper top view diagrams of teeth]																	
	LOWER	[Lower top view diagrams of teeth]																	
Side Views		[Side view diagrams of teeth]																	
		A O	A O	X			P	P	P	P	P	SEE REMARKS	P	A O	A O	A O			
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

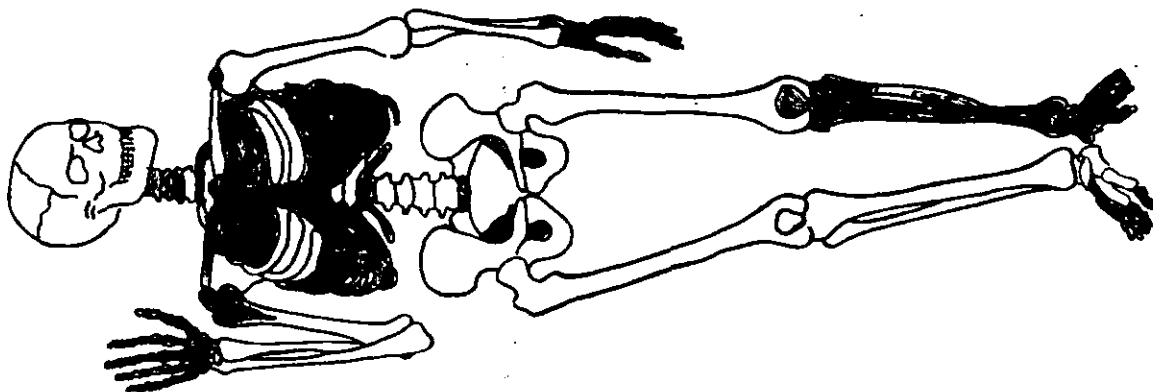
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: L11 is broken on its facial, mesial and lingual surfaces.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

Est weight of remains - 4½ Lbs/

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, Ident. Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3255 (Formerly UNK X- 162 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 8 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGER 813	5. ROW RAY F	6. GRAVE SERIAL 1865	7. DATE OF DISINTERMENT 9 Dec 47
				REINTERMENT 8 Jan 48	STORAGE

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 7/8"	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

According to original ROI of USAF Cem Leyte #1, P.I. this remains is identified as a US soldier by web equipment and part of uniform. (Refer to original ROI, USAF Cem Leyte #1, P.I.)

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

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

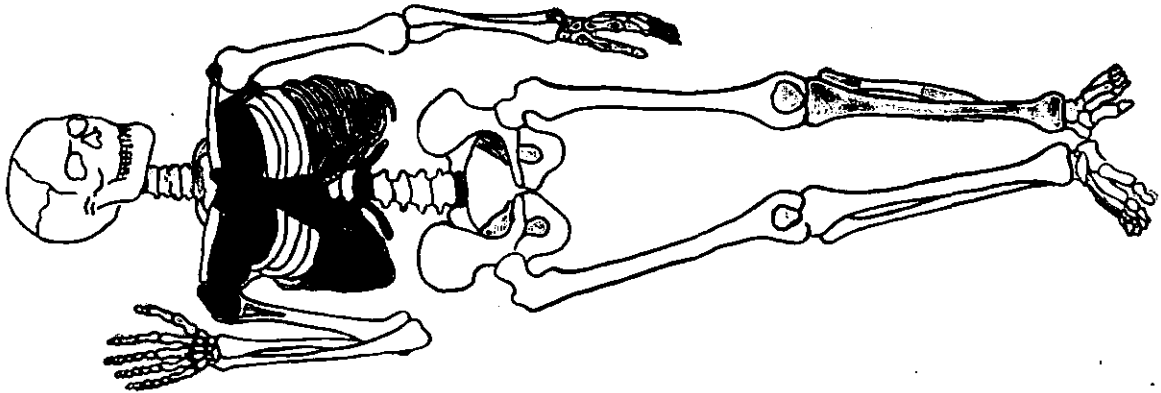
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			A	X	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	A		
Side Views																
Top Views																
Side Views																
	A	A	X			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	A	A	A
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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: I11 is broken on its facial, mesial and lingual surfaces.

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

Recorder: s/Antonio B Laconico Dental Technician: /s/ John H Bennett, Jr

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 ID tags, personal effects or ROI in bottle found with remains. Circumference of skull in inches, 18½. Estimated weight of remains is approximately 4½ 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

THIS IS THE BEST COPY AVAILABLE
OF THE ORIGINAL
DATE: 11/17/71

NOV 18 1971

NOV 18 1971
NOV 18 1971
NOV 18 1971



NOV 18 1971
NOV 18 1971
NOV 18 1971

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT

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

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER X-162

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

Approximately 3 kilometers from

(Place of Death) Barrio of Baluga, (Date of Death) (Cause of Death)
Leyte, P. I.--Azimuth 50 deg.

1100 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)

Buried with body

3715

Reg Cross

Attached to marker

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

Metal tag buried with remains and attached to marker.

Protestant

Remains found on ground approximately 3 kilometers from
Barrio of Baluga, Leyte, P. I.--Azimuth of 50 deg.

Catholic

Hebrew

Carbine # 7821175. Identified as U. S. soldier by web equipment

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

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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

Tooth chart attached.

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— OLSON, Lloyd D. 37 504 105 Pvt 1c1 15 Repl Bn 3716

4 Repl Depot

On Left— UNKNOWN AMERICAN SOLDIER X-161 3714

S/Sgt John E. Bobis, GRS

FRANCIS M. SIMON, 1st Lt., QMC

Signature of Officer or other person reporting Burial.

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.

APR 21 1948

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

DATE OF REPORT
13 Jan 48

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

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3255 (Formerly UNK X-162 USAF Gen Layte #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 **Approximately
3 Km from barrio of
Baluga, Leyte, P.I.**

CAUSE OF DEATH
Unknown

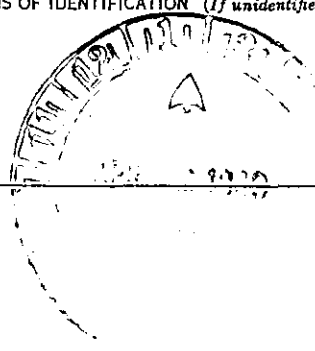
DATE OF DEATH
Unknown

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
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. 813	ROW No. F	GRAVE No. 1865
---	---------------------	---	-------------------------------------	------------------------	---------------------	--------------------------

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.
		3715

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-3258	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1867
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3253	RANK	SERIAL No.	ORGANIZATION	GRAVE No. PT 1863
--	------	------------	--------------	-----------------------------

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.

Incl 1880

Section 3. UNIDENTIFIED REMAINS.


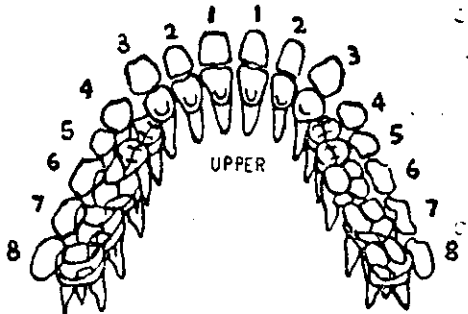




INSTRUCTIONS:
 (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks;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

Probable US soldier due to web equipment and part of uniform, according to previous Report of Interment.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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.

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

2 MAR 1948