

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Mark L. Seyta #1 (misc)

X-163 X-165 X-166 X-167 X-168 X-171 X-172

SYNOPSIS AND DATES

X-173 X-174 X-175 X-176 X-178

NEW CLASSIFICATION misc filed
293 Mark L. Seyta #1

X-163

RECLASSIFICATION SHEET

mfc

1

drs

INTERRED 23 January 1950
9 133 F. McKinley
Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED Cemetery Superintendent	DIRECTIVE NUMBER 7740 00186	DATE 15 05 48 DAY MONTH YEAR
--	--------------------------------	------------------------------------

NAME UNKNOWN	SERIAL NUMBER X-000167	RANK 0	ARM Q	DATE OF DEATH DAY MONTH YEAR
-----------------	---------------------------	-----------	----------	---------------------------------

CEMETERY USAF CEMETERY LEYTE NO 1	DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.
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PLOT	ROW	GRAVE 3741	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 (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UFE X-167 UFE X-3256 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY PERRY E. WHITE 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 /
Two (2) Identification Tags show UFE X-3256 (Maus)

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

CASKET SEALED BY PERRY E. WHITE	EMBALMER (Signature) <i>Perry E. White</i>
------------------------------------	---

CASKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt. INF.	SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAY, 1st Lt. INF.
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Teofil M. Amutay
TEOFILO M. AMUTAY, 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>Carroll Mark</i>	DATE JAN 3 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 UNKNOWN	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY THE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR THE KINGDA 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

16

FILE UNDER NO. 293 - Unknown P.I. X-167 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

5th Ind.

17 Feb. 1947

FROM:
TO:

OCIB
CO, Amer. GRS Area, Command, Pacific Theater, APO 707, c/o FM
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

RECORDED FILED UNDER NO. 293 - Unknown P.I. (Misc) (Leyte #1)

rtb

FILE UNDER NO: 293 - Unknown X-167 P.I. (Leyte #1)

I N D E X S H E E T
S Y N O P S I S

Memo

10 April 1946

FROM: AGO
TO: World War II Records AGO, St. Louis, Mo.

RE: Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Leyte #1)

bm

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 167, Plot _____,
Row _____, Grave 3741, 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:


H. D. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 30 Dec 1949 OQMG
Not identifiable from
information presently 5 Jan 1950
available
EA Kaye

Incl:

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3256 (Formerly UNK X-167 Leyte #1)			2. DATE OF REPORT 9 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	F	1866	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE Unknown
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Severely
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15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Severely
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

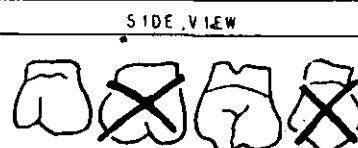
N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF IDENTIFYING DATA"

Incl 12

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:



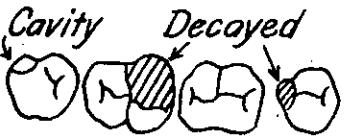
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MAXILLA								AND TEETH MISSING							
Side Views															
UPPER															
LOWER															
MANDIBLE								AND TEETH MISSING							
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 mandible, maxilla or teeth found with remains.

"UNIDENTIFIABLE"

Paul R. Nichols

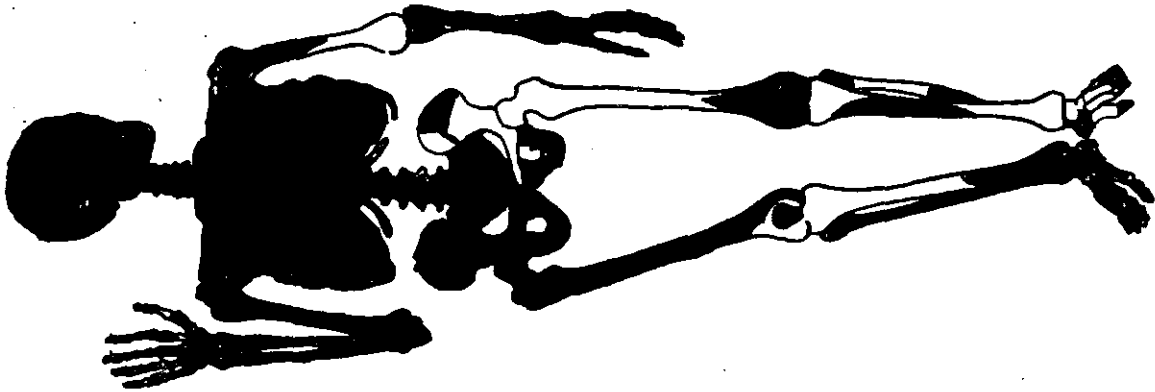
PAUL R NICHOLS

Chief, Identification Section

BY REASON OF LACK OF IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3296



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 - 1½ lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION


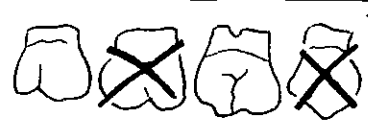
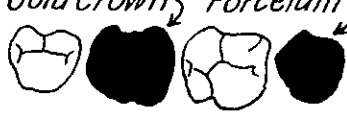

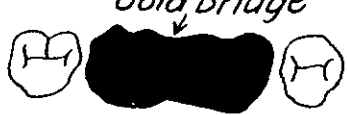

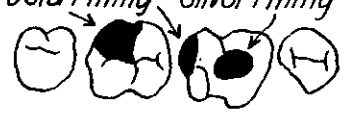

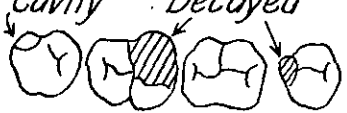

PAUL R NICHOLS
 Chief, Identification Section

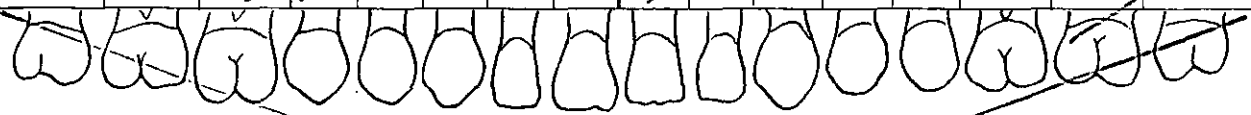



SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3256 (Formerly UNK X-167, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 7 Jan 48			
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW F	6. GRAVE 1866	7. DATE OF DISINTERMENT 8 Dec 47		REINTERMENT 8 Jan 48
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD all long bones fractured		10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES Skeleton only - Skeletal chart attached.							
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? 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 into pieces					
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							

TOOTH CHART

<p>18.</p> <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown</i>, <i>Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p> 	

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		<i>Maxilla and Teeth missing</i>																	
Side Views																		Side Views	
Top Views	UPPER																	UPPER	
	LOWER																	LOWER	
Side Views																		Side Views	
		<i>Mandible and Teeth missing</i>																	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

No mandible, maxilla or teeth found with remains X-3256

A CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt - MSG

/s/ Julian H. Weddle

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 R.O.I. bottle or I. D. tags received with remains. No personal effects. Evidence of bone being burned. Estimated weight of remains 1½ lbs.

A CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JULIAN H. WEDDLE Emb Sr. C-064965
CIP LABORATORY, MANILA, P.I.

SIGNATURE

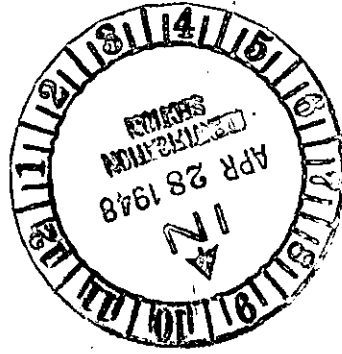
/s/ Julian H. Weddle

SECRET
U.S. GOVERNMENT PRINTING OFFICE

APR 28 1948

NO 14 1948
G. 14 1948

U.S. GOVERNMENT PRINTING OFFICE



SECRET
U.S. GOVERNMENT PRINTING OFFICE

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

RE-
REPORT OF INTERMENT

9437
9437

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

(Par. 21d - TM 10-630)

UNKNOWN SOLDIER X-167

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

Aboard SS Deady, Leyte, P.I. 3 Nov 1944 KIA-3^o burns
(Place of Death) (Date of Death) (Cause of Death)

1300 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)

3741 Reg. Cross Buried with body
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)
Attached to marker
Metal tag buried with remains and attached to marker. Protestant
Catholic
Hebrew

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 210 (X-17)

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

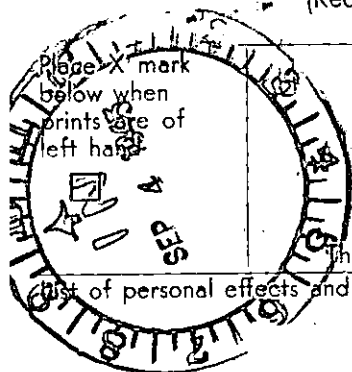
(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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)



Thumb	1	2	3	4

List of personal effects and disposition of same
None

Tooth chart impossible, decapitated.

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

On Right— UNKNOWN SOLDIER X-168 3742

On Left— UNKNOWN SOLDIER X-166 3740

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

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

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

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

~~CONFIDENTIAL~~

FEB 1945 FEB 1945 3437

Unknown Soldier X-17

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Abrod SS DEADY, Tacloban, Leyte, P.I.			3 Nov 1944 0600	KIA 3rd degree burns	
(Place of death)	(Date of death)		(Cause of death)		
1100 4 Nov 1944	USAF Cemetery Tacloban #1, Leyte, P.I.				
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		

Tooth charts and fingerprints could not be obtained.

210

6

2

Reg V-Marker

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

Religion

Duplicate report of interment buried with the body. *Info painted on 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 Soldier X-18

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

211

Body buried on LEFT Unknown Soldier X-16

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

209

(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:

(21)

Serial #36

NONE Incl 75

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

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

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

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

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

Otto H. Kaufmann
Otto H. Kaufmann, Sgt., 48th GRS

(Signature of officer or other person reporting burial)

Alger G. Johnson
ALGER G. JOHNSON, 1st Lt., U.S. Army

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

7am APR 28 1948

RESTRICTED

9437

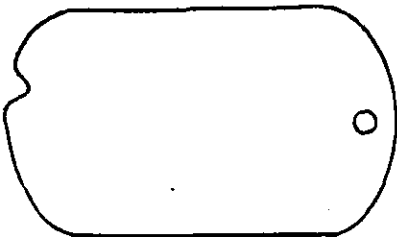
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

14 Jan 48

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-3256 (Formerly UNK X-167, USAF Cem #1, Leyte, P.I.)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH Aboard SS Deady Leyte, P.I.	CAUSE OF DEATH KIA - 3rd degree burns	DATE OF DEATH 3 Nov 44
--	--	---------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
GRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
8 Jan 48	1100	Casket	None	813	F	1866

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
RESTORED	USAF Cemetery Leyte #1, P.I.			3741

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) STORED UNKNOWN X-3259	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1868
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3254	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1864
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SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, 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.

RESTRICTED

Serial 1851

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.


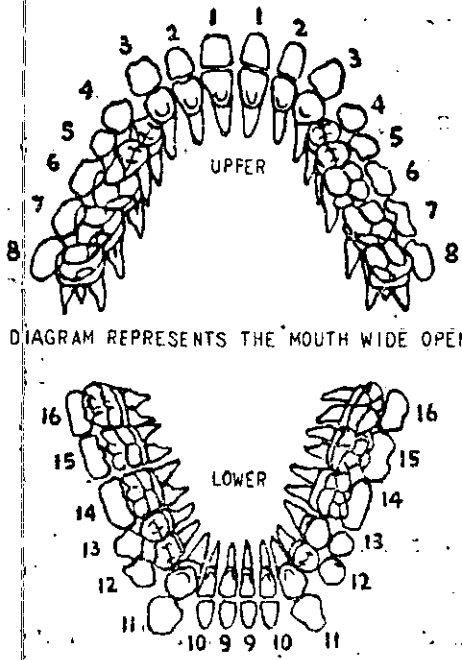




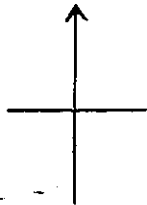
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

Bone structure shows that remains had been burned.

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>	

REMARKS:

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

2 MAR 1948

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER