

FILE IDENTIFICATION TOPPER

Belmont

FILE NUMBER

292 unkl keyt #1 x-172

SUBJECT

also manila man x-3332

GNC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Wik-Leyte #1 (misc)

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

X-173 X-174

SYNOPSIS AND DATES

X-175 X-176 X-178

NEW CLASSIFICATION misc filed
293 Wik-Leyte #1
X-163

RECLASSIFICATION SHEET

Info

1

Interred 25 in 1950
D 2 240 Ft. McKinley
Case R H mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **7740 00190**
DATE **15 05 48**
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWNX-000172 0 0
DAY MONTH YEAR

CEMETERY DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1
0 **7701 80**
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
3826 PHILIPPINE ISLANDS
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X-3332 (Maus)
UNK X-172
3-1-49

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS **UNKNOWN** **J. JOE McDERMOTT**
 MARKER **Embalmer** 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 show UNK X-3332 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE **3-1-49** BY **J. J. McDERMOTT**

CASKET SEALED BY EMBALMER (Signature)
J. J. McDERMOTT **J. J. McDERMOTT**

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE **3-1-49** BY **WYMAN L. McGUIRE, SGT, 420** **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 Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Stark</i>	DATE JAN 25 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY CONTRACTUAL ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOUIS KINGEA 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

FILE NUMBER NO. 293 - Unknown P.I. X-172 (Icyle #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:

OSIB
CO, Amer. CAS Area, Command, Pacific Theater, APO 707, c/o III
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

~~INDEXED~~ FILED UNDER NO. 293 - Unknown P.I. (Misc) (Icyle #1)

rtb

FILE UNDER NO: 293 - Unknown X-172 P.I. (Leyte #1)

INDEX SHEET
SYNOPSIS

Memo

10 April 1946

FROM: WGO
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)

DM

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- 172, Plot _____,
Row _____, Grave 3826, 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. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 30 Dec 1949 OQMG
Not identifiable from
information presently 5 Jan 1950
available Ed Kayser

Jan 71

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3332 (Formerly UNK X-172 Leyte #1)				2. DATE OF REPORT 9 Dec. 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW I	6. GRAVE 2816	7. DATE OF	
				DIS INTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT	10. COLOR OF HAIR U T D	11. RACE Unknown
-------------------------------------	---------------------	-----------------------------------	----------------------------

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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

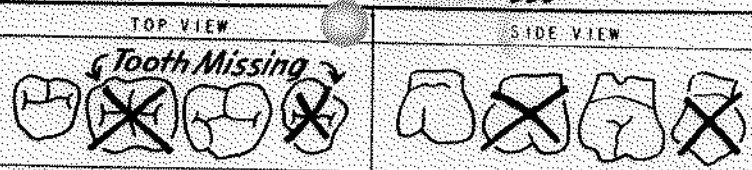
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

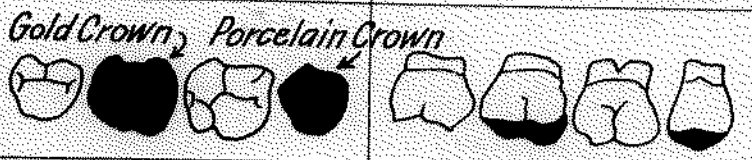
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 7

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



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



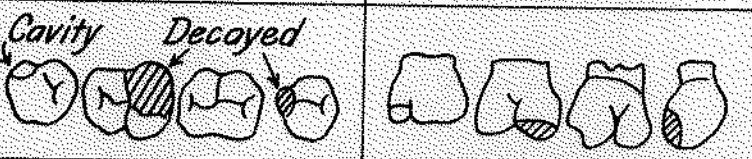
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



MAXILLA MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Side Views (Upper)															
Top Views (Upper)															
Side Views (Lower)															
P	Mandible Missing	P		P	P	P	P						X	X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

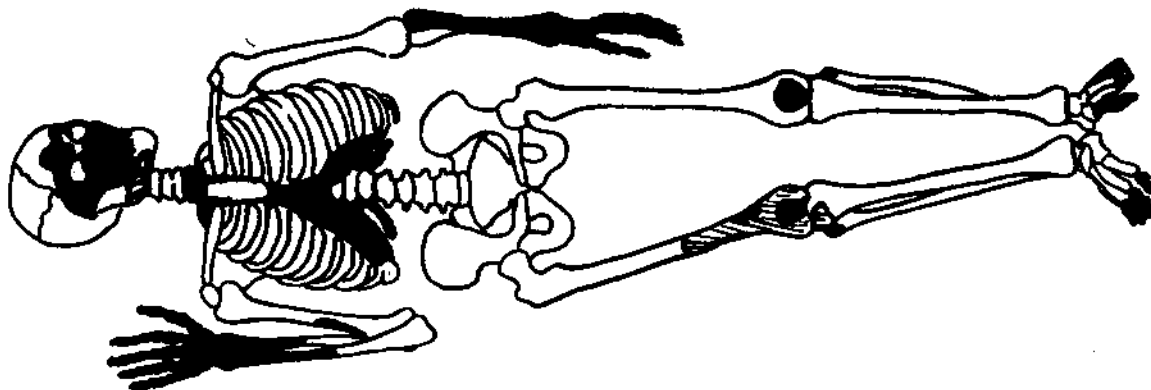
REMARKS: Maxilla missing, maxillary tooth R8 found loose with remains.
Mandible R14 to R15 missing, with no loose teeth found.

"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA, Identification Section



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 - 9½ 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-3332 (Formerly Unk X-172 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW I	6. GRAVE 2816	7. DATE OF DISINTERMENT 8 Dec 47
				REINTERMENT STORAGE 12 Jan 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT		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 None					
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Skeletal remains deeply charred.			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None					

TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

MAXILLA MISSING

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

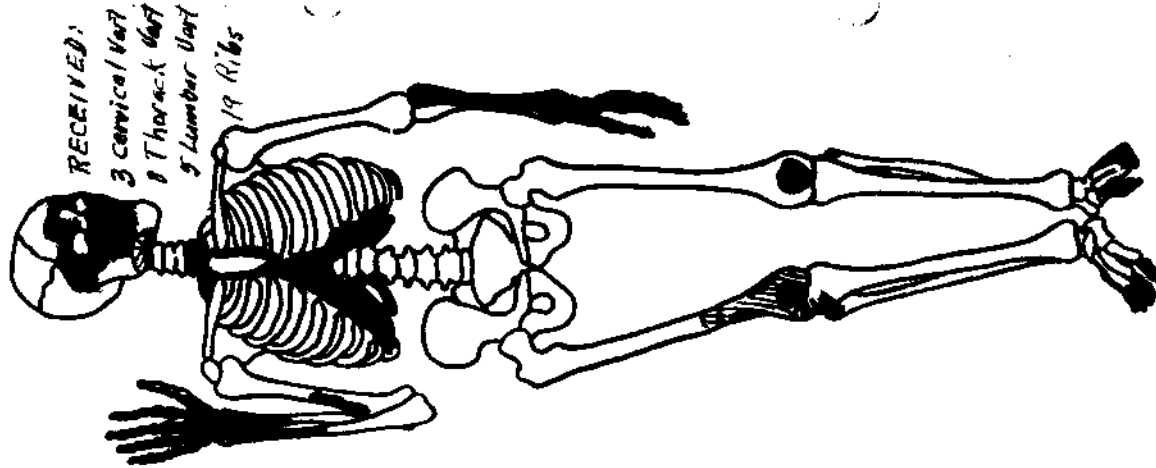
DENTURES - DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing, maxillary tooth R 8 found loose with remains.
Mandible R.14 to R 15 missing, with no loose teeth found

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

• s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT COVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects, burial bottle, or other means of identification. Unable to determine circumference of skull due to condition of remains. Estimated weight of remains 9½ lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2d Lt., MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

p/ BIRGER A. FREEBERG, EMB.

C-063267

CIP Laboratory, Manila, P.I.

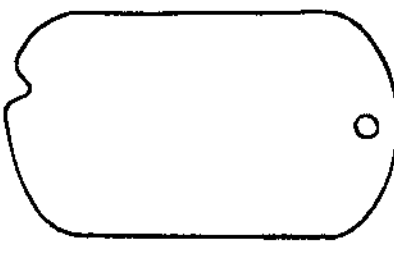
SIGNATURE

s/ Birger A Freeberg

APR 28 1948

RESTRICTED 9478

9428

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 16 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-3332 (Formerly Unk X-172 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 Aboard SS M.P. Deady, Leyte, P.I.		CAUSE OF DEATH KIA- 3rd Degree burns			DATE OF DEATH 2 Nov 1944		
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 AGNS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2816
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.						
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-3334			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2818	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3329			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2814	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 2nd 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


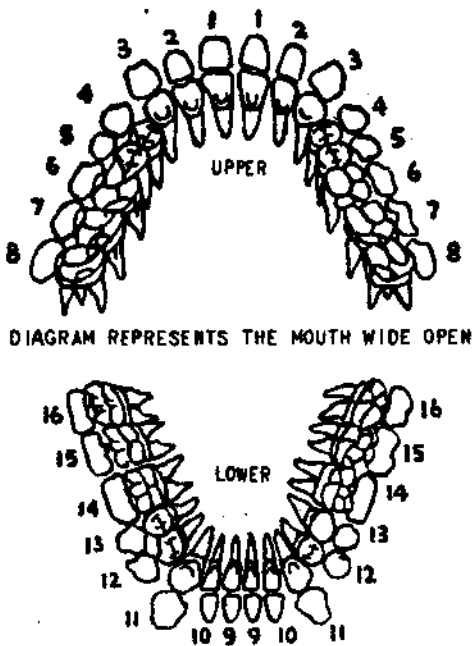




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

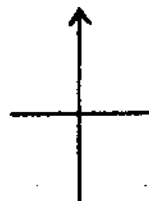
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES  CAVITY DECAVED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT THUMB		
RIGHT INDEX FINGER		

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



REMARKS:

QMC Form No 1044, 1044-A and 1044-B accomplished.

9 MAR 1949

RIGHT
LITTLE FINGER

RE
REPORT OF INTERMENT

9428

9428

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

(Par. 21d - TM 10-630)

UNKNOWN X-172

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

SS M.P. DEADY	Leyte, P.I.		2 November 1944	KIA burns	3rd Deg
(Place of Death)			(Date of Death)		(Cause of Death)

1600 hrs 1 August 1945	USAF Cemetery, Leyte #1, P.I.
(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)

3826	Reg Cross	Buried with body	<input type="checkbox"/>
		Attached to marker	<input type="checkbox"/>

(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	(Identification Tags)
Disinterred from USAF Cemetery, Tacloban #1, Leyte, P.I.		grave 195	X-10	Protestant <input type="checkbox"/>
Metal tag buried with remains and attached to marker				Catholic <input type="checkbox"/>
				Hebrew <input type="checkbox"/>

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

(7) (Name and address of Emergency Addressee)

(Name and address of legal next of kin)

RESTRICTED

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

Tooth chart attached to previous report

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

On Right—UNKNOWN SOLDIER X-173 3827

On Left—MALLOY, William E 35 699 277 T/4 Hq Co, 5209 Eng Serv Gp 3825

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

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

17 FEB 1945

0428

CONFIDENTIAL

Unknown Soldier X-10

(Last name)	(First)	(Initial)	(Serial number)	(Organization)
Abcd SS DEADY, Tacloban, Leyte, P.I.			2 Nov 1944	KIA 3rd degree burns
(Place of death)			(Date of death)	(Cause of death)
1500 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 attached, fingerprints could not be taken.

195	6	1	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 Malloy, William E.	35699277	T/4	5209 Engr Serv Gp	196
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Body buried on LEFT Unknown Soldier X-9				194
(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:

(21)

None Incl'd

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 :
- Weight :
- Color of eyes :
- Color of hair :
- Race :
- Apparent nationality :
- Laundry marks :
- Number of rifle :
- Wear glasses ?
- 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
(Signature of the person reporting burial)

Alger S. Johnson
(Verified by Army GRS Officer)

LEFT HAND

4
3
2
1
THUMB

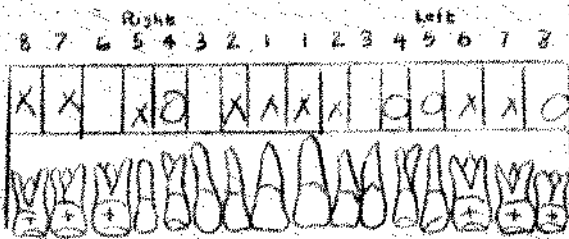
RIGHT HAND

4
3
2
1
THUMB

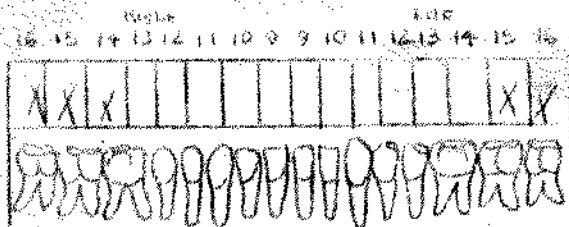
RECEIVED
31 MAR 1943

REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



LR 14 15 16 Missing Not Extracted
 LR 13 16 Missing Not Extracted
 LR 1 2 7 8 Missing Not Extracted
 7 Cavity 3 Extracted
 LR 1 2 Missing Not Extracted
 4 5 8 Cavity 6 7 Extracted

UNKNOWN X-10
 TACHO BATH #1