

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Ink Leyte #1 X - 179

Also Manila Maus X - 3420

QMC FORM 1121  
1 Aug 45

MAIL  
RESTRICTED

QUEST 293  
OCS Far East

27 September 1949

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review recommending the following identifications are returned herewith disapproved:

Unknown X-3652 AGNS Mausoleum, Manila (formerly Unk. X-120 Leyte #1)  
as Russel, Sam J., Cpl., 34663407.

Unknown X-3650-A	AGNS Maus.	Manila	(formerly Unk. X-114	Leyte #1)
" X-3279	" "	" "	" Unk. X-117	"
" X-3280	" "	" "	" Unk. X-118	"
" X-3651	" "	" "	" Unk. X-119	"
" X-3262	" "	" "	" Unk. X-121	"
" X-3281	" "	" "	" Unk. X-127	"
" X-3410	" "	" "	" Unk. X-128	"
" X-3420	" "	" "	" Unk. X-179	"

x293 Unk P1

as a Group Burial, the remains of the following decedents:

Dissler, Frederick E.	T/5	32069191
Klatte, Richard L.	T/5	38205716
Mathews, Walter L.	T/5	34665190
Hute, Kenneth H.	T/4	36013715
Pawlowics, Leo C.	T/5	36808077
Piatohak, Josch	T/5	37385478
Shapiro, Barnett I.	T/5	12201720
Walker, Eugene S.	T/5	33282415

2. Investigation in this Office reveals that there are believed to be between eighty and one hundred Army personnel killed or missing in action as the result of the incident which was responsible for the death of the above named deceased. No complete official casualty list has ever been compiled. Therefore paragraph #6 of Field Board Findings recommending the Group Burial, dated 23 April 1949, cannot be considered a true statement.

MAIL

RESTRICTED MAIL

QUINT 293

CBS Far East

SUBJECT: Identification of World War II Deceased

27 September 1949

3. Lack of dental data and the fragmentary condition of the remains precludes any possibility of individual identifications.

4. The identification of Unknown X-3280 as Deck Engineer Carroll S. Larson, Z-389201, Merchant Marine associated with the same incident, was rescinded per letter to your headquarters 9 September 1949.

FOR THE QUARTERMASTER GENERAL:

2 Incls

- 1. Bd Proceedings (Sussex)
- 2. Bd Proceedings (Group Burial)

T. H. HBTZ  
Lt. Colonel, GSC  
Memorial Division

J.E.Ball:rc  
Salsar  
JW

REB  
TEC

cc--Administrative Section  
cc--Cincfe

MAIL

yr gb

*RHS*

/bpm <b>1</b>		Interred 31 Jan /50 A 12 60 Ft. McKinley <i>Carl R. H. Mark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A		<b>DISINTERMENT DIRECTIVE</b>	
NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 00198</b>		DATE <b>15   05   48</b> DAY MONTH YEAR	
NAME <b>293</b> <b>UNKNOWNX-000179</b>		SERIAL NUMBER		RANK	
CEMETERY <b>USAF CEMETERY (LEYTE NO 1)</b>		ARM <b>0</b>		DATE OF DEATH DAY MONTH YEAR <b>7701   80</b> CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		<b>3990</b>	<b>PHILIPPINE ISLANDS</b>		<b>6</b>
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>					
NAME AND ADDRESS OF CONSIGNEE <b>FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)</b>			NAME AND ADDRESS OF NEXT OF KIN		
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>					
NAME <b>UNK X-179</b> <b>UNK X-3420 (Maus)</b>		SERIAL NUMBER		RANK	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION <b>UNKNOWN</b>		RELIGION	
				DATE OF DEATH <b>20 Sept 1948</b>	
				DATE DISTINTERRED	
				IDENTIFICATION VERIFIED BY <b>GEORGE SIMONEAU</b> <b>Embalmer</b> NAME AND TITLE	
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>					
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES / <b>Two (2) Identification Tags - UNK X-3420 (Maus)</b>					
REMAINS PREPARED AND PLACED IN CASKET					
DATE <b>27 Sept 1948</b>		BY <b>GEORGE SIMONEAU</b>		EMBALMER (Signature) <i>George Simoneau</i> <b>GEORGE SIMONEAU</b>	
CASKET SEALED BY <b>GEORGE SIMONEAU</b>		SHIPPING ADDRESS VERIFIED BY <b>CHARLES R. BATES, 1st Lt., USAFR</b>			
CASKET BOXED AND MARKED <b>HORACE L. ALLISON</b> DATE <b>27 Sept 48</b> <b>Sgt., Inf.</b>					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  <i>Charles R. Bates</i> <b>CHARLES R. BATES, 1st Lt., USAFR</b> 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>[Signature]</i>	DATE JAN 31 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 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  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

18 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 179, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3990, USMC USAF Gen. Loyte #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:

  
E. MCNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3420 (Formerly UNK X-179 Leyte #1)</b>			2. DATE OF REPORT <b>20 Oct 1949</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>813</b>	<b>J</b>	<b>3358</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'7 1/8"</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

**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

**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"**

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							
See	P	X	See	P				←							→
Remarks			Remarks												
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."

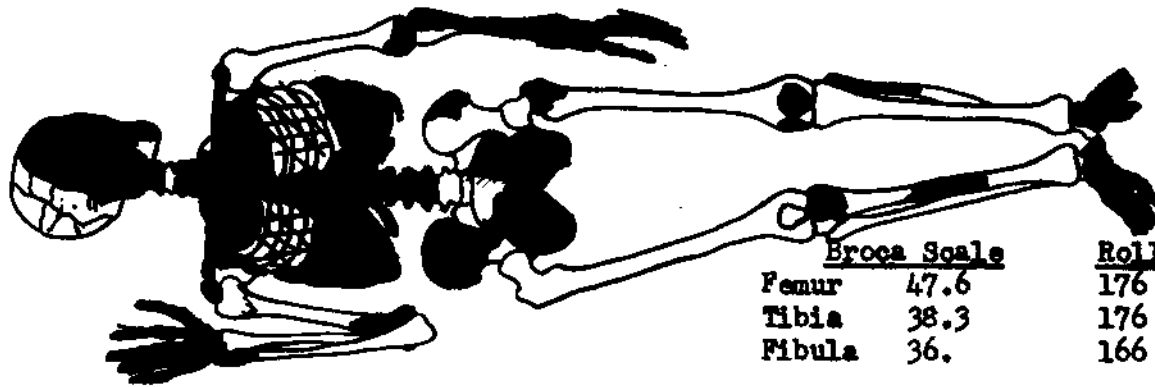
REMARKS: Maxilla missing, no maxillary teeth found, Portion of mandible missing from L9; thru L16 & R16. No loose teeth were found. R13 crown broken.

"UNIDENTIFIABLE"

*Paul R. Nichols*  
 PAUL R NICHOLS  
 Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT RE ED



Average height 172 2/3 cm or 5'7 1/8"

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 - 5 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 UNKNOWN X-3420 (Formerly UNK X-179, 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 J	6. GRAVE 3358	7. DATE OF DISINTERMENT 5 Dec 47
		MANGER BAY CRYPT		REINTERMENT STORAGE 14 Jan 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 7-1/8"		10. COLOR OF HAIR UTD	
				11. RACE Unknown	
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- Skeletal chart and Dental chart attached.					
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  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					

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:		TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		GOLD GROWN PORCELAIN GROWN 	
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
MAXILLA								MISSING							
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
see Remarks	<del>⊗</del>	<del>⊗</del>	see Remarks	A		<del>⊗</del>		←						See Remarks	→
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

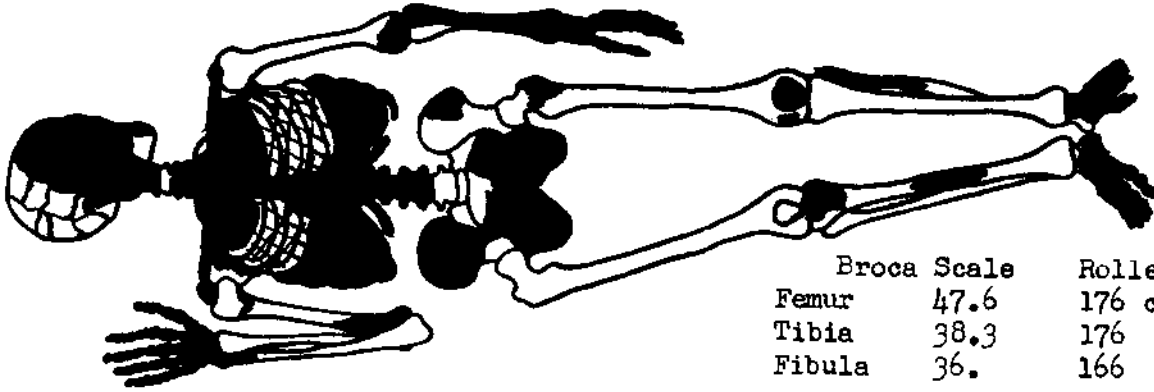
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing, no maxillary teeth found. Portion of mandible missing from L 7; thru L 16 & R 16. No loose teeth were found. R 13 crown broken.

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

/s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca Scale	Rollet
Femur	47.6	176 cm.
Tibia	38.3	176 "
Fibula	36.	166 "

Average height 172 2/3 cms. or 5'7-1/8"

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 bottle, I.D. tags, personal effects or other means of identification received with remains. Estimated weight of remains 5 lbs. Skull fractured. The physical height is approximately 5 ft. and 7-1/8".

CERTIFIED TRUE COPY

*G. T. Galboa*



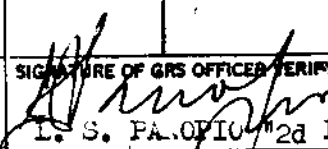
G. T. GALBOA  
2d Lt., MSC


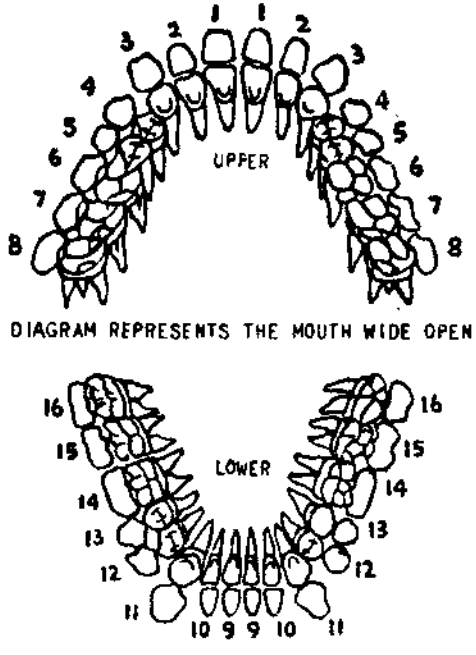





I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
/p/ CLEMENT G. SWAN  
EmbSr Ung. C-064862  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G. Swan

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
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-3420 (Formerly UNK X-179 USAF Can Leyte #1, P.I.)			SERIAL NO. Unknown		19 Jan 48
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		CAUSE OF DEATH			DATE OF DEATH		
Aboard SS Jeremiah H. Daly, Leyte Gulf, Leyte, P.I.		- KIA - Shrapnel wounds, generalized, 2nd Degree burns, severe			12 Nov 44		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 as reverse)					
None							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)							
Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
None							
<b>Section 2.—BURIAL.</b> <i>Exhibit than in established cemetery, furnish sketch and map coordinates on reverse.</i>							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
AGRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. MAP	ROW No. RAY	GRAVE No. NO. 104	
14 Jan 48	1100	Casket	None	813	J	3358	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
Yes	USAF Cemetery Leyte #1, P.I.					3990	
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)						
Yes	Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) (IC 211)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR/PT			
UNKNOWN X-3422				3360			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-3412				3356			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
 E. AQUINO, T/5, OMC			 L. S. FA-OPIC, 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.							

	Sect. <b>UNIDENTIFIED REMAINS.</b>	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>				
LEFT LITTLE FINGER	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	LEFT INDEX FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT THUMB	OTHER IDENTIFICATION CLUES					
RIGHT THUMB	RIGHT INDEX FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>		
RIGHT INDEX FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>					
RIGHT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>					
RIGHT RING FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>					
RIGHT LITTLE FINGER	<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; margin-top: 20px;">  </div>				
		REMARKS:				
		<p>WHC Form No. 1044, 1044-A and 1044-B accomplished.</p>				

0 MAR 1948

RE-  
 REPORT OF INTERMENT

8454  
 8454

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

(Par. 21d - TM 10-630)

UNKNOWN AMERICAN SOLDIER X-179

(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,			12 Nov 1944	KIA-shrap wounds, generalized	
(Place of Death)			(Date of Death)	2° burns, severe	(Cause of Death)
Leyte, Gulf, Leyte, P.I.					

0900 hrs 3 Aug 1945	USAF Cemetery Leyte #1, P.I.
(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)

3990	Reg. Cross	Buried with body	<input type="checkbox"/>
(Grave No.)	(Row No.)	Attached to marker	<input type="checkbox"/>
	(Plot No.)	(Kind Grave Marker)	(Identification Tags)

Metal tag buried with remains and attached to marker.	Protestant	<input type="checkbox"/>
	Catholic	<input type="checkbox"/>
	Hebrew	<input type="checkbox"/>

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 357

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

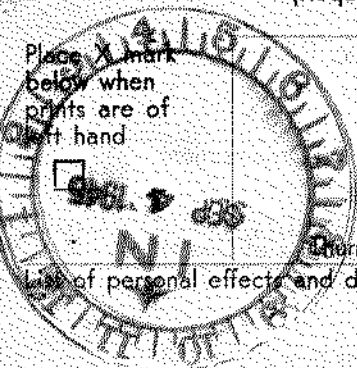
(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand.  
(Required w/ positive identity cannot otherwise be established)

1) (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

No tooth chart attached--no skull

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

On Right— REECE, Everett C. 863 81 74 S2c 3991

On Left— WHIDDON, A. W. 38 096 969 Efc Co K, 32 Inf 3989

John E. Bobis, S/Sgt, GRS

FRANCIS E. SIMON, 1st Lt., QLG

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.



CONFIDENTIAL

27 Jan 45

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

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

8454

UNKNOWN AMERICAN SOLDIER X-42

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Jeremiah H. Daily,	Leyte Gulf,		12 Nov 1944	KIA	shrapnel wounds, generalized
(Place of death)	Leyte, P.I.		(Date of death)	2nd deg burns	(Cause of death) result of
1000 hrs 15 Nov 1944	USAF Cemetery,	Tacloban		enemy bombing.	
(Time and date of burial)		(Name of cemetery)	# 1, Tacloban	(Name or co-ordinates of location)	Leyte, P. I.

357

Reg Cross

(Grave number)

(Row number)

(Plot number)

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

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

Religion

Report of interment buried (In Bottle) with remains.

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

Fingerprints unobtainable due to condition of remains.

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	UNKNOWN AMERICAN SOLDIER	X-43			358
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN AMERICAN SOLDIER	X-41			356
	(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

