

CRYPT 293  
GNS Far East

15 August 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. Reference is made to the following Unknown remains now stored at AGNS Mausoleum, Manila, P.I.:

Unknown X-3265	(formerly Unknown X-153, Leyte #1, P.I.)
" X-3309	(formerly Unknown <del>X-184</del> , Leyte #1, P.I.)
" X-3447	(formerly Unknown X-323, Leyte #1, P.I.)
" X-3595	
" X-3645	
" X-3729	(formerly Unknown X-563, Leyte #1, P.I.)
" X-3751	(formerly Unknown X-378, Leyte #1, P.I.)
" X-3821	
" X-3824	
" X-4175	(formerly Unknown X-4173A, AGNS Maus. Manila, P.I.)
" X-4207	
" X-4536	
" X-4610	
" X-4892	
" X-4947	
" X-4976	
" X-5098	

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

3. GNC Form 1044 with certificate of unidentifiability has been received for Unknown X-4622, Hanger 602, Bay E, Crypt 1478. Records of this Office indicate Unknown X-4622B stored in this location. Clarification is requested.

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. Miller:lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cincfe

T. H. MRYZ  
Lt. Colonel, GNC  
Memorial Division

REB

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

Q: OR 293.0

APD 707  
26 Jul 1949

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 QMQU 293.025 (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGHS Nausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

Unknown X-8300	AGHS	Main	Unknown X-4207	AGHS	Main
X-3447	"	"	X-4030	"	"
X-3695	"	"	X-4032	"	"
X-3645	"	"	X-4810	"	"
X-3732	"	"	X-4802	"	"
X-3021	"	"	X-4247	"	"
X-3024	"	"	X-4978	"	"

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

FOR THE COMMANDING GENERAL:

21 Incls:  
GIC Forms 1044 w/certificates  
of Unidentifiability

C. H. LINDRANGE  
2nd Lt., ACD  
Asst Adj Gen

IRR *100*

*/rgb/*

/drs -

1

Interred 29/Sept 1949  
A 5 209 Ft. McKinley  
*Carle R. H. Mark*  
CARL R. H. MARK

### DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00202

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME: UNKNOWN X-000184 RANK: 0 ARM: 0  
DATE OF DEATH: DAY: 15 MONTH: 05 YEAR: 48

CEMETERY: ~~USAF CEMETERY LEYTE NO 1~~  
DISPOSITION OF REMAINS: 0  
DAY: 77 MONTH: 01 YEAR: 80  
CODE: DIST. PT.

PLOT: ROW: GRAVE: 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

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-3309 (Maus) UNK X-184  
SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept 1948

IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: JOSEPH W. GESUSE  
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) Mausoleum Tags - UNK X-3309

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 27 Sept 1948 BY: JOSEPH W. GESUSE

CASKET SEALED BY: JOSEPH W. GESUSE  
EMBALMER (Signature): *Joseph W. Gesuse*  
JOSEPH W. GESUSE

CASKET BOXED AND MARKED: HORACE L. ALLISON  
DATE: 27 Sept 48 Sgt., Inf. SHIPPING/ADDRESS VERIFIED BY: HONORIO V. AURELIO, 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., Inf.  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

36 AUG 1949  
REPATRIATION  
BRACON  
DEPT. OF WAR

# 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>Leuermark</i>	DATE <b>29 JUL 1948</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

## 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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900


12 July 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-184, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 4247, 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. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 3 Aug. 1949 0910  
Not identifiable from J. Miller S. Sec.  
information presently available  
11 Aug 49

Incl #2'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3309 (Formerly UNK X-184 Leyte #1)</b>	2. DATE OF REPORT <b>15 July 49</b>
--	--

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>813</b>	<b>I</b>	<b>2790</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'8½"</b>	10. COLOR OF HAIR <b>UTD</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

**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

**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"**

*Incl. #2*

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		
← Missing →		⊗	⊗	A od		⊗	⊗	⊗	⊗	⊗	A od		← MISSING →				
Side Views																Side Views	
Top Views																Top Views	
Side Views																Side Views	
Cavity		CAV	CAV/A	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	CAV/A	A	CAV		
		o	m od										m od o	o	o		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14		
															15		
															16		

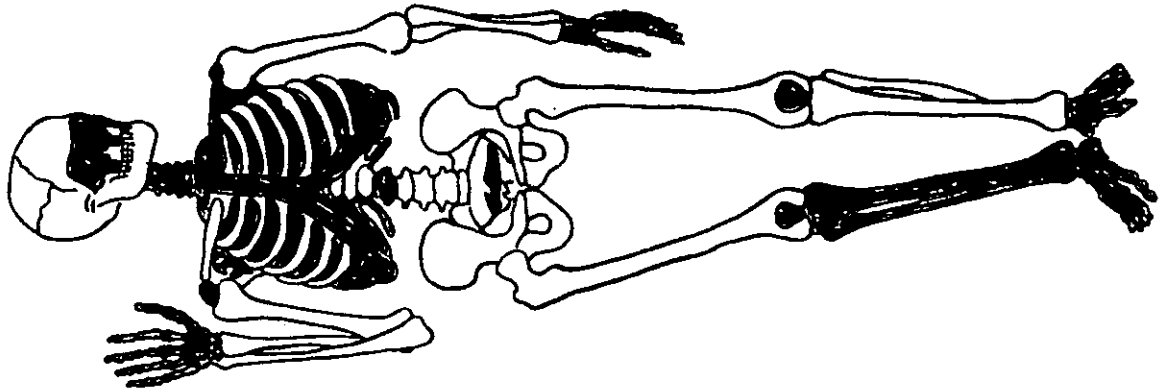
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla fracture on median line. From L6 to L8 and R7 to R8 are missing.

"UNIDENTIFIABLE" J. J. McDermott

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8½"

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 - 6 lbs.

Circumference of skull - 20½ inches.

**"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

J. J. McDERMOTT  
 Laboratory Officer, CIP


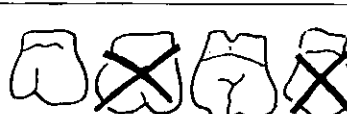






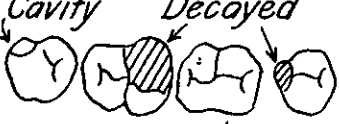

SIGNATURE

*J. J. McDermott*

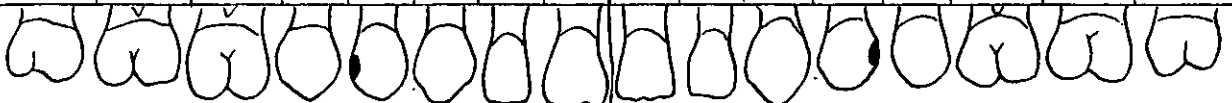




## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Cemetery Leyte #1, P.I.)				UNKNOWN X-3309 (Formerly UNK X-184 USAF)		2. DATE OF REPORT 9 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.			4. PLOT 813	5. ROW I	6. GRAVE CRYPT. 2790	7. DATE OF DISINTERMENT 4 Dec 47	
							REINTERMENT STORAGE 12 Jan 48
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 8-1/2"		10. COLOR OF HAIR UTD		11. RACE	
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							
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ?					
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)  No clothing nor personal effects found with remains.							

<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>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> 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><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE; GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p> 	

*Fracture*

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	← missing →		⊗	⊗	$\frac{H}{od}$		⊗	⊗	⊗	⊗	⊗	$\frac{H}{od}$		← missing →			
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	<i>cavity</i>	<i>cav</i>	<i>cav</i>	<i>H</i>	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	<i>cav</i>	<i>H</i>	<i>H</i>	<i>cav</i>
	0	0	m	od										md	0	0	0
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

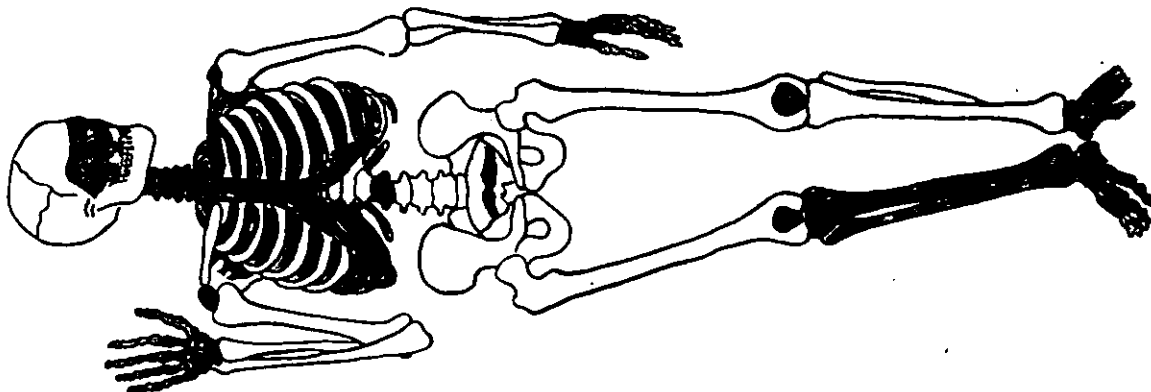
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla fracture on median line. From L 6 to L 8 and R 7 and R 8 are missing.

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



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

12 Ribs  
3 Thoracic  
4 Lumbar  
Circumference of skull is 20 1/2"  
Approximate weight of remains is .6 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/ EDWARD F. MORIARTY

Emb Sup

CIP, Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F. Moriarty

# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

13 December 1946

DATE

UNKNOWN X-184

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Damulaan, Leyte, P.I.

USAF Cemetery Leyte #1

4247

PLACE OF DEATH

PLACE OF BURIAL















PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE					P	A		P	P	P	P	P	A														
LOCATION					od								od														
		<i>MISSING</i>				INSIDE — LOOKING OUT								<i>MISSING</i>													
		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE				A	P			P	P	P				P	A	A											
LOCATION				od										o	o												

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

*Handwritten signature*

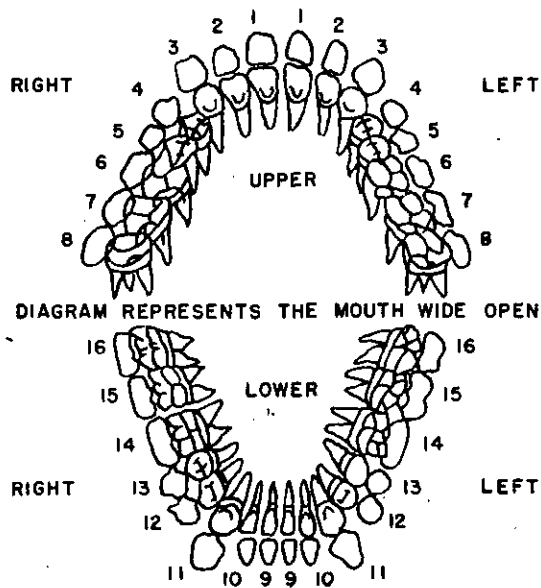
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

*Paul R. Nichols*  
SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer  
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*Joseph M. Phelan*  
VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC  
NAME AND RANK TYPED OR PRINTED

13<sup>D</sup> December 1946  
DATE

amr

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

APR 28 1948

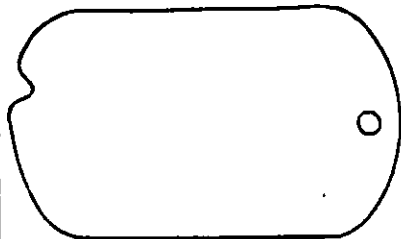
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

16 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3309 (Formerly Unk X-184  
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

Damulaan, Leyte, P.I.

CAUSE OF DEATH

KIA - body completely mutilated

DATE OF DEATH

19 Dec 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

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL

12 Jan 48

HOUR

1300

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

STORED  
Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

813

ROW No.

I

GRAVE No.

2790

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.

4247

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-3311

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

2792

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

UNKNOWN X-3308-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

2788

SIGNATURE OF PERSON PREPARING REPORT

R R ACIERTO, Pfc

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPPIO, 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 command.

Dr-21 1186

**Section 3. UNIDENTIFIED REMAINS.**


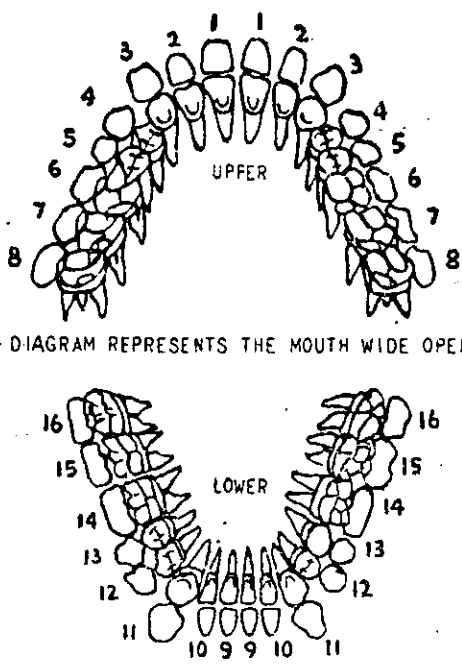




**INSTRUCTIONS:**

(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.

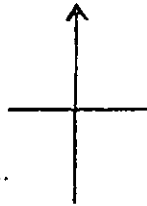
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
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.

9 MAR 1948

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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RESTRICTED

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

82

9695

UNKNOWN X-184

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

Damulaan, Leyte, P.I. 19 Dec 1944 KIA-body completely mutilated.

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

1500 hrs 9 Aug 1945 USAF Cemetery Leyte #1, P.I.

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

4247

Reg. 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

Disinterred from USAF Cemetery BayBay #1, Leyte, P.I. Grave 158 (X-4)

Metal tag buried with remains and attached to marked

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

Religion

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

Body buried on RIGHT BALMER, Maeland M. 33 176 613 Pfc Co B, 385 Inf 4248

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT ELZY, Raymond A. 36 859 034 Pfc 745 Med San 4246

(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

RESTRICTED

RESTRICTED

(9) 199

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? **No, impossible to take.**

(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.

*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 GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

RECEIVED  
25 SEP 1945

**CONFIDENTIAL**

*10 May 45*

9695

Unknown X-4

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

Damulaan, Leyte Is. P.I. 19 December 1944 KIA - Body completely

(Place of death) (Date of death) (Cause of death) **Mutilated**

0900 19 December 1944 USAF Cemtery BayBay #1 BayBay, Leyte, P.I.

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

158 10 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

**Embossed Plate attached to Marker** Religion - Unknown

**Embossed Plate Buried with Body**

(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 **End of Row \*NONE**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT **Balmer, Maeland M.** 33176643 Pfc Co C, 305th Inf 157  
(Name) (Serial number) (Rank) (Organization) (Grave number)

?

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same: NONE

*Incl 571*

*Incl 127*

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 LAND-MARKS.

(Signature of officer or other person reporting burial)

*George W. Howing*  
George W. Howing, S/Sgt

*Philip G. Meiti*  
Philip G. Meiti, 1st Lt., FA

8075

65A

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RECEIVED  
8 FEB 1945

Fingerprints not obtainable

THUMB

1

2

3

4

RIGHT HAND