

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 sub Key #1 X-190

SUBJECT

also manila maus X-3424

QUICRY 283

GRS Far East

SUBJECT: Identification of World War II Deceased

15 February 1950

Unknown X-5424, formerly X-180, Layte #1
" X-3448, " X-335, " "
" X-3723, " X-28, " "

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

FOR THE QUARTERMASTER GENERAL:

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

QMGT 293
GRS Far East

15 February 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknowns now stored at the
AGRS Mausoleum, Manila, P.I.:

Unknown X-764, Leyte #1
X-63, Santa Barbara #1
X-168, AGRS Mausoleum, Manila, P.I.
X-336, " " " "
X-3589, " " " "
X-3636, " " " "
X-3644, " " " "
X-4604, " " " "
X-4605, " " " "
X-4606, " " " "
X-4607, " " " "
X-4669, " " " "
X-4870, " " " "
X-5096, " " " "
X-2135, (formerly X-154, Santa Barbara #1)
X-2136, " X-190, " " "
X-2368, " X-145, " " "
X-2369, " X-146, " " "
X-2204, " X-604, Leyte #1
X-2219, " X-540, " "
X-2221, " X-546, " "
X-2222, " X-571, " "
X-2226, " X-611, " "
X-2263, " X-645, " "
X-2266, " X-600, " "
X-2294, " X-555, " "

REPZ 293

AGO 900
12 January 1950

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 REPZ 293, GMS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGNS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-63 Sta Barbara #1	UNKNOWN	X-3448 AGNS Main
	X-961 AGNS Main		X-3589
	X-2222		X-3636
	X-2294		X-3644
	X-2368		X-4665
	X-2424		X-4670

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

FOR THE COMMANDING OFFICER:

12 Incls
GMS Form 1044 w/Certificates
of Unidentifiability

WOMEN SHYFOLA
1st Lt., Infantry
Adjutant

1 /gyc	rbc Interred 26 January 1950 Ft. McKinley <i>R/34</i> <i>Caremark</i> CAPT. E. H. MARK		DISINTERMENT DIRECTIVE				
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00207		DATE 15 05 48 DAY MONTH YEAR		
NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000190		0	0	DAY MONTH YEAR 7701 80 CODE DIST. PT.	
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY LEYTE NO 1						0	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
		4391	PHILIPPINE ISLANDS			6	
SECTION B — CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN			
FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)							
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED
(Maus) UNKNOWN X-190		UNKNOWN X-3424					27 Sept 48
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN				ALBION H McLELLAN JR 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 I							
Two (2) Mausoleum tags show - UNK X-190							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY					
27 Sept 48		ALBION H McLELLAN JR					
CASKET SEALED BY				EMBALMER (Signature)			
ALBION H McLELLAN JR				<i>Albion H. McLELLAN JR.</i> ALBION H McLELLAN JR			
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, Inf				CHARLES R BATES, 1st Lt, USAFR			
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> CHARLES R BATES, 1st Lt, USAFR SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGHS 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 26 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		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
PHILIPPINE ZONE
AMERICAN GRAVES REGISTRATION SERVICE

11 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 190, Plot ,
Row , Grave 4391, USMC Leyte Pl, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



E. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 0918
Not identifiable from
information presently
available
W. Eustace
Ident.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3424 (Formerly UNK X-190 USAP Cem. Leyte)				2. DATE OF REPORT 11 Jan. 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I.		4. PLOT 813	5. ROW K	6. GRAVE 3362	7. DATE OF DISINTERMENT REINTERMENT 4 Dec 47 14 Jan 48

PHYSICAL DESCRIPTION

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

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U T D

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

N O N E

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul G...

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



All Remarks

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

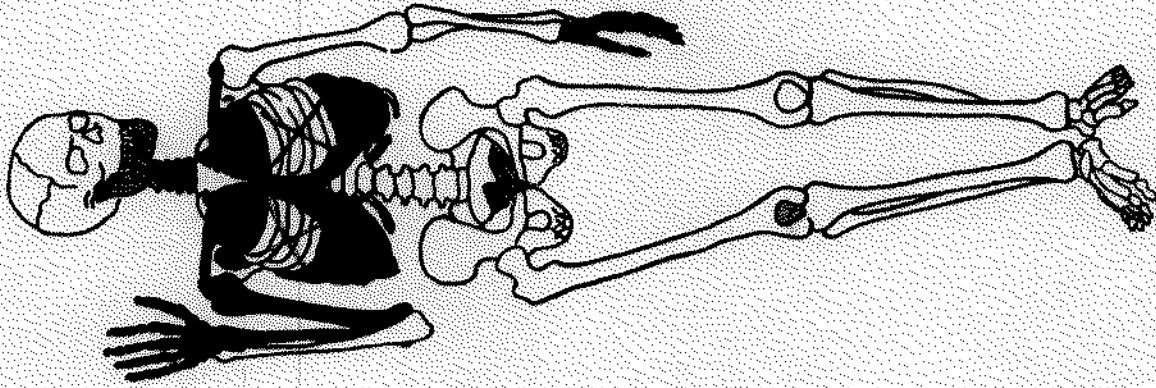
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-
ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: 14 thru 16 unable to determine whether X or PX.

Paul R. Nichols

Paul R. Nichols
PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No Id tags, burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains - 6 lbs.

UNIDENTIFIABLE

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	UNKNOWN X-3424 (Formerly UNK X-190 USAF Cemetery Leyte #1, P.I.)	2. DATE OF REPORT 12 Jan 48
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3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW K	6. GRAVE 3362	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT 4 Dec 47	REINTERMENT STORAGE 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

UTD

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

None

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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 <i>See Remarks</i>							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	A		X	P	P	P	X	P	P					
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
<i>mandible</i>								<i>missing</i>							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

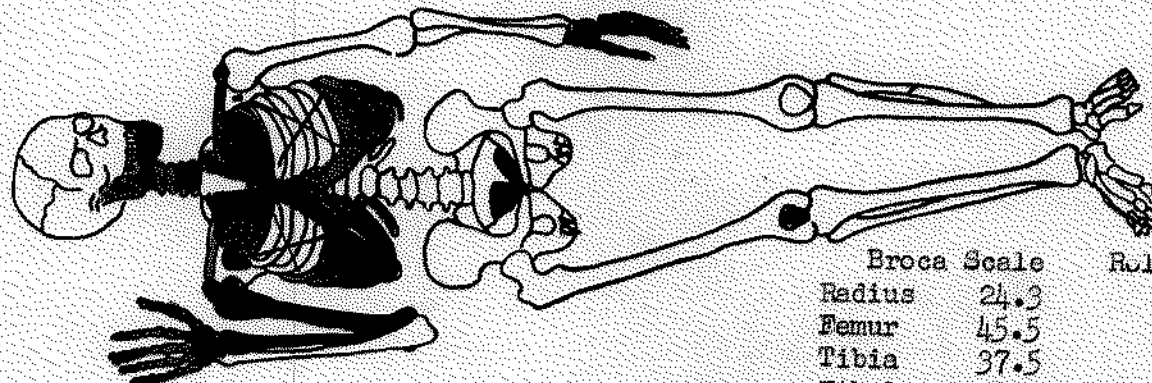
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L4 thru L8 unable to determine whether X or PX.

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

/s/ Vernon H. Korn

19. BLACK OUT PARTS OF BODY NOT RECORDED



	Broca Scale	Rolliet Table
Radius	24.3	168 cm.
Femur	45.5	166 "
Tibia	37.5	172 "
Fibula	37.1	172 "
Humerus	33.2	168 "
Ulna	26.5	172 "

Average height 169-2/3 or 5'6-7/8"

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 burial bottle or identification tags received with remains.
No personal effects. Estimated weight of remains is 6 lbs.
Circumference of skull in inches 21.

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

SIGNATURE

/p/ VERNON H. KORN
CIP LAB., Manila, P.I.

/s/ Vernon H. Korn

IDENTIFICATION DENTAL CHART

TO BE USED WITH GNC 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 - 190

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Ormoc Area, Leyte, P. I.

USAF Cemetery Leyte #1

4391

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







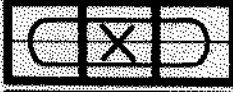








GRAVE NO.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE			AAA	A		X		P	P	X	P					A	A						
LOCATION			oid	o												o	o						

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																			
LOCATION																			
		M																	

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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

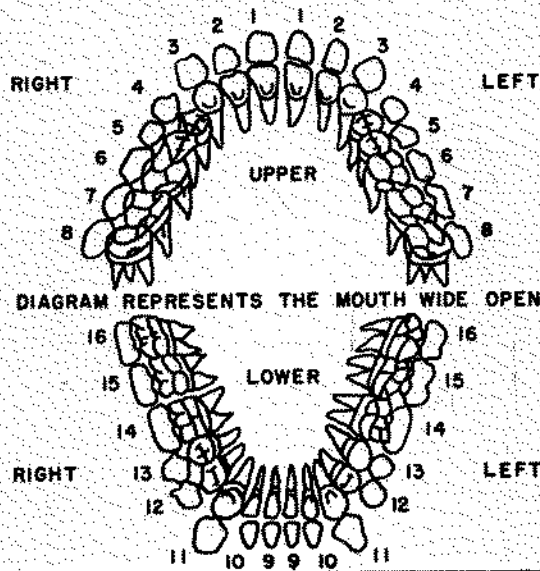
INSTRUCTIONS:

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, *eg.* 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:

Found with remain. Army Shoe, size 8 1/2 D

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

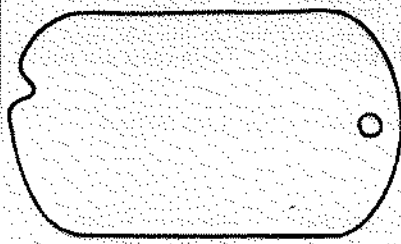
JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

13 December 1946
DATE

18dg.

RESTRICTED

U 10

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		APR 23 1948			REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE			DATE OF REPORT 21 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.										
		NAME (Last, first, middle initial) UNKNOWN X-3424 (Formerly UNK X-190 USAF Cem 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 Ormoc Area, Leyte, P.I.				CAUSE OF DEATH KIA				DATE OF DEATH 21 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 STORAGE 14 Jan 48		HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORAGE Gasket			TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. K	GRAVE No. MANGER BAY CRYPT 3362			
WAS THIS A REBURIAL? (Yes or no) RESTORED 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. 4391
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) RESTORED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes										
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-3426					RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3364				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X 3422					RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3360				
SIGNATURE OF PERSON PREPARING REPORT E. C. AQUINO, T/5 QMC						SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPLO 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
at Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.

Jan 15 58

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


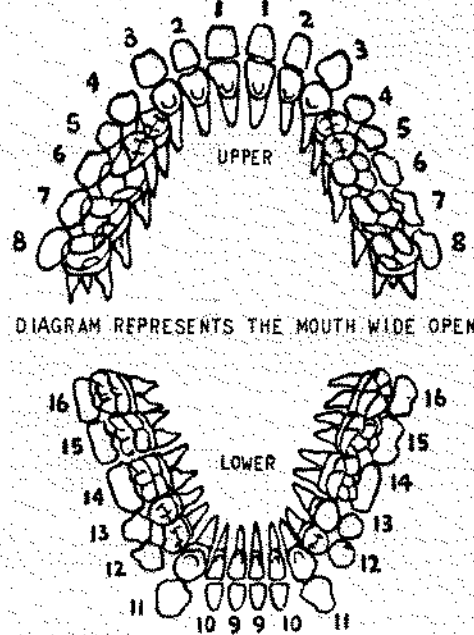




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

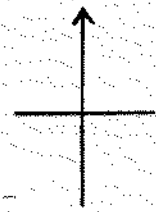
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

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

9 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

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

115

U10

UNKNOWN X-190

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Ormoc Area, Leyte, P. I.			21 Dec 1944	KIA	
(Place of death)	(Date of death)	(Cause of death)			
1500 hrs 11 Aug 1945		USAF Cemetery Leyte # 1, P. I.			
(Time and date of burial)	(Name of cemetery)	(Name or coordinates of location)			

4391

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 Grave 221, USAF Cemetery Baybay # 1, Leyte, P. I.

Metal tag buried with remains and attached to Marker. (UNKNOWN X-11)

(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 BAVINGER, Francis L.	38 087 971	Pvt 1cl	Anti Tnk	4392
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT MORGAN, Stanley S.	14 057 863	Pvt 1cl	17 Inf Regt	4390
	(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**

12 Mar 45
U 10

UNKNOWN K-11

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

Ormoc Area, Leyte, P.I. 21 December 1944 KIA - recognition Body Decomposed beyond

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

1735 27 December 1944 USAF Cemetery BayBay #1 BayBay, Leyte, P.I.

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

221 14 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 Bavinger, Francis L. 38087971 Pfc Anti Tank, 184th 220
(Name) (Serial number) (Rank) (Organization) (Grave number)

?

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

84A

List only personal effects FOUND ON BODY and disposition of same:

NONE

#348

Incl 51'

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.

George W. Howing
 (Signature of officer or other person reporting burial)
 George W. Howing, S/Sgt

Philip G. Mel... 1st Lt. MA

8075 

RECEIVED
 22 FEB 1946

4	
3	
2	
1	
THUMB	

LEFT HAND

4	
3	
2	
1	
THUMB	

RIGHT HAND

Fingerprints not obtainable because body was badly decomposed at time of arrival at Cemetery