

MSGT 293

1st Ind.

QRS Far East

SUBJECT: Unidentifiable Remains

Department of the Army, OCMG, Washington 25, D. C. 27 April 1949

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

Subject cases have been reviewed and this Office approves the classification of the following Unknowns, now stored at AGRS Mausoleum, Manila, P.I., as unidentifiable:

X-3253	(formerly X- 16, Leyte #1, P.I.)
X-3314	(formerly X-193, Leyte #1, P.I.)
X-3350	(formerly X-229, Leyte #1, P.I.)
X-3721	(formerly X- 18, Leyte #1, P.I.)
X-3755	(formerly X- 91, Leyte #1, P.I.)
X-3757	(formerly X- 95, Leyte #1, P.I.)
X-3943	(formerly X-185, Finsch. #3, N. G.)

FOR THE QUARTERMASTER GENERAL:

7 Incls: w/d

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

B. Venezky:lrc
Salser
JW
cc--Administrative Section

REB

NJS

Final

/drs 1		Interred 14 October 1949 #81 C 14 68 Ft. McKinley #32 <i>Carl Mark</i> #-68 <i>Carl Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED Cemetery Superintendent		DIRECTIVE NUMBER 7740 00209		DATE 15 05 48 DAY MONTH YEAR	
NAME <i>GR</i>		SERIAL NUMBER UNKNOWN X-000193		RANK 0 <i>2/18</i>	
CEMETERY USAF CEMETERY LEYTE NO: 1		ARM 0		DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT.	
PLOT 4434		ROW 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 UNKNOWN X-193 (Maus) UNKNOWN X-3314		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISINTERRED 27-Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN			RELIGION		IDENTIFICATION VERIFIED BY ALBION H McLELLAN JR 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 show - UNK X-3314

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept 48 BY ALBION H McLELLAN JR

CASKET SEALED BY ALBION H McLELLAN JR	EMBALMER (Signature) <i>Albion H. Mclellan Jr</i> ALBION H McLELLAN JR
--	--

CASKET BOXED AND MARKED DATE 27 Sept 48 by HORACE L ALLISON, Sgt, Inf	SHIPPING ADDRESS VERIFIED BY 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.

Charles R. Bates
CHARLES R BATES, 1st Lt, USAFR
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
REMARKS: Unidentifiable - OQMG *Gravis*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 10 OCT 1949

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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
Unknown X-3314 (Formerly Unk X-193 Leyte # 1)				24 March 1949			
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
Alcala, P. I.					DISINTERMENT	REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
U T D	5' 7 1/2"	U T D	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

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

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"

Received 22 April 1949 0023
 Not identifiable from
 information presently
 available VENEZIA 25 APR 1949

Incl 2

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views								Side Views							
Top View								Top View							
UPPER								UPPER							
Side Views								Side Views							
MANDIBLE								MISSING							
16								16							

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

No loose teeth found.

"UNIDENTIFIABLE"

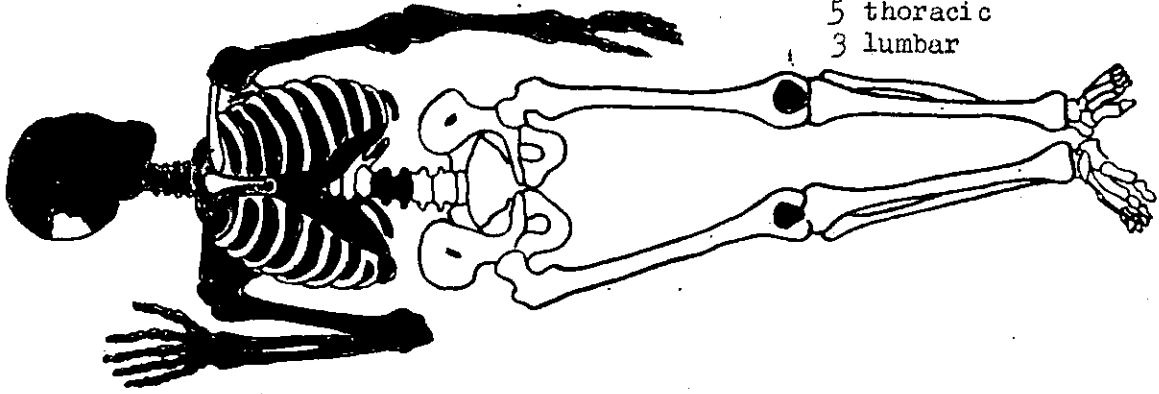
J. J. McDermott
J. J. McDERMOTT

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED.

Received

18 ribs
5 thoracic
3 lumbar



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.

"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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3314 (Formerly UNK X-193 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 9 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW HANGER BAY I	6. GRAVE CRYPI 2795	7. DATE OF DISINTERMENT 4 Dec 47	REINTERMENT STORAGE 12 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7½"	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 ?

YES NO

TO WHAT EXTENT ?

15. WAS BODY MANGLED ?

YES 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 any personal effects found with remains.

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
MAXILLA								MISSING							
<i>Side Views</i>															
<i>Top Views</i>															
UPPER															
<i>Side Views</i>															
MANDIBLE								MISSING							
LOWER															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

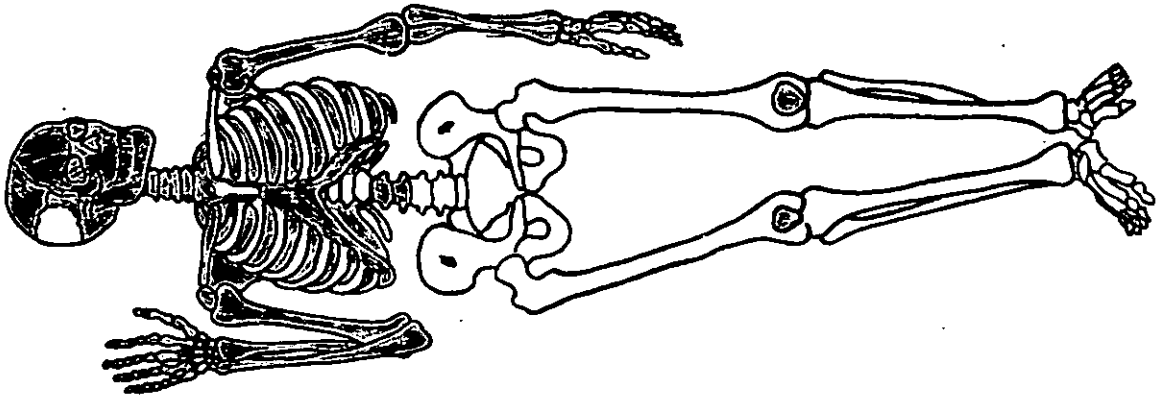
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: No loose teeth found.

CERTIFIED TRUE COPY
G. T. Gamboa
 G. T. GAMBOA
 28 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

18 Ribs
 5 Thoracic)
 3 Lumbar) Vertebrae

Estimated 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

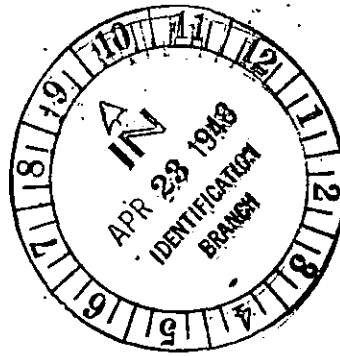
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
 /p/ EDWARD F. MORIARTY

Emb. Sup

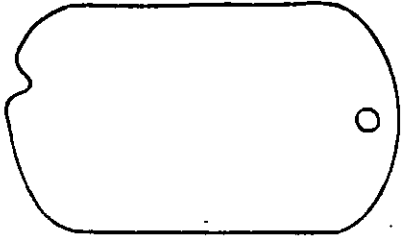
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F. Moriarty



WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	APR 23 1948	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 16 Jan 48
---	--------------------	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3314 (Formerly UNK X-193 USAF Cem #1, Leyte, 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 - Shrapnel wounds, multiple	DATE OF DEATH 11 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)	

Received 22 April 1949 OQMA
Not identifiable from
information presently
available VIEWBZKY 25 08 1949

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

RECORDS BRANCH
 APR 1 11 51 AM '48
 MEMORIAL DIVISION

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	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2795
-----------------------------	---	------------------------------	-----------------	--------------	-------------------

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. 4434
--	---	----------	---------	-------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3315-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2197
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3312	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2793
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> A. A. ACIERTO, Pfc	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L. S. PANOPIO 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.

[Handwritten] 1490

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

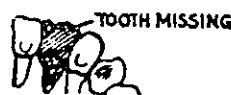
FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

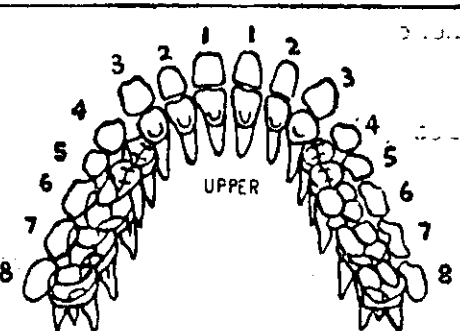
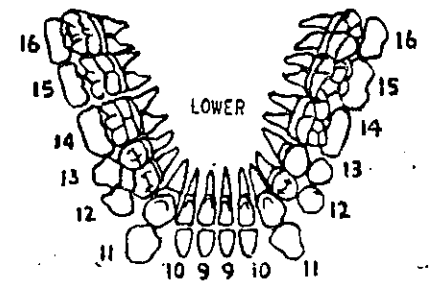
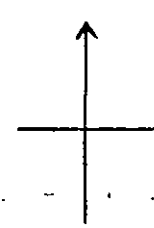


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

QVC 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

HFB RESTRICTED

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

07

U7

UNKNOWN X-193

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Damulaan, Leyte, P. I.

11 Dec 1944

KIA-shrapnel wounds,

(Place of death)

(Date of death)

(Cause of death) mult.

1600 hrs 11 Aug 1945

USAF Cemetery Leyte # 1, P. I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

4434

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 178, USAF Cemetery Baybay # 1, Leyte, P. I.

Metal tag buried with remains and attached to Marker. (UNKNOWN X-9)

(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 KLATT, Leonard C. 38 075 668 Pvt Co E 17 Inf 4435

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT MOSELEY, Leonard W. 20 908 987 Pvt Co I 184 Inf 4433

(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

(9)
10 5-D

1048

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**

(If possible, have medical personnel take a tooth chart)
Impossible to take tooth chart--no head

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
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, 1st Lt., GRC

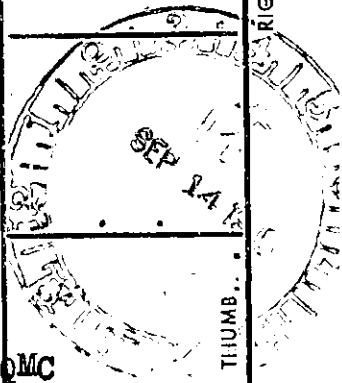
(Verified by Army GRS officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB



12 Mar 45 U 7

UNKNOWN X-9

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Damulaan,	Leyte Is.	P.I.	11 December 1944	KIA - Shrapnel Wounds,	Multiple
(Place of death)			(Date of death)	(Cause of death)	
1400	11 December 1944	USAF Cemetary BayBay #1	BayBay, Leyte, P.I.		
(Time and date of burial)	(Name of cemetery)		(Name or coordinates of location)		

178	12	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	Moseley, Leonard W.	20908987	Pvt	Co I, 184th Inf	179
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Klatt, Leonard C.	38075668	Pvt	592nd EB and SR	177
	(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 132

Incl 345

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: 5' 9"

Apparent nationality:

Weight: 145

Laundry marks:

Color of eyes:

Number of rifle:

Color of hair: Brown

Wear glasses?

Race: White

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, S/Sgt

Philip G. Weigl, 1st Lt. PA

8075

65A

RECEIVED
2 FEB 1946

Fingerprints not obtainable

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB