

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unki keyte #1 X-196

SUBJECT

also manila maus X-3426

QMC FORM 1121
1 Aug 45

COPY

CSGH 295.

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

Unknown Y-497	Unknown X-3742
" Y-1707	" Y-3756
" X-3123	" X-3797
" X-3147	" X-3800
" X-3150	" X-3801
" X-3168	" X-4005
" X-3426	" X-4020
" X-3682	" X-4923
" X-3707	

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

FOR THE COMMANDING GENERAL:

17 Incls

QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

1st

1

Interred 25 October 1949
D 8 72 Ft McKinley
Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

M.K.

Cemetery Superintendent
SECTION A

DIRECTIVE NUMBER

DATE

NAME AND BURIAL LOCATION OF DECEASED

7740 00213

15 | 05 | 48
DAY | MONTH | YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-000196	0	0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY (LEYTE NO 1)					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		4616	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	UNKNOWN X-196	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
(Maus)	UNKNOWN X-3426				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 1
Two (2) Mausoleum tags show - UNK X-3426

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48 BY ALBION H McLELLAN JR

CASKET SEALED BY ALBION H McLELLAN JR
EMBALMER (Signature) *Albion H McLeellan Jr*
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.
PLOT D, ROW 8, GRAVE 72, FORMERLY OCCUPIED BY T/4 GUY C. FERRO, 36712629, WHO WAS DISINTERRED AND SHIPPED TO ZI.

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 - Approved by OQMG dtd 9 Sept '49

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Burial		NAME OF CONVOYER		<i>[Signature]</i>	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		1. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		2. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		3. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		4. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		5. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		6. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		7. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		8. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		9. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		10. SHIPPED		FROM			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

4 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-196, Plot _____,
Row _____, Grave 4616, USMC 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 24 Aug 49 OQMG
Not identifiable from
information presently
available

J. Miller, Dd Sec
12 Sept 49

Inch #7'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3426 (Formerly UNK X-196 Leyte #1)				2. DATE OF REPORT 4 May 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		DANGER MAY	CRYPT	DISINTERMENT	REINTERMENT
	813	K	3364		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'5/8"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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?
<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

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

UNIDENTIFIED

DUE TO LACK OF SUFFICIENT DATA

Encl # 72

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
X					⊗	⊗	⊗	⊗	⊗	⊗	⊗			A	Malposed
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

DEVICES (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 mandibular teeth present with remains.

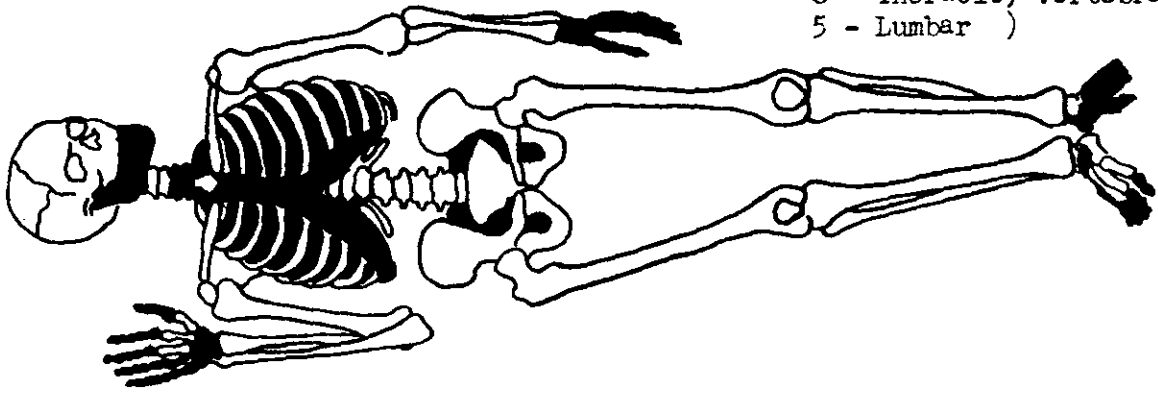
James J. McDERMOTT
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

X-3426

19. BLACK OUT PARTS OF BODY NOT COVERED

Received:

- 2 - Cervical)
- 8 - Thoracic) Vertebrae
- 5 - Lumbar)



Estimated height - 5'5/8"

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.
 Circumference of skull - 21 inches.
 Estimated weight of remains - 7½ lbs.

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

James J. McDermott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3426 (Formerly UNK X-196, USAF Cem 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 K	6. GRAVE 3364	7. DATE OF DISINTERMENT 5 Dec 47		REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'5/8"			10. COLOR OF HAIR UTD		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D								
14. WAS BODY BURNED?		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 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) No clothing nor 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
X					⊗	⊗	⊗	⊗	⊗	⊗	⊗			⊗	<i>Malposed</i>
SIDE VIEWS															
UPPER															
LOWER															
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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

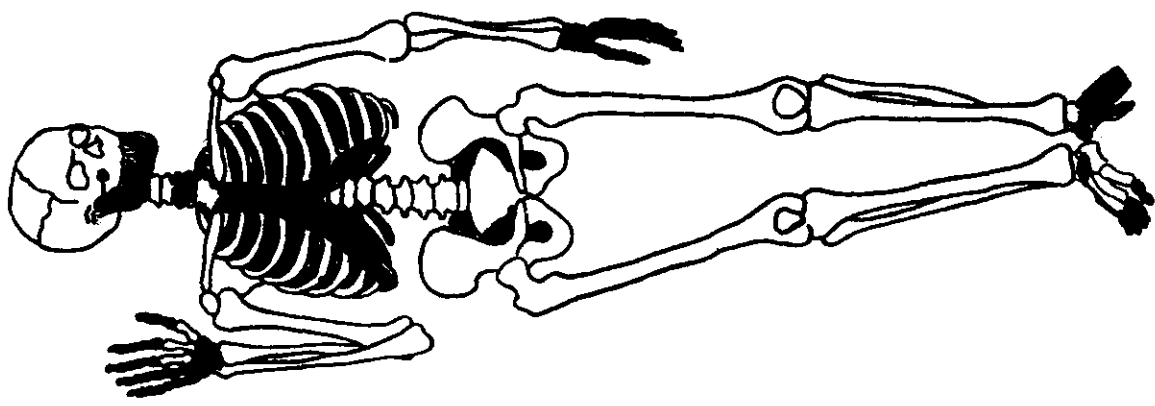
REMARKS: No mandibular teeth found with remains.

A CERTIFIED TRUE COPY:

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

/s/ J.J. McDermott
 Laboratory Officer

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

- 2 - Cervical)
- 8 - Thoracic) Vertebrae
- 5 - Lumbar)

Circumference of skull is 21"
 Estimated weight of remains is 7½ lbs
 Very prominent zygomatic bones, unusually far apart, very large maxillary sinus.

A CERTIFIED TRUE COPY:

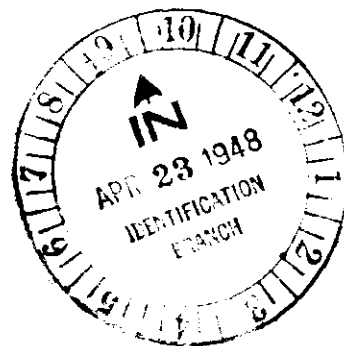
G T Gamboa

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



/sam

RESTRICTED

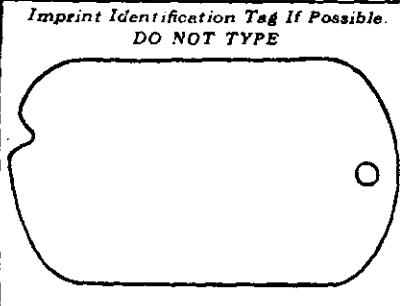
U 6

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
21 Jan 48



Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3426 (Formerly UNK X-196, 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 Washed up on beach at Tanauan, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown

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) STORED Casket	TYPE OF GRAVE MARKER None	PLOT NO. 813	ROW NO. K	GRAVE NO. 3364
--	--------------	---	------------------------------	-----------------	--------------	-------------------

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. 4616
--	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-3428	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 3366
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3424	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 3362

SIGNATURE OF PERSON PREPARING REPORT W. 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 through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

266 1556

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

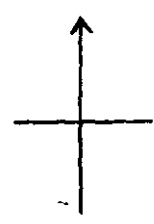
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	
LEFT MIDDLE FINGER	
LEFT INDEX FINGER	
LEFT THUMB	
RIGHT THUMB	
RIGHT RING FINGER	
RIGHT MIDDLE FINGER	
RIGHT INDEX FINGER	
RIGHT RING FINGER	
RIGHT MIDDLE FINGER	
RIGHT INDEX FINGER	

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

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

U-8

UNKNOWN X-196

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

Washed up on beach at Tanauan,

(Place of death) Leyte, P. I. (Date of death) (Cause of death)

0900 hrs 14 Aug 1945

USAF Cemetery Leyte # 1, P. I.

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

4616

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 344, USAF Cemetery San Jose # 1, Leyte, P. I.

(UNKNOWN X-16)

Metal tag buried with remains and attached to Marker.

(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 McGERVEY, Charles V. 33 690 896 Pvt 1c1 Co K 382 Inf 4617

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

Body buried on LEFT OSWALD, Edwin R. 32 693 719 Pvt Co A 321 CE 4615

(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

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:

Apparent nationality:

Laundry marks:

Number of rifle:

Wear glasses?

Is tooth chart attached? **Yes**

(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.

S/SGT John E. Bobbs, GRS

(Signature of officer or other person reporting burial)

FRANCIS M. SIMON, 1st Lt.,

(Verified by Army G-1 Officer)

MC

THUMB

1

2

3

4

RIGHT HAND

THUMB

1

2

3

4

LEFT HAND

12 March 45

U 8

Unknown X-16

Washed up on beach at (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Tanauan, Leyte Island, P.I.

1100-16 December 1944 (Place of death) (Date of death) (Cause of death)
USAF Cemetery San Jose # 1 Leyte Is. P.I. (Name of cemetery) (Name or coordinates of location)

344

Wedge

(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

Burial Bottle

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

(See Reverse)

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

Body buried on RIGHT **Oswald, Edwin R.** (Name) **32693719** (Serial number) **Pvt.** (Rank) **Co. A 321 CB** (Organization) **345** (Grave number)
Body buried on LEFT **McGervey, Charles V.** (Name) **33690896** (Serial number) **Pfc.** (Rank) **Co. K 382 Inf.** (Organization) **343** (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

NONE

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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cr. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:

Weight:

Color of eyes:

Color of hair:

Race:

(If possible, have medical personnel take a tooth chart)

Is tooth chart attached?

Wear glasses?

Number of ribs:

Laundry marks:

Apparent nationality:

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. Skeleton washed upon beach near 6th Army Hq.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-

MARKS. WILLIAM A. KALLUS S/Sgt QMC

ROBERT G. NYE (Signature of officer or other person reporting burial)

RD LT. INF.

FORM 1384

(Verified by Army GRS (over))

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

RECEIVED
22 FEB 1945