

FILE IDENTIFICATION TOPPER

Palmer

FILE NUMBER

293 unk key #1 X-197

SUBJECT

also manila manila X-3427

QMC FORM 1121
1 Aug 45

CGMT 293
AGS War Post

19 September 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Command
APO 707, c/o postmaster
San Francisco, California
ATTN: AGS, MILITARY ZONE

1. Reference is made to Proceedings of the Field Board of Review recommending the following identifications:

Unknown X-3692, AGS Mausoleum (Formerly X-38, Leyte) as
PARKER, Anthony F., SS 102 810

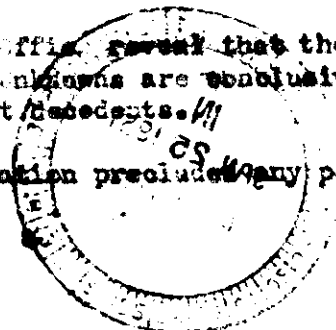
Unknown X-3752, AGS Mausoleum (Formerly X-84, Leyte) as
SMALL, William F., 12 056 037

Unknown X-3427, (Formerly X-197, Leyte), X-3316 (Formerly X-198, Leyte)
X-3688 (Formerly X-34, Leyte), X-3689 (Formerly X-35, Leyte), X-3690-A
(Formerly X-36, Leyte), X-3691 (Formerly X-37, Leyte) as the recoverable
remains of the remaining known deceased group:

BURKE, Willard F.	36 170 269
CHAMBERLAIN, Harvey	20 904 460
HARRIS, John	35 363 388
ISHAM, Harry W.	36 516 680
KRYZANOWSKI, Anthony W.	33 170 424
MOLONEY, Howard A.	35 102 326
RENNETT, Joseph	12 055 237
SMITH, Billy C.	35 122 557
WAGNER, Holland J.	31 078 240
WILSON, Carl E.	37 162 585
WILSON, John	20 526 342
WILSON, Walter J.	36 333 190
WILSON, Bob	35 103 105
WILSON, William T.	35 102 569

2. Results of investigations in this office reveal that there is insufficient evidence to indicate that the unknowns are conclusively established as being associated with subject ~~deceaseds~~.

3. Lack of physical and dental information precluded any possibility of individual identifications.



Q40MT 293

19 September 1949

G/S Far ast

SUBJECT: Identification of World War II Deceased

4. Proceedings referred to in paragraph 1, above, are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

3 Incls

1. Bd Proceedings
(Paughander)
2. Bd Proceedings (Godall)
3. Bd Proceedings (Group)

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

RECLASSIFICATION SHEET

PAPERS, ORIGINALLY FILED 293 Uk-Leyte #1 (misc)
X-84 X-197 X-198

SYNOPSIS AND DATES

misc filed

NEW CLASSIFICATION 293 Uk-Leyte #1 X-84

RECLASSIFICATION SHEET

*10/3/50
Dink*

/ebc

1
/gyc

Interred 30 January 1950

F 1 8 Ft. McKinley

Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Mik

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00214

DATE

15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN		X-000197		0	Q	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
USAF CEMETERY (LEYTE NO 1)						0	7701	80
						CODE	DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH		
		4649	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-197	SERIAL NUMBER	UNKNOWN X-3427	RANK	DATE OF DEATH	DATE DISTINTERRED
(Maus)						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-3427	

REMAINS PREPARED AND PLACED IN CASKET	BY
DATE 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	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.

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

Graves

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS I ansolium	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE		Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
2. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
3. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
4. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
5. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
6. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
7. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	

JAN 30 1950

Walter Frank

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

14 Oct. 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 197, Plot _____,
Row _____, Grave 4649, 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:


W. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

UNIDENTIFIABLE

NOV 15 1949

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3427 (Formerly UNK X-197 Leyte #1)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	K	3365	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---------------------------------------------------------------------------------------------	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

UNIDENTIFIABLE

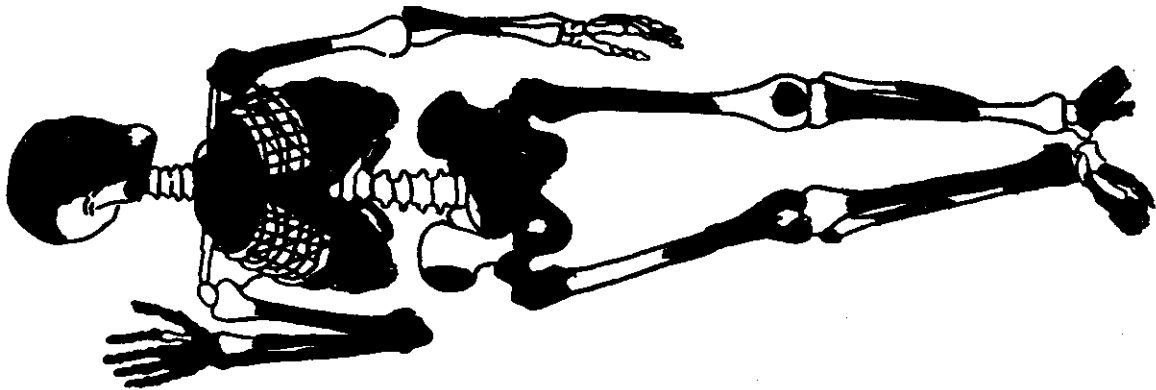
NOV 15 1949

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Just 3"

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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 - 3 lbs.

CONFIDENTIAL
QUALITY OF WORK OF IDENTIFICATION SECTION

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

encl 34

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															
UPPER															
LOWER															
See Remarks															
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: Maxilla missing. No maxillary teeth present. Portion of mandible missing from R11 thru R16. No teeth found loose.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA


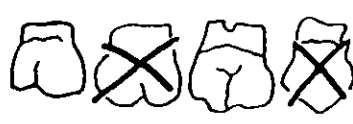
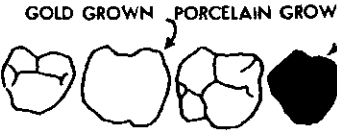



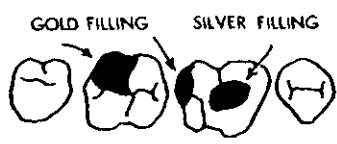

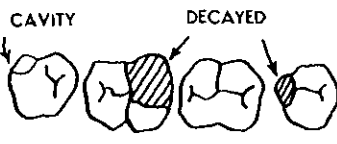

PAUL R NICHOLS
Chief, Identification Section

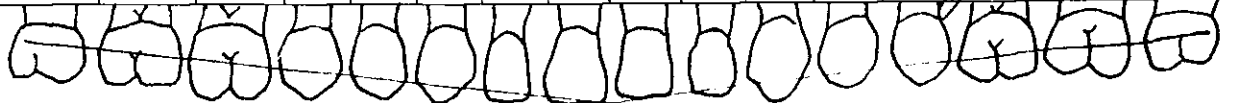


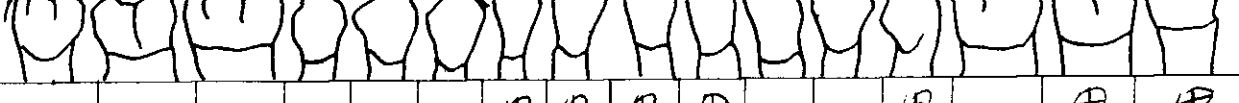
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3427 (Formerly UNK X-197, 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 3365	7. DATE OF DISINTERMENT 5 Dec 47	REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		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 - Skeletal chart and dental chart attached.								
14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? See remarks						
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Bones fractured						
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								

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
SIDE VIEWS	<i>Maxilla</i>								<i>Missing</i>							
																
																
TOP VIEWS																
	<i>See Remarks</i>															
SIDE VIEWS																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

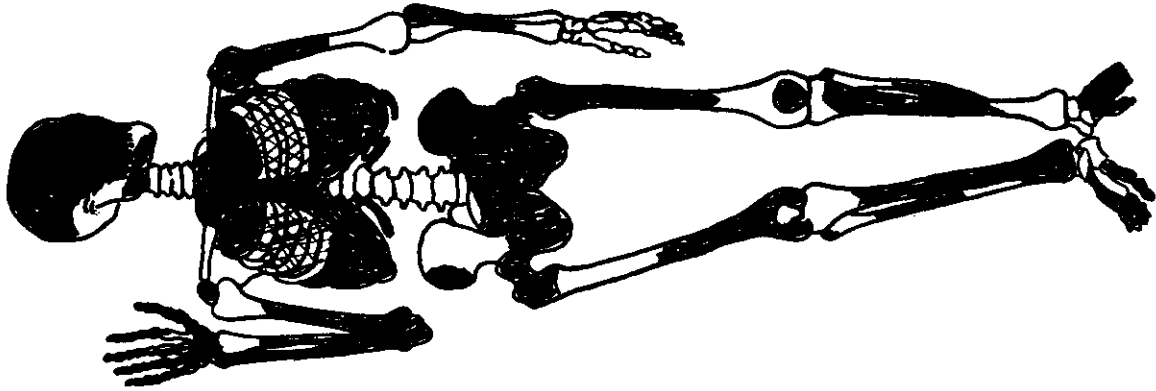
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing. No maxillary teeth present. Portion of mandible missing from R 11 thru R 16. No teeth found loose.

A 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

NO R.O.I. bottle, I. D. tags, personal effects, or other means of identification received with remains. Estimated weight-3 lbs. Portion of occipital and mandible received. Unable to determine the physical height due to the fragmentation of bones. Previous R.O.I. states that body was burned but bones show no evidence.

A CERTIFIED TRUE COPY:

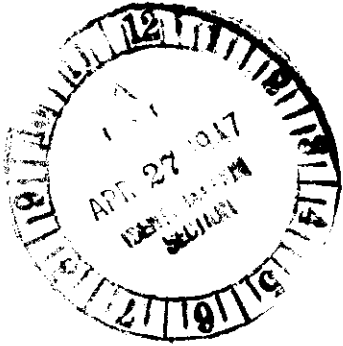
G. T. Gamboa

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/ CLEMENT G. SWAN, Emb Str Ung C-064862
CIP LABORATORY, MANILA, P.I.

SIGNATURE
/s/ Clement G. Swan



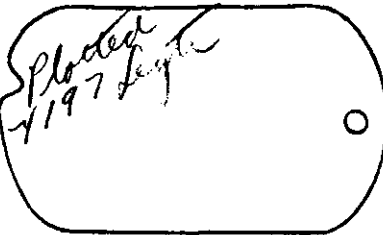
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

APR 27 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-3427 (Formerly UNK X-197, USAF Cemetery Leyte #1, P.I.)	
	SERIAL No.	
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Aboard SS Marcus Daley, Leyte Gulf, Leyte, P.I.	KIA - enemy bomb blast burned beyond recognition	5 Dec 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	UNIDENTIFIABLE NOV 15 1949
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE		STORED		MANAGER	BAY	CRYPT
14 Jan 48	1100	Casket	None	813	K	3365

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			4649

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-3420				3367

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3425				3363

SIGNATURE OF PERSON PREPARING REPORT <i>C. Aquino</i> C. AQUINO, T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L. S. Panopio</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.

Section 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>FILLINGS SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>MISSING TEETH TOOTH MISSING</p>	
LEFT INDEX FINGER	<p>CROWNED TEETH PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p>BRIDGE WORK GOLD BRIDGE</p>	
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE 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

RE-
REPORT OF INTERMENT
(TM 10-639 AND AR 30-1815)

UNKNOWN X-197

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

Aboard SS Marcus Daley,
Leyte Gulf, Leyte, P.I.

5 Dec 1944

KIA-enemy bomb blast
burned beyond recognition

1300 hrs 15 Aug 1945

USAF Cemetery Leyte #1, P.I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

UNIDENTIFIABLE

4649

NOV 15 1949

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 San Jose #1, Leyte, P.I. Grave 312 (X-15)

(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 COLLIER, Kenneth R.

654 61 62 RM2c

USS LSM 432

LSM Gp 41 4650

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT DANIEL, James

35 103 853

38 Div

4648

(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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. C. 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? **No, crushed skull.**

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. Bobbs
 John E. Bobbs, S/Sgt., GRS

(Signature of officer or other person reporting burial)

FRANCIS M. SIMON, 1st Lt. GMC

(Verified by Army GRS officer)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND



CONFIDENTIAL *ma-45*

10291

Unknown X-15

38 Div.

Aboard

(Last name)

(First)

(Initial)

(Serial number)

Burned beyond recognition

USS-Marcus Daley, Leyte Gulf 12-5-44

K.I.A.-Enemy bomb blast

(Place of death)

P. I. (Date of death)

(Cause of death)

-1340-12-10-44

USAF Cemetery San Jose # 1 Leyte Is. P.I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

312

(Grave number)

12

(Row number)

1

(Plot number)

Regulation ~~Block~~ V-Shape

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

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

UNIDENTIFIABLE

Burial Bottle

NOV 15 1949

(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 Daniel, James

(Name)

35103853

(Serial number)

(Rank)

38 Div.

(Organization)

313

(Grave number)

Body buried on LEFT Unknown X-14

(Name)

(Serial number)

(Rank)

38 Div.

(Organization)

311

(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:

Face:

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.

ROBERT E. MORGAN, JR.
 2011 N. W. 11th St., Fort Lauderdale, Fla.
 (Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

7864 96A

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

RECEIVED
 21 FEB 1945