

FILE IDENTIFICATION TOPPER

FILE NUMBER

2932unk keyte #1 X-205

SUBJECT

also manila maus X-3361

GMC FORM 1121  
1 Aug 45

**AIRMAIL**

FORM 293 *293 UNK P.I. (misc)* *maus maus*  
ONS Far East *see list below*  
3 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 Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

- Unknown <sup>426</sup> X-3420, (formerly X-110, Leyte #1)
- " X-3421 " X-180, " "
- " X-3313 " X-192, " "
- " X-3418 " X-202, " "
- " X-3361 " X-205, " "
- " X-3365 " X-215, " "
- " X-3289 " X-228, " "
- " X-3339 " X-230, " "
- " X-3399 " X-327, " "
- " X-3400 " X-330, " "
- " X-3782 " X-369, " "
- " X-3338 " X-388, " "
- " X-783, Leyte #1 (formerly LYNN, A.)
- " X-4440, AGRS Mausoleum, Manila, P.I.
- " X-4864, AGRS Mausoleum, Manila, P.I.
- " X-5100, " " "
- " X-3406- (formerly X-339, Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

Re: Miller:lr  
Salsor  
JL  
cc--Administrative section  
cc--cinco

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

*X 293 UNK P.I. (misc) - 1000- (copy 5)*

TEC

**AIRMAIL**

WRPZ 293

APO 900  
5 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 QMGS 293, GMS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS 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-755	Leyte #1	UNKNOWN	X-3405-A	AGRS	Manila
	X-8260	AGRS		X-3418	"	"
	X-3289	"		X-3421	"	"
	X-3313	"		X-3782	"	"
	X-3338	"		X-4106	"	"
	X-3339	"		X-4440	"	"
	X-3361	"		X-4884	"	"
	X-3365	"		X-5001	"	"
	X-3399	"		X-5100	"	"
	X-3400	"				

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

FOR THE COMMANDING OFFICER:

19 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN SHYDIA  
1st Lt., Infantry  
Adjutant

AGPO-CR 293 Unk X-205  
Leyte #1, P. I.

COMMENT #2  
Vannest 71695

TO: The Quartermaster General FROM: Pers. Actions Br., AGO DATE 4 Jan 49  
Memorial Division Cas. Sec. 1E741 Pentagon  
Room 2320, Temp Bldg B

Report of Interment on X-205, Leyte #1, P. I. returned unidentified by the FBI.

BY ORDER OF THE SECRETARY OF THE ARMY:



1 Incl.  
n/c

Assistant General.

QMGMT 295 P.D.

Unknown X-3361

1st Ind

(AGRS Mausoleum, Manila)

Dept of the Army, OCMG, Washington, D. C.

12 January 1949

TO: Commanding General, Philippine-Ryukyus Command, APO 707,  
c/o Postmaster, San Francisco, California

ATTENTION: AGRS, Philraon Zone

1. Fingerprints submitted have been compared by the Federal Bureau of Investigation, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

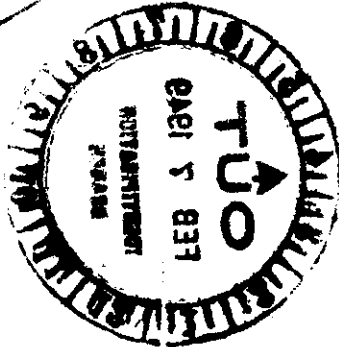
FOR THE QUARTERMASTER GENERAL:

Incl w/d

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

NJS  
*[Signature]*

JAN 12 8 43 AM '49  
OCMG M&R BR



*[Handwritten signature]* 1-24-49

IDENTIFICATION DIVISION

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293

APC 707

SUBJECT: Request for Identification of Fingerprints

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. Attached Report of Interment for Unknown X-7, USAF Cemetery San Jose No. 1, Leyte, P. I. (subsequently designated Unknown X-205, USAF Cemetery Leyte No. 1, P. I., now as Unknown X-3361, AGRS Mausoleum, Manila, P. I.), reveals the left hand fingerprints of subject Unknown.

2. It is requested that an attempt be made to associate the said fingerprints with a casualty, and this office be furnished OQMG Form 371 together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

1 Incl:  
As stated

A. G. BILLS  
Capt., A. G. D.  
Asst Adj Gen



*Gene*

1  
/fbp

Interred 13 Feb 1950  
D 12 24 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00219

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000205 RANK: 0 ARM: 0 DATE OF DEATH: DAY: MONTH: YEAR:

CEMETERY: USAF CEMETERY (LEYTE NO 1) DISPOSITION OF REMAINS: 7701 | 80 CODE | DIST. PT.

PLOT: 5012 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-205, UNK X-3361 (Maus) SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept '48

IDENTIFICATION TAG ON: 2 REMAINS, 1 MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: PERRY E. WHITE, 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 /  
2 Identification tags read MAUSOLEUM UNKNOWN X-3361

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 27 Sept '48 BY: PERRY E. WHITE

CASKET SEALED BY: PERRY E. WHITE EMBALMER (Signature): PERRY E. WHITE

CASKET BOXED AND MARKED: 27 Sept '48 BY: HORACE L. ALLISON, Sgt Inf SHIPPING ADDRESS VERIFIED BY: TEOFILO M. AMUTAN, 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.

*Teofilo M. Amutan*  
TEOFILO M. AMUTAN, 1st Lt., Inf  
SIGNATURE OF GRS INSPECTOR

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

OSNEY 295 Unk X-205  
Loyte #1, P.I.

Fingerprint Comparison

The Adjutant General  
SRAD Sub-Section  
Casualty Section  
Personnel Actions Branch  
EE-777, The Pentagon

OCMS  
Memorial Division

6 December 1948  
METZ/74059

1. The inclosed Interment Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file.
2. It is requested that this office be advised of your findings, together with return of the Interment Report.

FOR THE QUARTERMASTER GENERAL:

1 Incl  
Report of Interment

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

*Handwritten mark*  
NJS

DEC 6 8 47 AM '48  
MAIL & RECORDS BRANCH

MEMORIAL DIVISION  
DEC 8 11 55 AM '48  
IDENTIFICATION BRANCH

MEMORIAL DIVISION  
DEC 8 5 00 PM '48  
IDENTIFICATION BRANCH



WAR DEPARTMENT

# DISPOSITION FORM

SECURITY CLASSIFICATION (If any)

*att 12/6/48*  
*DIF*

FILE No. **AGPO-CR 293 Unk X-205**  
**Leyte #1, P.I.**

SUBJECT  
**Fingerprint Comparison**

TO  
The Adjutant General  
SPED Sub-Section  
Casualty Section  
Personnel Actions Branch  
5E-777, The Pentagon

FROM  
**CGAC**  
Memorial Division

DATE **6 December 1948** COMMENT No. **1**  
**MTZ/74059**

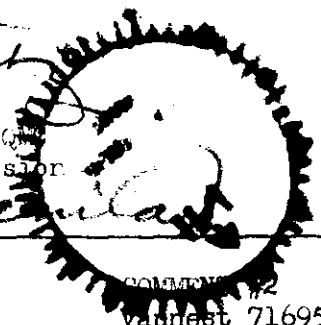
1. The inclosed Interment Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file.

2. It is requested that this office be advised of your findings, together with return of the Interment Report.

FOR THE QUARTERMASTER GENERAL:

1 Incl.  
Report of Interment

*D. P. ...*  
P. H. ...  
Lt. Colonel, G...  
Memorial Division



*273 Unk X-3361*

AGPO-CR 293 Unk X-205  
(Leyte #1) P. I.

COMMENT #2  
vanhest 71695

TO: The Quartermaster General FROM: Pers.Actions Br. AGO DATE 4 Jan 49  
Memorial Division Cas. Sec. 1B741 Pentagon  
Room 2320, Temp Eldg B

Report of Interment on X-205, Leyte #1, P. I. returned unidentified by the FBI.

BY ORDER OF THE SECRETARY OF THE ARMY:

1 Incl.  
n/c

Adjutant General

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Request for Identification of Fingerprints

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

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2. It is requested that an attempt be made to associate the said fingerprints with a casualty, and this office be furnished OQMG Form 371 together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

1 Incl.  
As stated

M. O. BILLBE  
Capt., A. G. D.  
Asst Adj Gen

C  
O  
P  
Y

HEADQUARTERS  
FILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

4 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 205, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5012, USMC Leyte #1, 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:

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

Atch: Form 1044

Received Jan 20 1950 OQMR  
Not identifiable from  
information presently  
available Robert W. Miller

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3361 (Formerly UNK X-205 USAF)</b> <b>Cemetery Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>4 January 1950</b>	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM, MANILA, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>J</b>	6. GRAVE <b>3273</b>	7. DATE OF DISINTERMENT <b>1 Dec 47</b>
				REINTERMENT <b>14 Jan '49</b>	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 4 1/2"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**No ID tags, burial bottle, personal effects, or other means of identification found with the remains.**

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

**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**

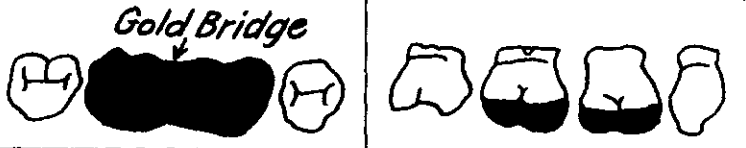
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



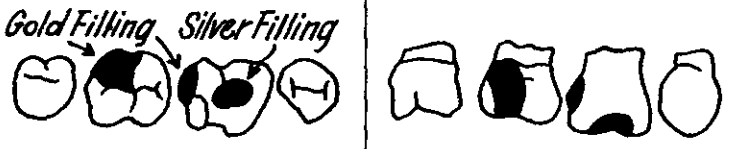
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



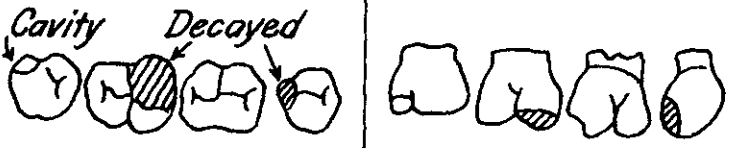
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



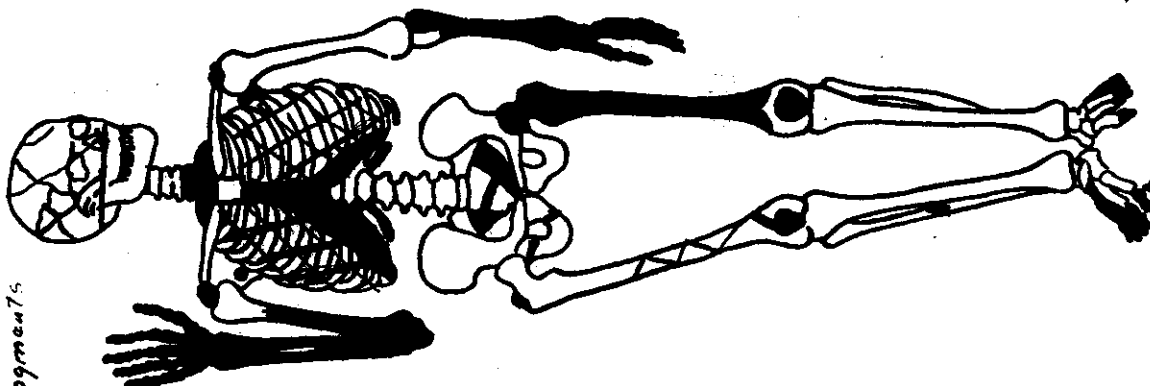
RIGHT										LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X	A of	X	P	S d	S f	▲	S m	S m		P	Cavity d	Cavity f			Maxilla Missing		
Side View															Side View		
Top View															UPPER		
Side View															LOWER		
cavity dof	A f	decayed f	A o	Cavity f	A f			P			A d	A f	X				
16	15	14	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:** Portion of maxilla L8 is missing and no teeth found in this portion. R 2 only its tip root present. L 5 and L 7 unable to determine whether X or P for which sockets are not present. R11 is malposed and R 14 is decayed. R1, 3, 9, 10 and L 1, 2, 10 and 11 show signs of attrition.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Iden. Section.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

3 Cervical Vertebrae  
8 Thoracic "  
4 Lumbar "  
11 Ribs and  
fragments



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 personal effects, no ROI bottle nor ID tags found with remains. Circuference of the skull cannot be determined due to condition of remains. Estimated weight of remains 7 lbs.

RECORDED  
INDEXED  
BY REASON OF

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

*Paul R. Nichols*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3361 (Formerly UNK X-205 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 10 Jan 48		
3. NAME OF CEMETERY  AGRS Mausoleum Manila, P.I.	4. PLOT MANGER BAY CRYPT	5. ROW J	6. GRAVE 3273	7. DATE OF	
				DISINTERMENT 1 Dec 47	REINTERMENT STORAGE 14 Jan 48

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4-1/2"	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

UTD

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

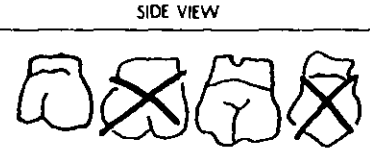
UTD

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)

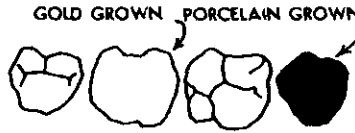
None

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:



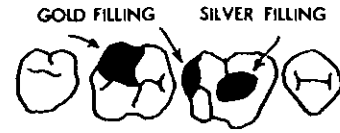
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



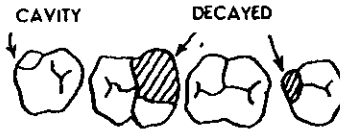
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**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



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



*See Remarks*

*See Remarks*

RIGHT																LEFT										
8	7	6	5	4	3	2	1	1.	2	3	4	5	6	7	8	1.	2	3	4	5	6	7	8			
X	A F	X	B	D S P	S F		S m	S m		B	cavity df	cavity f			Maxilla Missing											
SIDE VIEWS																SIDE VIEWS										
TOP VIEWS																TOP VIEWS										
UPPER																UPPER										
LOWER																LOWER										
SIDE VIEWS																SIDE VIEWS										
Cavity df	A F		decayed ↑	A F	cavity P						A df	A F														
16	15		14	13	12	11	10	9	9	10	11	12	13	14	15	16										

*See Remarks*

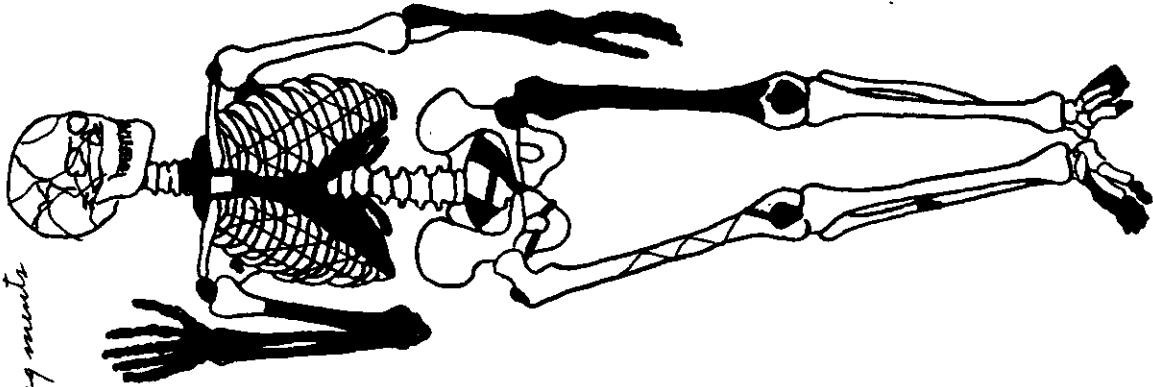
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CERTIFIED TRUE COPY:  
*P. J. Garbo*  
 P. T. GARBOA, 2d Lt., MSC

/s/ James W. McClanahan



19. BLACK OUT PARTS OF BODY NOT REFERRED



3 Cervical vertebrae  
4 Thoracic "  
4 Lumbar "  
11 Rib and  
fragments

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 personal effects, no ROI bottle nor ID tags found with remains. Circumference of the skull cannot be determined due to condition of remains. Estimated weight of remains 7 lbs.

CERTIFIED TRUE COPY:

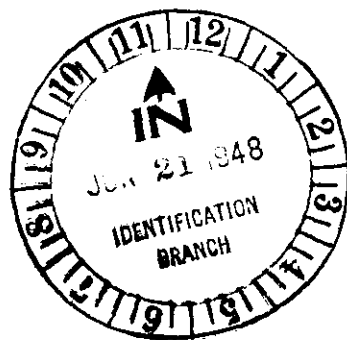
*G. T. Gamboa*

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/ JAMES W McCLANAHAN  
C-064983  
CIP, Laboratory, Manila, P.I.

SIGNATURE  
/s/ James W McClanahan



JUN 22 1948

U. 5

RESTRICTED

amr

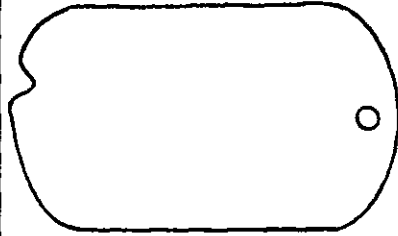
WD GRC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

17 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3361 (Formerly UNK X-205 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 Unknown	CAUSE OF DEATH KIA Enemy bomb blast	DATE OF DEATH 12 Nov 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 MAUSGLEUM, MANILA, P. I.

DATE OF BURIAL 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3273
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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. 5012
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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
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3363-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3275
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3359	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3271
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SIGNATURE OF PERSON PREPARING REPORT R. A. ACIERTO, Pfc	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPLO, 2d Lt Inf
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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

**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.

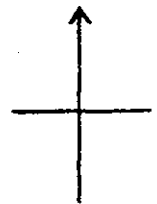
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

FILLINGS		
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, 1044A and 1044B accomplished.

**19 MAY 1948**

HHB RESTRICTED

Graves Registration  
Form No. 1  
(Revised May 11, 1943)RE  
REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

U-5

UNKNOWN X-205

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
			12 Nov 1944	KIA-enemy	bomb blast
(Place of death)		(Date of death)		(Cause of death)	
1400 hrs 21 Aug 1945		USAF Cemetery Leyte # 1, P. I.			
(Time and date of burial)		(Name of cemetery)		(Name or co-ordinates of location)	

5012

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)		
Disposition of identification tags: Buried with body			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Attached to marker
			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Religion

DISINTERRED from Grave 209, USAF Cemetery San Jose # 1, Leyte, P. I.  
Metal tag buried with remains and attached to marker. (UNKNOWN X-7)

(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 COURLEY, Clyde E.	557 585	S1c	USCGR	USS LST 66	5013
	(Name)	(Serial number)	(Rank)	(Organization)	(Organization)	(Grave number)
Body buried on	LEFT SEEMANN, Fred	32 345 910	Pvt 1c1		501 Bomb Sqdn	5011
	(Name)	(Serial number)	(Rank)		345 Bomb Grp	(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: **EFFECTS LISTED ON PRIOR REPORT.**

(21)

715

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 :**

Height :

Weight :

Color of eyes :

Color of hair :

Race :

**Tooth chart taken on disinterment.**  
(If possible, have medical personnel take a tooth chart)

Is tooth chart attached ? **Yes!**

Wear glasses ?

Number of rifle :

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. :

**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., GMC

(Verified by Army GRS Officer)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

**CONFIDENTIAL**  
*used 12 Mar 45* U 3

Unknown X-7

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
			11-12-44		K.I.A.-Enemy Bomb Blast
(Place of death)	(Date of death)			(Cause of death)	
0800-11-13-44	USAF Cem. San Jose # 1 Leyte Is. P.I.				
(Time and date of burial)	(Name of cemetery)			(Name or coordinates of location)	
	Oper. Sheet # 13 (6229-0)			1:25,000	
209	8	1		<del>WOODEN</del>	V SHAPE
(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 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	Seeman, Fred	32345910	Pfc.	501 BS	345 BG	210
	(Name)	(Serial number)	(Rank)	(Organization)	(Organization)	(Grave number)
Body buried on LEFT	Gourley, Clyde B.	557-585	S 1/c	USCGR	USCGR	208
	(Name)	(Serial number)	(Rank)	(Organization)	(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:

Effects turned over to Summary Courts Officer

1 Ring

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:  
Laundry marks:  
Apparent nationality:

Color of eyes:  
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. WILLIAM A. KALLUS S/ Sgt. OMC

ROBERT C. NYE

2D LT., INF.

G. O. R. O.

7364 88A

(Verified by Army GHS Officer)

(Signature of officer or other person reporting burial)

*Robert C. Nye*

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

RECEIVED  
22 FEB 1945



Unknown I-7 (X-205)

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

1-12-44 K.I.A.-Enemy Bomb Blast

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

0800-11-13-44 USAF Gen. San Jose # 1 Leyte Is. P.I.

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

Oper. Sheet # 13 (6229-0) 1:25,000

209 (5012) 8 1 ~~WEDGE~~ V SHAPE

(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 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	Seaman, Fred	32345910	Pfc.	345 BG	210
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Gourley, Clyde E.	557-585	S 1/c	USOGR	208/
	(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

1 Ring

Effects turned over to Summary Courts Officer

Incl #1



**Unknown X-7**

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

**1-12-44 K.I.A.-Enemy Bomb Blast**

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

**0800-11-13-44 USAF Sgt. San Jose # 1 Leyte Is. P.I.**

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

**Oper. Sheet # 13 (6229-0) 1:25,000**

**209 8 1 Unknown V SHAPE**

(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 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	<b>Seeman, Fred</b> (Name)	<b>32245910</b> (Serial number)	<b>Pfc.</b> (Rank)	<b>501 BS</b> <b>345 BG</b> <b>UNSUBJECT 66</b> (Organization)	<b>210</b> (Grave number)
Body buried on LEFT	<b>Gourley, Clyde B.</b> (Name)	<b>557-585</b> (Serial number)	<b>S 1/o</b> (Rank)	<b>UNSUBJECT</b> (Organization)	<b>208</b> (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

51A

List only personal effects FOUND ON BODY and disposition of same

**1 Bag**

*Incl*

**Effects turned over to Summary Courts Officer**

24A

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 79, 3, 1943). 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. William A. Knilus S/Sgt. 048

ROBERT C. NYE  
 2D INF., INF.  
 G. R. O.

*Robert C. Nye*  
 (Signature of officer or other person reporting burial)

8175 81A

(Verified by Army GRA Officer)

RECEIVED  
22 FEB 1945

RIGHT HAND

THUMB

INDEX

THUMB