

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 unkl. key # 1 X-210
SUBJECT	Also mailed mans X-3363

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Und. Leyte # 1 (misc)

X-605

X-194

X-210

X-336

X-177

SYNOPSIS AND DATES

X-186

X-183 X-603

NEW CLASSIFICATION

misc filed
293 Und. Leyte # 1

X-605

11/15/50
SMH

RECLASSIFICATION SHEET

QMGT 293
AGS Far East

25 January 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 800, c/o Postmaster
San Francisco, California

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

2212
Unknown X-~~3311~~ (formerly X-605, Leyte #1)
" X-3315 " X-194, " "
" X-3363 " X-210 " "
" X-3402 " X-336, " "
" X-3419 " X-177, " "
" X-3423 " X-183, " "
" X-3738 " X-603, " "
" X-3811 " X-186, " "

2. Records of this Office indicate that the Mausoleum number for Unknown X-186, Leyte #1 is X-3811 instead of X-3911, as recorded on QMC Form 1044 forwarded by your Office.

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

FOR THE QUARTERMASTER GENERAL:

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

CONFIDENTIAL

GRPZ 293

APO 900
6 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 WAGMU 293, WFO (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-2212	AGRS Muslim	UNKNOWN X-3419	AGRS Muslim
X-3255		X-3423	
X-3315-A		X-3738	
X-3368-A		X-3811	
X-3402-A			

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

FOR THE COMMANDING OFFICER:

9 Incls
WFO Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPLA
1st Lt., Infantry
Adjutant

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

293

7740 00220

15 05 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000210 0 0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY LEYTE NO 1

0 7701 20
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

5330 PHILIPPINE ISLANDS

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

(FORT MC KINLEY CEMETERY)
MORONA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS
FEDERAL BUREAU OF INVESTIGATION
AMERICAN GRAVES RESTORATION SERVICE

6 Jan. 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 610, Plot _____, Row _____, Grave 5390, USMC Leyte I., P.I., 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. E. LORIMER
Captain, CMC
Chief, Records Branch

Attch: Form 1044

Received Jan 19 1950 0032
Not identifiable from
information presently
available Robert W. Miller

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOW N-3062-A (Formerly Unk X-210 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 6 Jan. 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3274	DISINTERMENT	REINTERMENT
				28 Nov 47	14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	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? <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

TOOTH CHART

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:



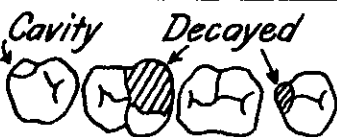
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

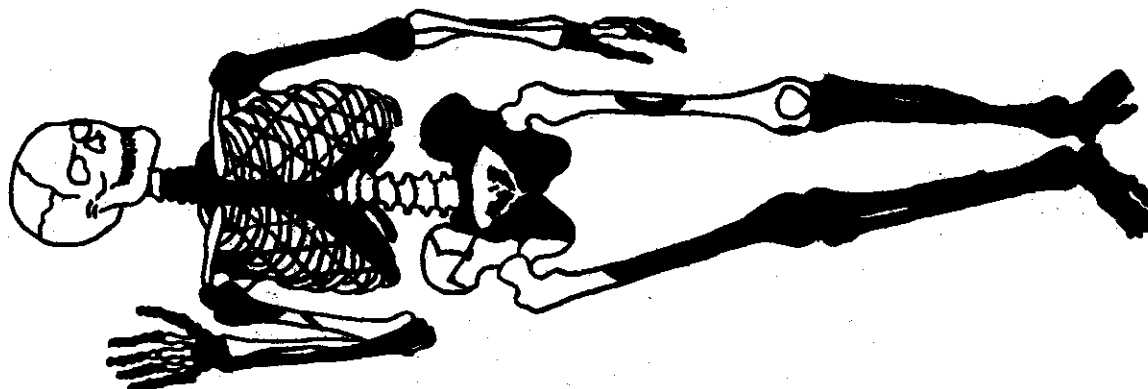


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	A				P	P	P	P		X		A	A	X
Side View	Side View	Side View													Side View
Top View	Top View	Top View													Top View
Side View	Side View	Side View													Side View
A	A	A				P	P	P	P		X		A	A	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	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."

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

29. BEACH OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.
Est weight of remains - 5½ 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

SIGNATURE

PAUL R. NICHOLS
Chief, Ident. Section

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3363-A (Formerly Unk X-210 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 10 Jan 48			
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3274	7. DATE OF DISINTERMENT 28 Nov 47	REINTERMENT 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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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- Skeletal chart and tooth chart attached.14. WAS BODY BURNED ? TO WHAT EXTENT ?
 YES NO15. WAS BODY MANGLED ? TO WHAT EXTENT ?
 YES NO

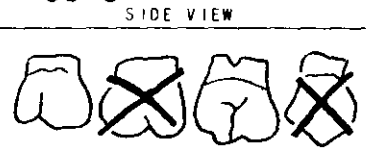
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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:



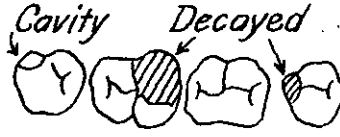
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
<i>H</i>	<i>H</i>	<i>H</i>				<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>X</i>		<i>H</i>	<i>H</i>	<i>X</i>
<i>O</i>	<i>O</i>	<i>O</i>											<i>O</i>	<i>O</i>	
Side View	Side View	Side View											Side View	Side View	Side View
Top View	Top View	Top View											Top View	Top View	Top View
Side View	Side View	Side View											Side View	Side View	Side View
<i>H</i>	<i>H</i>	<i>H</i>				<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>	<i>H</i>	<i>H</i>	<i>X</i>
<i>d</i>	<i>d</i>	<i>d</i>											<i>d</i>	<i>d</i>	
<i>f</i>	<i>f</i>	<i>f</i>											<i>f</i>	<i>f</i>	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

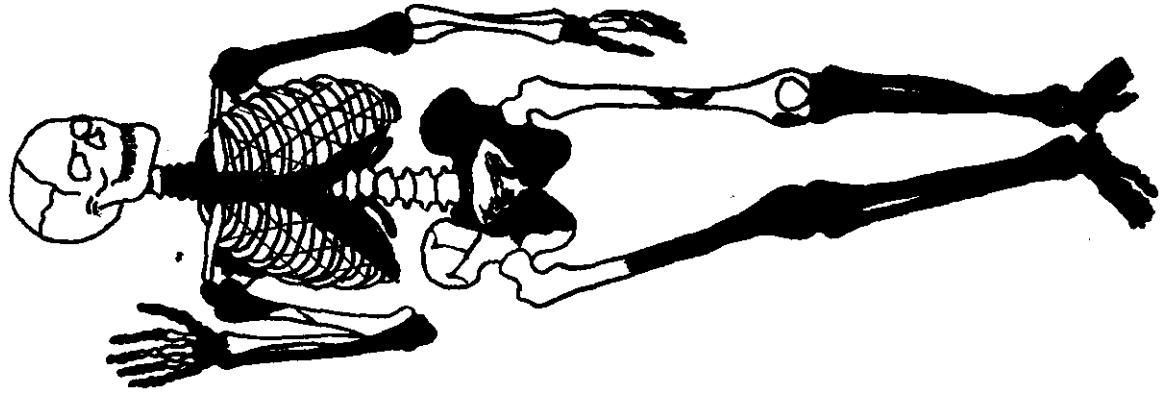
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

/s/ John J Cannors

X-3363-A

19. BLACK OUT PARTS OF BODY NOT COVERED



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

I Certify that the Group Remains Consist 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

While processing (Former X-210 Leyte Cem.) we found two (2) remains segregated them into A and B. Upon processing X-3363-A, no ROI bottle, I.D. tags, personal effects or other means of identification received with remains. Estimated weight 5½ lbs. Skull is 21 inches in circumference. Unable to determine the physical height due to the fracture of major bones.

Ulna- 26 cm.
Radius- 24.3 cm.

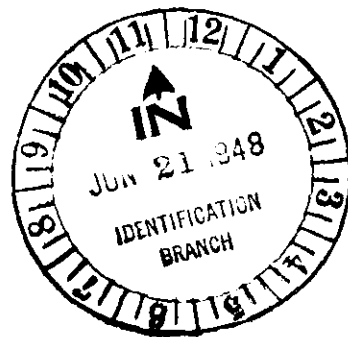
CERTIFIED TRUE COPY:

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.
CEP Lab., Manila, P.I.

SIGNATURE
/s/ Edward F. Moriarty



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

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

STORAGE

DATE OF REPORT

19 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3363-X (Formerly Unk X-210
USAF Cemetery Leyte #1, P.I.)

SERIAL No.

Unknown

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
Estela, Panoan
Island, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

30 Oct 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)

See remarks

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

IGRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL
STORAGE
14 Jan 48

HOUR
1300

BURIED IN (Shroud, blanket, or name of other)
STORAGE
Casket

TYPE OF GRAVE
MARKER
None

PLOT No.
YANGER
813

ROW No.
BAF
J

GRAVE No.
CRYP
3274

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.
5330

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) STORAGE
Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)
Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)
STORAGE
UNKNOWN X-3369

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYP
3276

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORAGE
UNKNOWN X-3360

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYP
3272

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

AQUINO T/5 QMC

L S PANOP IO, 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 3.— UNIDENTIFIED REMAINS.


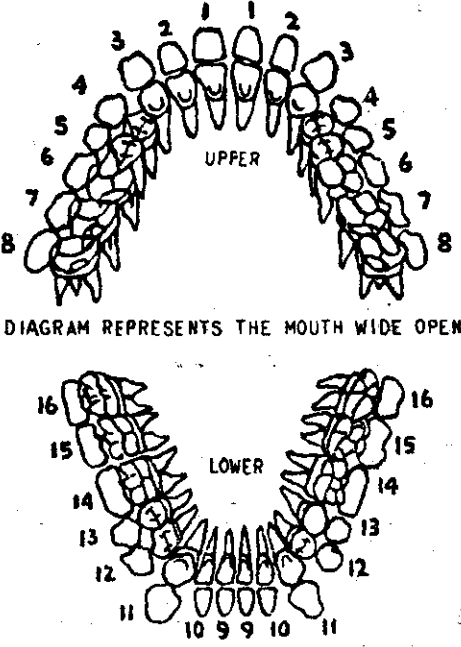




INSTRUCTIONS:

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

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

REMARKS: In processing formerly Unk X-210 USAF Cemetery Leyte #1, P.I., at CIP, Manila, remains of two (2) bodies were found and according to their bone structures were segregated and assigned as Unks X-3363-A

REMARKS: (subject case) and X-3363-B, AGRS Mausoleum, Manila. Cross reference subject remains with Unk X-3363-B, AGRS Mausoleum, Manila.

10 MAY 1948

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

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

HHB RESTRICTED

RE
REPORT OF INTERMENT

N2331

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN SAILOR X-210

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Estela, Panoan Island, P. I. 30 Oct 1944 KIA
(Place of Death) (Date of Death) (Cause of Death)1600 hrs 27 Aug 1945 USAF Cemetery Leyte # 1, P. I.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)5330 Reg Cross Buried with body
Attached to marker
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Metal tag buried with remains and attached to Marker.

Protestant
Catholic
Hebrew

Disinterred from Estela City Cemetery, Panoan Island, P. I.

(UNKNOWN X-3)
Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25e (2)
TM 10-630)

Place X mark
below when
prints are of
left hand



Tooth chart attached—Taken on disinterment.

Thumb

1

2

3

4

List of personal effects and disposition of same

NONE

(Name, rank, organization, grave numbers of bodies buried on either side):

On Right— UNKNOWN X-211

5331

On Left— UNKNOWN X-209

5329

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

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

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

REGISTER OF DENTAL PATIENTS AT

UNKNOWN SAILOR E-210

(1) SURNAME (2) CHRISTIAN NAME

Grave 5330, USAF Cometary

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

Loyte # 1, P. I.

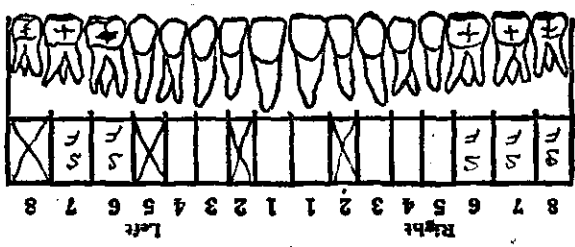
(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

				(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
				(12) RESULTS AND REMARKS
Upper Rt 6, 7	8-silver filling			
Upper Rt 2, 3	8-silver filling			
Upper lft 2, 3	8-missing			
Upper lft 6, 7	7-silver filling			
Lower Rt 14, 15	16-silver filling			
Lower lft 13, 14	15-silver filling			
Lower lft 16	16-missing.			

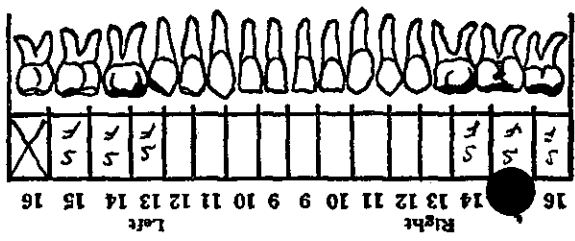
S/Sgt John E. Bobis
S/Sgt John E. Bobis, GRS

***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy
 Periodontoclasia
 Dental foci suspected: Yes No
 Other conditions

S/Bgt John E. Bobis, GRS

Date **27 Aug** 19**45**

*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



Graves Registration
Form No. 1
(Revised May 11, 1943)

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

U165

Unknown X-3

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Estela, Panaon Island, P.I.			30 Oct. 44	KIA - Cause Unknown	
(Place of death)			(Date of death)		(Cause of death)
2 Nov 44			Isolated Burial	(1250-1390; 1210-1370)	Map Ref.
(Time and date of burial)			(Name of cemetery)		(Name or co-ordinates of location)

Central Philippines N936-E12442/1; Sheet 5 of 5 sheets; Scale: 1:250,000

Buried in civilian cemetery at Estela (GRAVE 7 - ROW 4)

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation Y-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: Unknown			

(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	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	(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

1047
(21)

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 :

Is tooth chart attached ?

Wear glasses ?

Number of rifle :

Laundry marks :

Apparent nationality :

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : On drawers were initials P.I.P. Life

Jacker (Mae West style) having R.O., Mac, Sez, Correll, Sue, Helen, Gilm. on it.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

A CERTIFIED TRUE COPY:

Chest covered with much

reddish hair

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH

OF THE LOCATION ORIENTED WITH PERMANENT

LANDMARKS.

/s/ O.B. Rodgers
/t/ O.B. Rodgers, Capt, OMC, 32nd Inf

(Signatures of officer or other person reporting burial)

/s/ Phillip G. Meili

/t/ Phillip G. Meili, Lt. RA

(Verified by Army GRS Officer)

THUMB

1

2

3

4

LEFT HAND

THUMB

2

3

4

RIGHT HAND

RECEIVED
13 JUN 1945

MARTIN D. LEWIS, Capt, OMC