

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unkl Lett #1 X-22

SUBJECT

Also 293 unkl Manila Manila Y-3658

293 - Unk. P. I. (Misc.) ( Maus. Manila) ( X-3760, X-3659, X-3720, X-3657,  
X-3709, thru X-3711, X-3748A  
X-3750, X-2252, X-2282, X-2,  
X-3819

QMGM 293  
GRS Far East

12 January 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 findings of unidentifiability for the following Unknown Deceased:

Unknown	X-3766,	AGRS Maus. Manila, formerly	X-14,	USAF Cem. Leyte #1
"	X-3709,	" " " "	X-15,	" " "
"	X-3720,	" " " "	X-17,	" " "
"	X-3657,	" " " "	X-20,	" " "
"	X-3710,	" " " "	X-21,	" " "
"	X-3658,	" " " "	X-22,	" " "
"	X-3748-A,	" " " "	X-23,	" " "
"	X-3659,	" " " "	X-24,	" " "
"	X-3711,	" " " "	X-25,	" " "
"	X-3750,	" " " "	X-242,	" " "
"	X-2252,	" " " "	X-534,	" " "
"	X-2282-A,	" " " "	X-594,	" " "
"	X-2	" " " "	X-127,	USAF Cem. Finsch. #2, N.
"	X-3819,	AGRS Mausoleum, Manila, P. I.		

2. Recommendations for unidentifiability have been approved by this Office. Request your records be amended accordingly.

3. Certificate of Unidentifiability, your headquarters, dated 9 December 1949, for Unknown X-5216, AGRS Mausoleum Manila has been suspended. The records of this Office indicate that QMC Form 1042 is not on file for this Unknown Deceased, therefore, it is requested that a Report of Storage be forwarded as soon as practicable.

FOR THE QUARTERMASTER GENERAL:

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

COPY: mfs

X 293 Unk. P. I. X-3658 (Maus. Manila)

1. FILE UNDER NO. 293 - Unk. Philippine Islands X- 3658 (Manila, Maus.)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 7 Oct 49  
4. FROM: OQMG  
5. TO: CG, Philippine Command, APO 707, San Francisco, Calif.  
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED UNDER NO. 293 - GRS, Far East (C)

mfs

**INSTRUCTIONS.—**Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

/bpa  
**1**  
/add

Interred 31 Jan 1950  
A 4 57 Ft. McKinley  
*Carl R. H. Mark*  
**CARL R. H. MARK**

**DISINTERMENT DIRECTIVE**

**Cemetery Superintendent**  
SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7740 00043**

DATE  
**15 09 48**  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
**UNKNOWNX-000022** **0** **0** **6**

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
**LEYTE NO 1 P I** **560** **7701 80**  
CODE DIST. CTR.

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE  
**FT. MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
**UNK X - 000022** **UNK X - 3658 (Maus)** **29 Sept 48**

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS **UNKNOWN** **ALEXANDER P PETTICE**  
 MARKER **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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

**2 Tags - UNK X - 3658 (Maus).**

REMAINS PREPARED AND PLACED IN CASKET

DATE **29 Sept 48** BY **ALEXANDER P PETTICE**

CASKET SEALED BY **ALEXANDER P PETTICE** EMBALMER (Signature) **s/ Alexander P Pettice**

CASKET BOXED AND MARKED DATE **29 Sept 48** BY **WEYMAN L McGUIRE SGT., MC** SHIPPING ADDRESS VERIFIED BY **CORSINE C KAYANAN, 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.

**s/ Corsine C Kayanan, 1st Lt., Inf**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
**17 FEB 1950**  
**REINTEGRATION BRANCH**  
**218**

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE <b>JAN 31 1950</b>

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 22, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 560, 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:



H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 3 Jan 1950 OQMG  
Not identifiable from  
information presently 12 Jan 1950  
available Ed Hayes

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3658 (Formerly UNKNOWN X-22 Leyte #1)</b>				2. DATE OF REPORT <b>3 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>V</b>	<b>5420</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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

**U T D**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

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

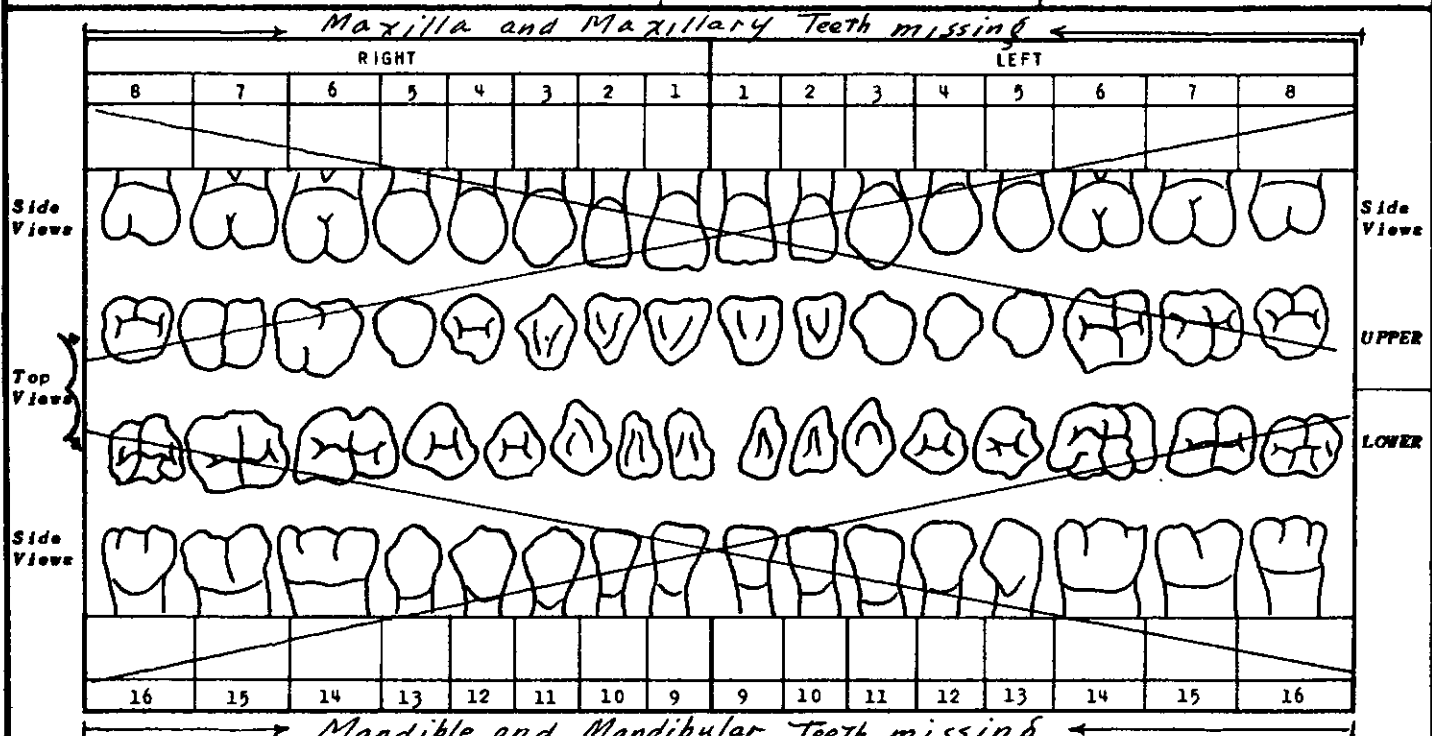
**None**

**"UNIDENTIFIABLE"**

**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*112*

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>↙ Tooth Missing ↘</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	



**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 and mandible missing. No loose teeth found with remains.

*Paul R. Nichols*

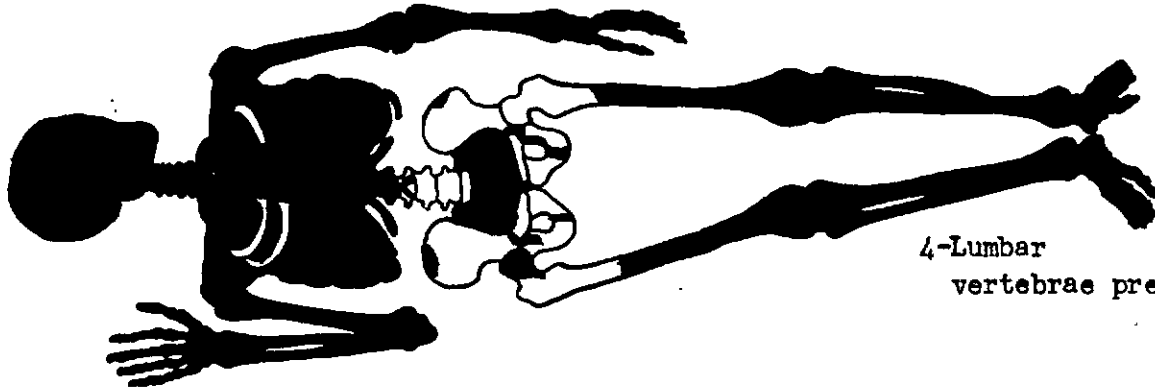
**"UNIDENTIFIABLE"**

PAUL R. NICHOLS  
Chief, Identification Sec

**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**



19. BLACK OUT PARTS OF BODY NOT REQUIRED



4-Lumbar  
vertebrae present

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 - 1½ lbs.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Identification Sec

SIGNATURE

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3658 (Formerly UNK X-22 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 10 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT MANGER BAY CRYPT 812	5. ROW U	6. GRAVE 5420	7. DATE OF DISINTERMENT 24 Dec 47 REINTERMENT STORAGE 11 Feb 48	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute ID tag with the following information:  
UNKNOWN X-22.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D - Due to condition of remains.

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ?
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15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? To such an extent the height could not be determined.
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

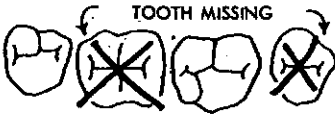
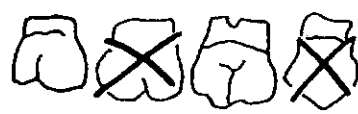
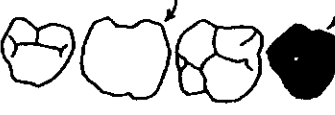






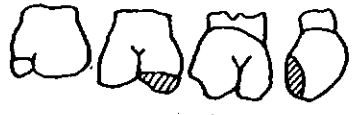
N O N E

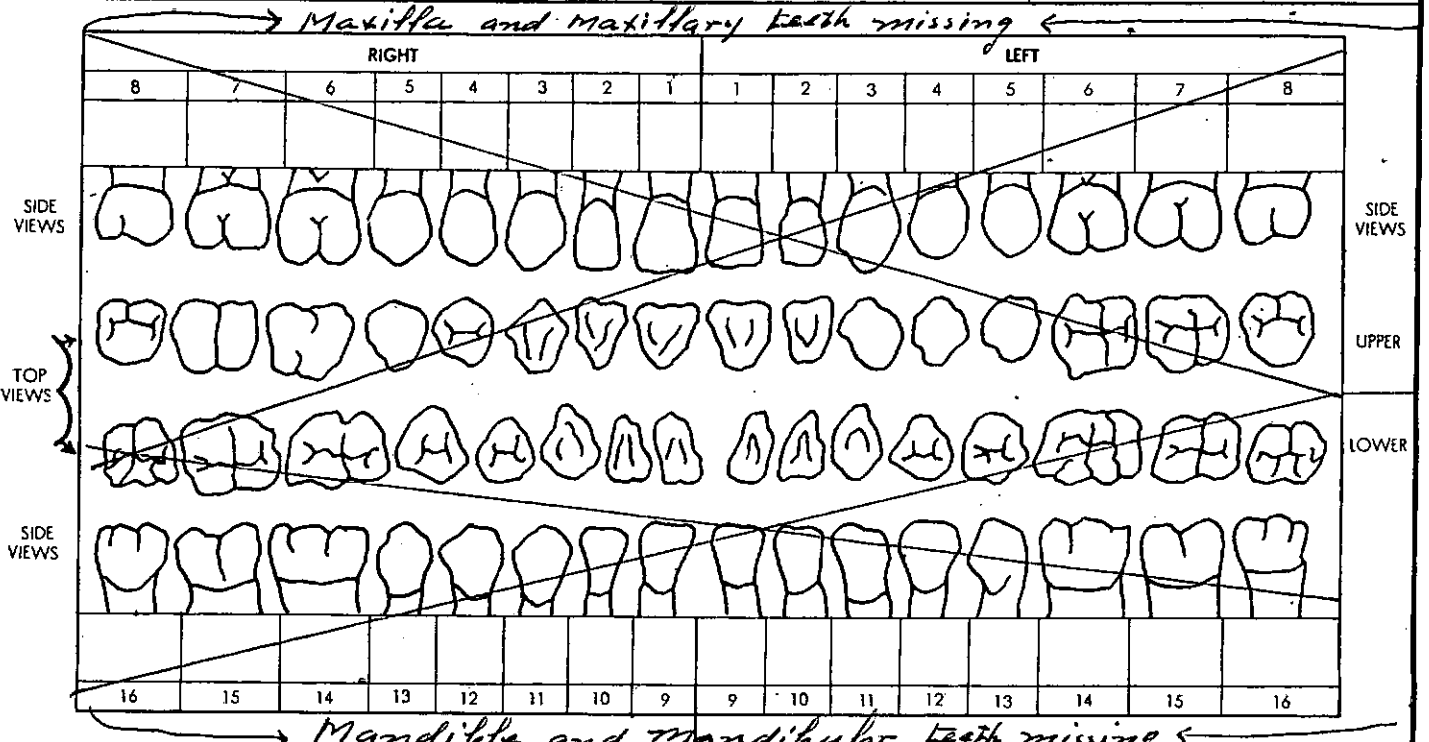
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

18.

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	



**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 and mandible missing. No loose teeth found with remains.

CERTIFIED TRUE COPY:

*G. T. Gamboa*

G T GAMBOA  
2d Lt MSC

/s/ John J Connors  
/t/ Robert F Stevenson

## 19. BLACK-OUT PARTS OF BODY NOT RECOVERED



4-Lumbar  
vertebrae  
present

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 tag or burial bottle found with remains.  
Height and circumference of skull unable to determine  
due to condition of remains. (Skull missing). Estimated  
weight of remains is 1½ 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/ ROBERT F STEVENSON (Ungraded)  
CI<sup>P</sup> Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F Stevenson

X-3658

DMO Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

Date

8 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

Serial Number

UNKNOWN X-22

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

560

2. Date of Disinterment

24 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in shelter halve burial. Tags found on remains and on marker coincide with ROI on file.

Skeletal incomplete. Missing: Skull and some major bones.

4. What Identification Found at Time of Disinterment: On Marker

Sub tag

On Remains

Sub tag

What Identification Used Upon Reinterment: On Marker

Held for Concentration

On Remains

Sub tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



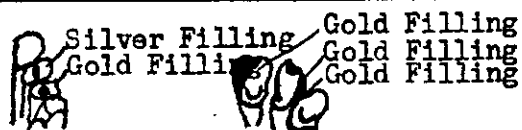
Crowned Teeth



Bridgework



Fillings



Caries (Cavities)

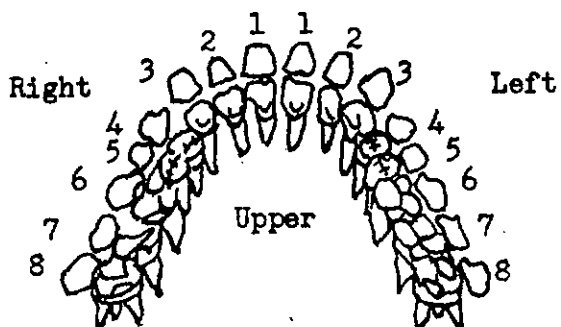
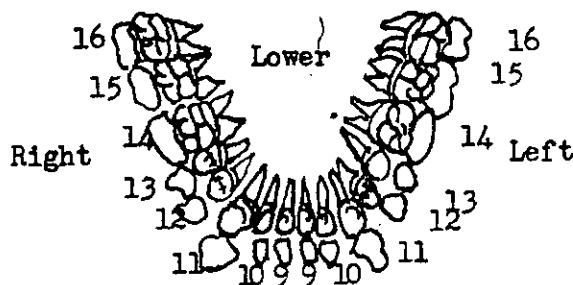
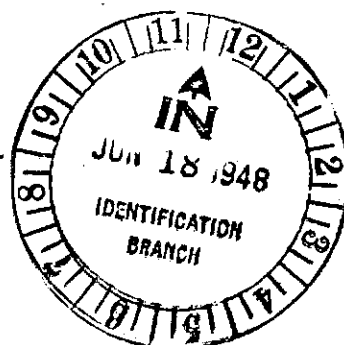


Diagram represents the mouth wide open

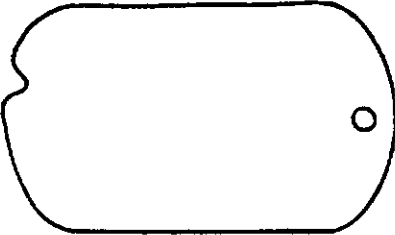


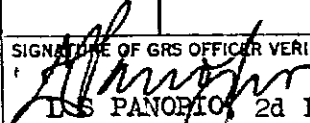


Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



NY-0887C-5

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)				REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 20 Feb 48	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.						SERIAL NO.
		NAME (Last, first, middle initial) UNKNOWN X-3658 (Formerly UNK X-22 USAF Cem Leyte #1, P.I.)						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 San Pedro Bay, Layte, P.I.		CAUSE OF DEATH KIA - bomb hit-severe burns on head and body.				DATE OF DEATH 27 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)  						
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 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. CRYPTI 5420		
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. 560
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-3659			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPTI 5421		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORAGE UNKNOWN X-3657			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5419		
SIGNATURE OF PERSON PREPARING REPORT  O. AQUINO, T/5, QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOBIO, 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.**


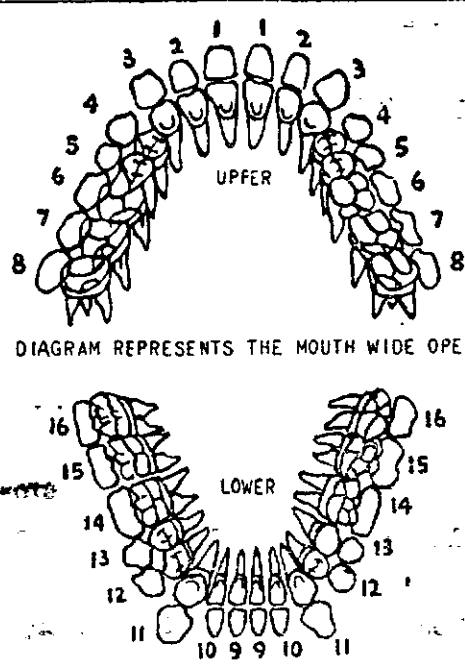




**INSTRUCTIONS:**

(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:

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

**19 MAY 1948**



IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

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

8692  
102 8692

UNKNOWN X-22

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

San Pedro Bay, Leyte, P.I. 27 October 1944 KIA-bomb hit-severe burns  
(Place of death) (Date of death) on head and body.

1100 hrs 11 June 1945 USAF Cemetery Leyte #1, P.I.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

560

(Grave number) (Row number) (Plot Number) Reg. Cross  
(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 Palo #5, Leyte, P.I. Grave 51 (X-16)  
Metal tag buried with body and attached to marker.

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

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

Body buried on RIGHT HABOUSH, James G. 35 581 765 Tec 4 Hq Det, 6th Army 561  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-21 559  
(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:

Height: Apparent nationality:  
Weight: Laundry marks:  
Color of eyes: Number of rifle:  
Color of hair: Wear glasses?  
Race: Is tooth chart attached? **No; decapitation**  
(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.

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

(Signature of officer or other person reporting burial)

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

(Verified by Army GRS)

LEFT HAND

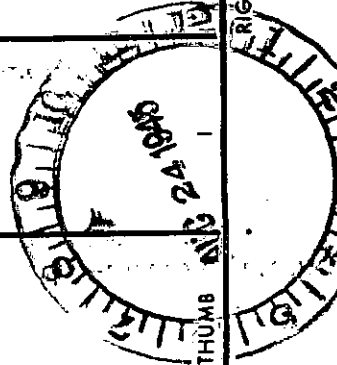
2

1

THUMB

RIGHT HAND

THUMB



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

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

27 Jan 45

3692

UNKNOWN X-16  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
San Pedro Bay, Leyte Island, P.I. 27 October 1944 KIA-Bomb hit-severe burns on  
(Place of death) (Date of death) (Cause of death)  
head and body  
1615-27 October 1944 USAF Cem. Palo No. 5, P.I. (Temp) (57.2-51.3)  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
Map 4544-I-SE Kabalwan SE, Leyte, Province P.I.

51 2  
(Grave number) (Row number) (Plot number) Regulation V-shaped  
(Type of marker—Regulation V-shaped or other)  
Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Religion

Repo t containing available information, as indicated hereon (on reverse side), en-  
closed in identification bottle buried with body. Same data indicated on marker.

(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 <u>RIGHT</u>	<u>UNKNOWN X-17</u>			<u>52</u>	
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <u>LEFT</u>	<u>Haboush, James C.</u>	<u>35 581 765</u>	<u>T/4</u>	<u>Hq Det 6th Army</u>	<u>50</u>
	(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

N

(21)

179

CONFIDENTIAL

**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 : Not determin.      Apparent nationality Not determin.  
 Weight Not determin.      Laundry marks : Not determin. - None  
 Color of eyes : Not determin      Number of rifle : No Rifle  
 Color of hair : Not determin      Wear glasses ? Not determin.  
 Race : Not determin.      Is tooth chart attached ? No.

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

In space below, locate and describe any scars, birthmarks, moles deformities, etc.: **Body so severely burned as to make identification impossible. Fingerprints and dental chart not practicable.**

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: **Death occurred as a result of bomb hit possibly on USS LST #552. No information on EMT- except: Unidentified KIA Body and head burns. Date: 27 Oct. 1944.**

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

**RECEIVED  
13 JAN 1945**

*Chris J. Berlo*

apl., CHRIS J. BERLO, 1st Lt. (Signature of officer or other person reporting burial)

*George Summers*

GEORGE SUMMERS, Capt., MC (Witness by Army/GRS Officer)