

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. depts # 1 X-226

SUBJECT

Also Manila mens. X-3370

QMC FORM 1121
1 AUG 45

400 2 023
AGS Form 8 54

4 JUN 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-3369,	AGRS Maus. Manila,	formerly X-224,	USAF Cem. Leyte #1
" X-3370,	" " " "	" " " "	" " " "
" X-3795,	" " " "	" " " "	" " " "
" X-4620,	" " " "	" " " "	" " " "
" X-4909,	" " " "	" " " "	" " " "
" X-4937,	" " " "	" " " "	" " " "
" X-4938,	" " " "	" " " "	" " " "
" X-4940,	" " " "	" " " "	" " " "
" X-4941,	" " " "	" " " "	" " " "
" X-4942,	" " " "	" " " "	" " " "

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

FOR THE QUARTERMASTER GENERAL:

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

**E.A.KAZUP:lrc
Salser
JW
cc--Administrative Section
cc--CINCPAC**

[Handwritten notes and signatures in the bottom right corner]

GRPZ 293

6 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at 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-3369	AGRS Mslm	UNKNOWN X-4937	AGRS Mslm
X-3370	" "	X-4938	" "
X-3795	" "	X-4940	" "
X-4620	" "	X-4941	" "
X-4909	" "	X-4942	" "

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
1st Lt., Infantry
Adjutant

10 Incls
QMC Forms 10ee w/Certificates
of Unidentifiability

1. FILE UNDER NO. 293 - Unk P.I. X-226 Leyte #1

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **24 Jan 50**
4. FROM: **OOB**
5. TO: **CO ACES FE APO 900 c/o FE San Francisco, Calif.**
6. SUBJECT: **Identification of World War II Document**

*True copy of authenticity of
documents are approved by this office.*

7. DOCUMENT FILED UNDER NO. 293 - Unk P.I. (Misc) Misc. Serials X-3369 X-3370 X-3775 X-4620 X-4909 X-4937 X-4938 X-4940 Misc X-4942

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.

1

/ebc

Interred 16 Feb. 1950
N 11 183 F McKinley

DISINTERMENT DIRECTIVE

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00232

DATE

15 09 48
DAY MONTH YEAR

NAME

UNKNOWNX-000226

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

LEYTE NO 1 P I

PLOT

ROW

GRAVE

5599

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

X-226

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

11 Feb '50

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

GERARD A BRICK
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

X - 3370 Maus.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Feb 50

BY GERARD A BRICK

CASKET SEALED BY

GERARD A BRICK

EMBALMER (Signature)

GERARD A BRICK

Gerard A Brick

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 11 Feb 50

BY RAYMOND H TANGUAY, Sgt 1c RA

L. W. RICHARDSON, M/Sgt. RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt. RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
3 MAR 1950
REPATRIATION
BRANCH
WEST H. 11/2/50

1800

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS Mausoleum

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FEB 16 1950

W. J. ...

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

HEADQUARTERS
FEDERAL BUREAU OF INVESTIGATION
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-226, Plot _____, Row _____, Grave 5599, USMC USAF Gen 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, OMC
Chief, Records Branch

Atch: Form 1044

Received 19 Jan 1950 OQMG
Not Identifiable from
information presently
available 20 Jan 1950

Ed Kravup

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3370 (Formerly Unk X-226 USAF Cemetery Leyte #1, P.I.)	2. DATE OF REPORT 5 January 1950
--	-------------------------------------

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3277	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 3"	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

None

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

18. TOOTH CHART	
<p>MISSING TEETH: 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>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>

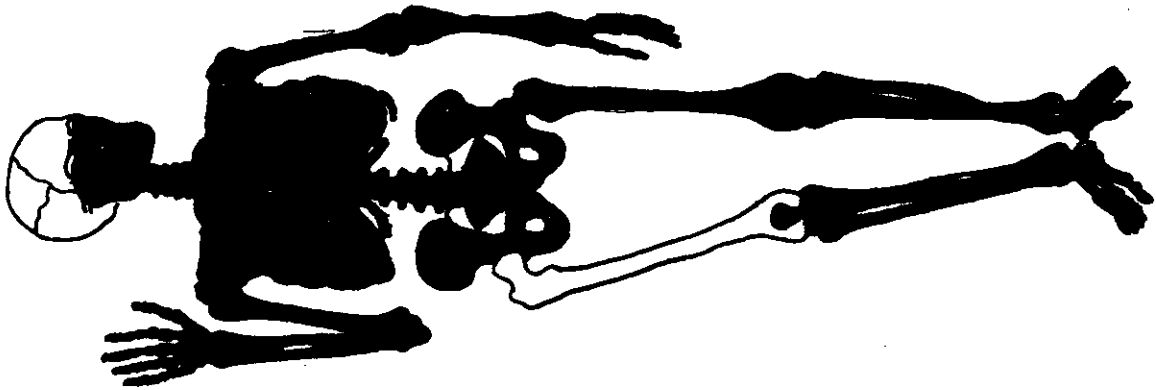
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	a	x	i	L	L	a			M	i	s	s	i	n	g
Side View								Side View							
UPPER								UPPER							
LOWER								LOWER							
Side View								Side View							
M	a	n	d	i	b	l	e	M	i	s	s	i	n	g	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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: Both maxillary and mandibular teeth not found with the remains.

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

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 I.D. tags, personal effects, burial bottle or other
means of identification. Estimated weight of remains 2 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
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			X-3370 (Formerly Unk X-226 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT		10 Jan 48	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
AGRS Mausoleum, Manila, P.I.				813	J	3277	DISINTERMENT		REINTERMENT
							25 Nov 47		STORAGE 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	5' 3"	UTD	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

None

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

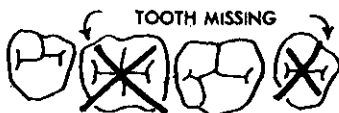









16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

18. TOOTH CHART

<p>MISSING TEETH: 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>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	A	X	I	L	L	A			M	I	S	S	I	X	S
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
M	A	N	d	I	b	L	E		M	I	S	S	I	X	S
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."

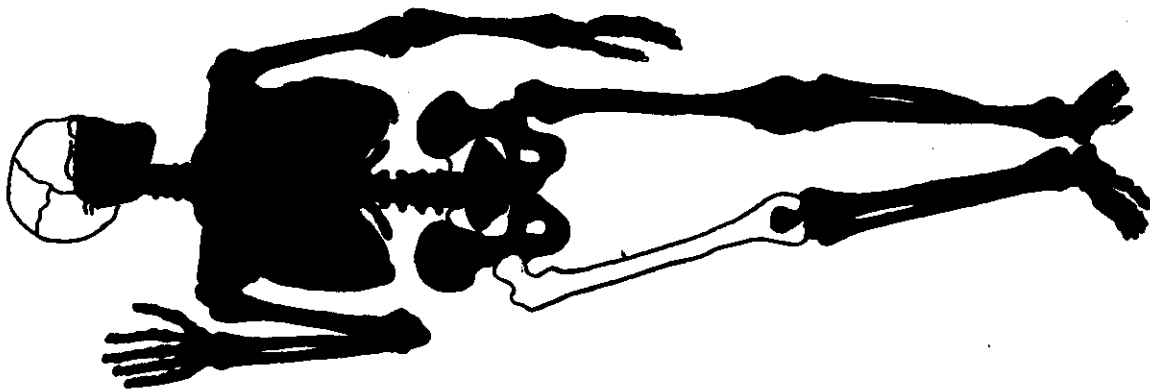
REMARKS: Both maxillary and mandibular teeth not found with the remains.

CERTIFIED TRUE COPY: *G. T. Galboa*
 G. T. GALBOA
 2d Lt., MSC

s/ P. Mijica

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 I.D. tags, personal effects, burial bottle or other means of identification. Circumference of the skull 22 inches. Estimated weight of remains 2 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/ BYRON DONALDSON, SP-6 C-063248
 CIP Laboratory, Manila, P.I.

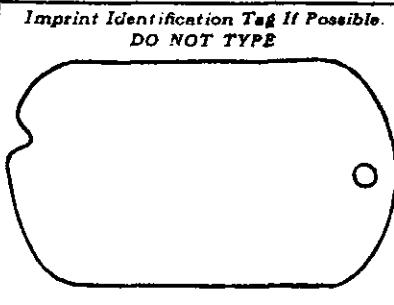
SIGNATURE

s/ Byron Donaldson

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

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

DATE OF REPORT
19 Jan 48



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3370 (Formerly Unk X-226
USAF Cemetery #1, Leyte, 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
British North Borneo

CAUSE OF DEATH
Unknown

DATE OF DEATH
Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)
None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)
Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3277
-----------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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.
		5599

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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3372	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3279
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3363-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3275
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT
A. S. AQUINO, T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
A. 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.

201 393

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

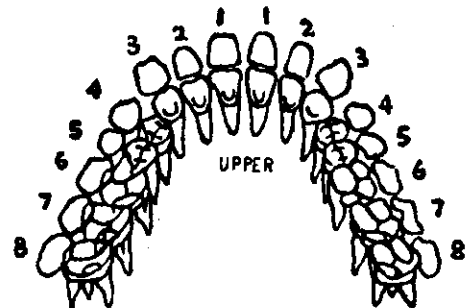
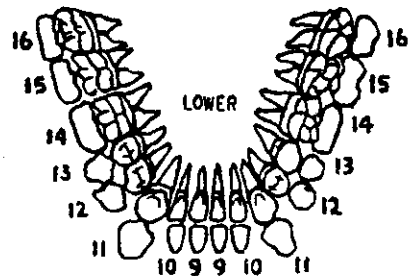
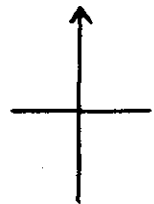


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

QMC Form No 1044, 1044-A and 1044-B accomplished.

12 MAY 1948

RIGHT
LITTLE FINGER

RIGHT
RING FINGER

RIGHT
MIDDLE FINGER

RIGHT
INDEX FINGER

RIGHT
THUMB

LEFT
THUMB

LEFT
INDEX FINGER

LEFT
MIDDLE FINGER

LEFT
RING FINGER

LEFT
LITTLE FINGER

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF INTERMENT

U445

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

(Par. 21d - TM 10-630)

X-226

UNIDENTIFIED American Skull,

(Last Name)

(First)

(Initial)

(Serial No.)

(Rank)

(Organization)

British North Borneo

(Place of Death)

(Date of Death)

(Cause of Death)

1500 hrs. 4 October 45

(Time and Date of Burial)

USAF Cemetery Leyte #1, P.I.

(Place of Burial - Name and No. of Cemetery, if in a cemetery)

5599

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

Reg. Cross

Buried with body Attached to marker

(Identification Tags)

Protestant Catholic Hebrew

Metal tag buried with body and attached to marker.

Attention is invited to attached statement.

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)

incl

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



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

NONE

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

On Right— Morris, Howard P. Cpl. Co. C, 593EESR 5600

On Left— Unidentified, American Skull X-225 5598

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

William D. Rogers
WILLIAM D. ROGERS, 1st Lt., Inf.

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.

3rd Plat. 601st QM CO. GR
APO 705

Upon arrival at Labuan, Aug. 1st 1945, I was ordered by 1st Lt. Lagre, Plat. Leader, 3rd Plat., 601st QM CO. GR., to disinter at Labuan War Cemetery.

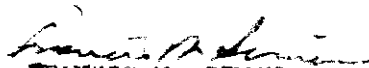
In one grave, were 3 bags of bones belonging to a number of bodies which three persons by the names of Lt. Cypret, Lt. Connely and Zak were suppose to be among, according to Australian GRS at Labuan. The remains were located at Kuala Penya, British North Borneo by the Australians. Inclosed is a Burial Return made by Hq. 9th Aust. Div.

At time of departure from Labuan, we were given 4 skulls with a few bones in four bags and the only information the Australians could furnish us was the fact that they were the bones of American personnel and were gotten on the main land of Borneo across from the island of Labuan. Only means of identification might be by a tooth chart.

This information was given me by 1st Lt. Lagre who instructed me to take these bodies and information to GRS at BASE K, Leyte, P.I.

Sgt. John J. Morcine. 13154424
Section Chief, 3rd Plat. 3rd Sect.
601st QM CO., GR.

Certified True Copy.


FRANCIS M. SIMON,
Capt. Quartermaster.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cam. Leyte #1, P.I.

Date 4 Oct. 45

1. Remains of X-226 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 4 October 45 From (give complete location): from USAF Cemetery Leyte #1, P.I.
By: Group Cpl Napoli Unit GRS

3. Reburied (date): 4 October 45 In (give complete location): USAF Cemetery Leyte #1, P.I.
By: Group Cpl Napoli Unit GRS Nature of reburial Blanket burial

4. Report as to nature of original burial and condition of body upon disinterment:
Blanket burial
Completely decomposed.

5. (a) Identification tags: Buried with body? Y On grave marker? Y
(b) Other means of identification found upon disinterment, and general remarks: All parts of body missing except Skull and Femur.

6. What does examination of body show as regards the following identifying items?
(a) Height (actual measurement) unable to determine.

(b) Weight (estimated) unable to determine

(c) Hair-Color unable to determine.

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

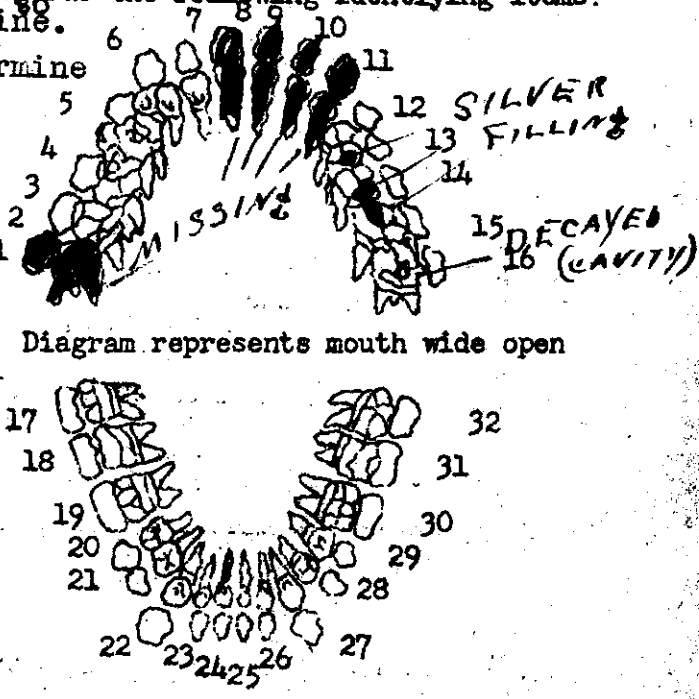


Diagram represents mouth wide open

MANDIBLE MISSING

7. Disinterment supervised by Martin Napoli Approved: William D. Rogers
Cpl Martin Napoli (Title) Graves Registration Officer
WILLIAM D. ROGERS, 1st Lt., Inf.

8. Reburial supervised by Martin Napoli Approved: William D. Rogers
Cpl Martin Napoli (Title) Graves Registration Officer
WILLIAM D. ROGERS, 1st Lt., Inf.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.






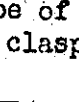
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity
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".		Decayed

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.