

FILE IDENTIFICATION TOPPER



FILE NUMBER	293
SUBJECT	Unk. Leyte #1 X-234
	Also Manila News. X-3371

GMC FORM 1121  
1 Aug 45

COMINT 293  
GRS Far East

28 October 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

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

Unknown I-2239 (formerly I-561, USAF Cemetery Leyte #1, P.I.)  
Unknown I-3455 (formerly I-344, USAF Cemetery Leyte #1, P.I.)  
Unknown I-3371 (formerly I-234, USAF Cemetery Leyte #1, P.I.)  
Unknown I-4192

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

FOR THE QUARTERMASTER GENERAL:

R. Little:jdk  
Salser  
JW  
cc: Admin. Sec.  
cc: Cinco

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

REB

TEC

COPY

GSGR 293.9

APC 707  
10 OCT 1949

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 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	Y-1159	AGRS	Mslm	UNKNOWN	Y-3371	AGRS	Mslm
"	X-1192	"	"	"	Y-3455	"	"
"	X-1398	"	"	"	Y-3836	"	"
"	X-1514	"	"	"	X-4192	"	"
"	X-1551	"	"	"	Y-4674	"	"
"	X-1672	"	"	"	X-4724	"	"
"	X-2239	"	"	"	X-4755	"	"
"	<del>X-2350</del>	<del>"</del>	<del>"</del>	"	X-4779	"	"
"	X-2413	"	"	"	X-4791	"	"
"	X-2452	"	"	"	Y-4928	"	"
"	X-2749	"	"	"	X-4932	"	"
<del>"</del>	<del>X-3310</del>	<del>"</del>	<del>"</del>	"	X-4933	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

24 Incls  
QMG Forms 1044 w/certificates  
of Unidentifiability

COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

21 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 234, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5644, 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:

*M. B. McNemar*  
M. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received *[Signature]* ..... OQMG  
Unidentifiable from  
\_\_\_\_\_ presently  
available 10/24/49 *[Signature]*  
*[Signature]*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3371 (Formerly UIC X-234 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3278	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'7 5/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
------------------------------	---------------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

15. WAS BODY MANGLED? <input 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)

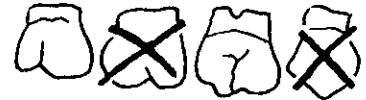
N O N E

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

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				Ⓟ			Ⓟ	Ⓟ	Ⓟ	Ⓟ					
Side Views								Side Views							
Top Views								Top Views							
cavity															
UPPER								LOWER							
Side Views								Side Views							
				Ⓟ		Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

**REMARKS:** All the teeth that are present are in very good condition, except R16 which has a small cavity on the occlusal surface.

**"UNIDENTIFIABLE"**

*Paul R. Nichols*

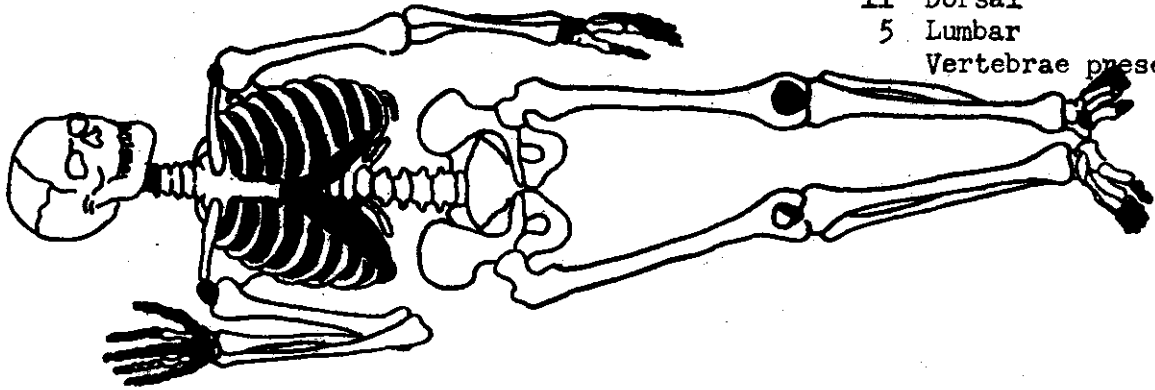
PAUL R NICHOLS

Chief, Identification Section

"BY REASON OF LOSS OF IDENTIFYING DATA"

19. BLACK OUT-PARTS OF BODY NOT DISCOVERED

- 24 Ribs
- 5 Cervical
- 11 Dorsal
- 5 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 - 8½ lbs.  
 Circumference of skull - 20½ inches.

**"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 Section

SIGNATURE

*Paul R. Nichols*

Interred 13 Oct 48  
 L 11 11 Ft. McKinley  
 Caremark  
**DISINTERMENT DIRECTIVE**  
 M.K.

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00239	DATE 15 05 48 DAY MONTH YEAR
NAME UNKNOWN		SERIAL NUMBER X-000234	RANK 0
CEMETERY USAF CEMETERY LEYTE NO 1		ARM 0	DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY
		5644	PHILIPPINE ISLANDS
			CAUSE OF DEATH 6

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

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME UNKNOWN X-234 (Maus) UNKNOWN X-3371	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU 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 1 Two (2) identification tags show (Mausoleum) UNK X-3371	

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 27 Sept 48 BY GEORGE SIMONEAU

CASKET SEALED BY GEORGE SIMONEAU	EMBALMER (Signature) <i>George Simoneau</i> GEORGE SIMONEAU
-------------------------------------	---

CASKET BOXED AND MARKED DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, Inf	SHIPPING ADDRESS VERIFIED BY CHARLES R BATES, 1st Lt, USAFR
--	--

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

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

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



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum TO Fort McKinley Military Cemetery

KIND OF CONVEYANCE Truck

NAME OF CONVOYER *[Signature]*

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

13 OCT 1949

2. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

(BY ADMINISTRATIVE ORDER)  
 SIGNATURE OF SHIPPER  
 FORT MCKINLEY CEMETERY

6. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM TO

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

● IDENTIFICATION DATA ●

1. REMAINS OF UNKNOWN <b>X-3371 (Formerly UNK X-234 USAF Cem Leyte #1, P.I.)</b>				2. DATE OF REPORT <b>10 Jan 48</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>3278</b>	7. DATE OF DISINTERMENT <b>25 Nov 47</b>
		HANGER BAY CRYPT		REINTERMENT STORAGE <b>14 Jan 48</b>	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT <b>5' 7-5/8"</b>		10. COLOR OF HAIR		11. RACE
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">None</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">U. T. D.</p>					
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  <p style="text-align: center;">None</p>					
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)  <p style="text-align: center;">None</p>					

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
				P			P	P	P	P					
<div style="display: flex; justify-content: space-between;"> <span>Side Views</span> <span>Side Views</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Top Views</span> <span>UPPER</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Top Views</span> <span>LOWER</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Side Views</span> <span>Side Views</span> </div>															
				P			P	P	P	P					
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."

\*... All the teeth that are present are in very good condition, except R-16 which has a small cavity on the occlusal surface.

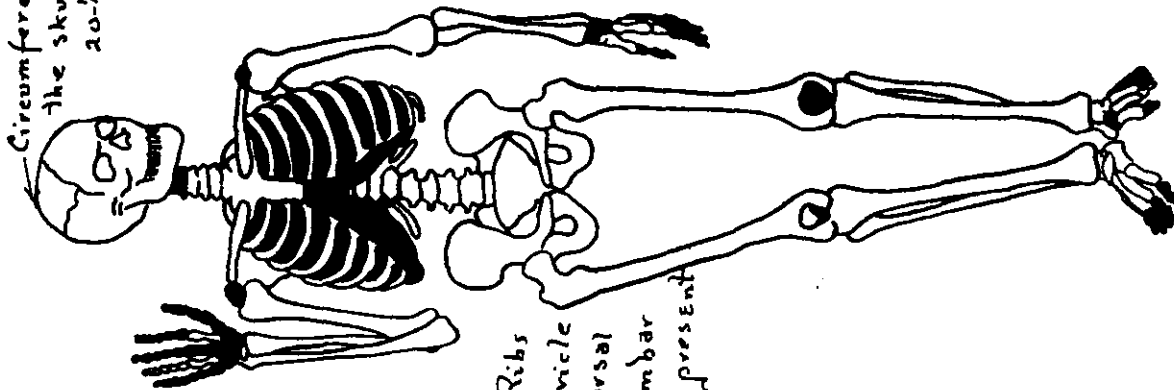
CERTIFIED TRUE COPY:

*G. T. Gamboa*  
**G. T. GAMBOA**  
 2d Lt., MSC

/s/ John H. Bennett Jr.  
 /s/ Clifford Evans DeBaptista, SP-6

19. BACK OUT PARTS OF BODY NOT RECOVERED

Circumference of the skull: 20 1/4"



24. Ribs  
5. Cervical  
11. Dorsal  
5. Lumbar  
Vert. present

L.R.

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 or burial bottle found with remains, or any other means of identification.

Approximate weight of remains is eight and one half (8 1/2) pounds.

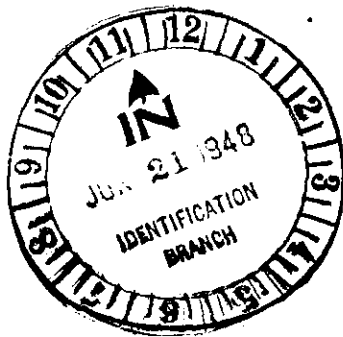
CERTIFIED TRUE COPY:

*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/ CLIFFORD E. DE BAPTISTE, SP-6  
CIP Laboratory, Manila, P.I.

SIGNATURE  
/s/ Clifford Evans De Baptiste, SP-6



/vel

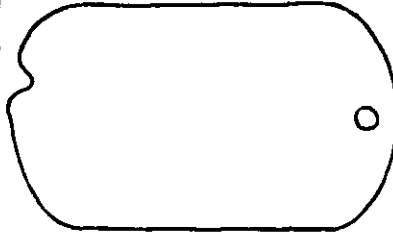
RESTRICTED

U-486

WD OMC 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-3371 (Formerly UNK X-234  
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

Capoocan, Leyte, P.I. KIA, shell burst

CAUSE OF DEATH

DATE OF DEATH

Jan 45

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 14 Jan 48	1300	STORFD Casket	None	813	HANGER BAY J	CRYPT 3278

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.
		5644

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) STORFD

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)

STORFD  
UNKNOWN X-3376-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

3280

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)

STORFD  
UNKNOWN X-3369

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

3276

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

A. C. AQUINO, T/5 QMC

L. S. PANOPIS, 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.

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.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER


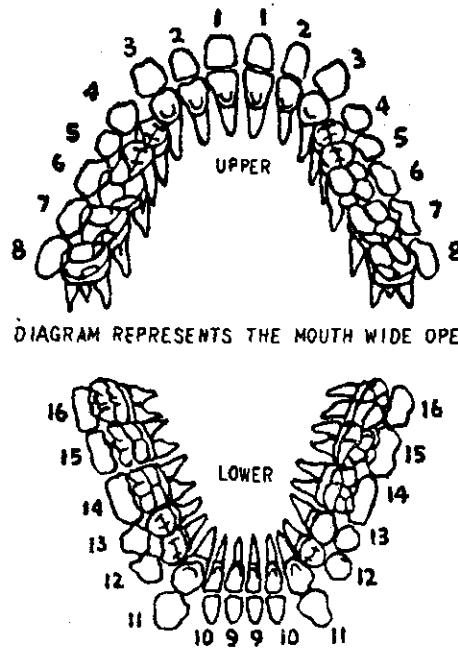




RIGHT  
LITTLE FINGER

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

Shoe size 8½ D

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 Nos. 1044, 1044-A and 1044-B accomplished.

**12 MAY 1948**

**19 MAY 1948**

1jt RESTRICTED

QMC Form  
No. 1-GRSRE-  
REPORT OF INTERMENT

U 486

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

(Par. 21d - TM 10-630)

UNKNOWN X-234

(Last Name)

(First)

(Initial)

(Serial No.)

(Rank)

(Organization)

Capoocan, Leyte, P.I.

(Place of Death)

? Jan 45

(Date of Death)

KIA, shell burst

(Cause of Death)

1000 hrs 26 Oct 45

(Time and Date of Burial)

USAF Cemetery Leyte #1, P.I.

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

5644

(Grave No.)

(Row No.)

Reg Cross

(Plot No.)

(Kind Grave Marker)

Buried with body Attached to marker 

(Identification Tags)

Protestant Catholic Hebrew 

Disinterred fr. Barrio of Capoocan, Leyte, P.I. (Isolated)

Metal tag buried with body and attached to cross

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)

(7)

Rec 562



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

Believed to be either: Albert Hickman or Theodore Palmer of 24th Div.

Effects: MI Cartridge and Cartridge belt, and a Jungle Med. Kit were  
buried with remains. Shoe: Size 8½D.

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

On Right— UNKNOWN X-235 5645

On Left— QUIGG, Charles W O-832889 and Lt, AC 5643

S/Sgt John E. Bobis, GRS

Signature of Officer or other person reporting Burial.

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

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.