

FILE IDENTIFICATION TOPPER

FILE NUMBER

245 Cont. Seyte #1 X-242

SUBJECT

Also Manila Mass X-3750

QMC FORM 1121
1 Aug 45

ORIG 208
ORS Far East

12 January 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following Unknown Deceaseds:

Unknown I-3768,	AGRS Mausoleum Manila, formerly X-14,	USAF Com. Loyde #1
" I-3769,	" " " " " X-16,	" " "
" I-3770,	" " " " " X-17,	" " "
" I-3687,	" " " " " X-20,	" " "
" I-3710,	" " " " " X-21,	" " "
" X-3688,	" " " " " X-22,	" " "
" X-3740-A,	" " " " " X-23,	" " "
" I-3689,	" " " " " X-24,	" " "
" I-3711,	" " " " " X-25,	" " "
" I-3760,	" " " " " X-26,	" " "
" X-2232,	" " " " " X-27,	" " "
" X-2233-A,	" " " " " X-28,	" " "
" X-2	" " " " " X-127,	USAF Com. Fincke #8, H.G.
" X-2619,	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-2216, AGRS Mausoleum Manila has been suspended. The records of this Office indicate that QSO 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:

E.A. Karpilov
Salsar

JW cc--Administrative Section cc--Cinofc

F. H. BERT
Lt Colonel, GSC
Memorial Division

HEB

TEC

GRPZ 293

APO 900
15 December 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 QM GMU 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-2	AGRS Mslm	UNKNOWN X-3710	AGRS Mslm
X-891	" "	X-3711	" "
X-892	" "	X-3720	" "
x-1331	" "	X-3748-A	" "
X-1338	" "	<u>X-3750</u>	" "
X-1967	" "	X-3766	" "
X-2115	" "	X-3819	" "
X-2252	" "	X-4176	Manila #2
X-2282-A	" "	X-4177	" "
X-3657	" "	X-4178	" "
X-3658	" "	X-4179	" "
X-3659	" "	X-5216	AGRS Mslm
X-3709	" "		

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

FOR THE COMMANDING OFFICER:

25 Incls

QMC Forms 1044/w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

1. FILE UNDER NO. 293 - Unk. Philippine Islands X- 3750 (Manila, Maus.)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter**

3. DATE: **7 Oct 49**

4. FROM: **OMG**

5. TO: **CG, Philippine Command, APO 707, San Francisco, Calif.**

6. SUBJECT: **Identification of World War II Deceased**

*Recommendation of Field and District of Manila
and a general inquiry of letters in*

7. DOCUMENT FILED
UNDER NO. **293 - OMS, Far East**

(0)

mf's

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.

AKSFBJ

Interred 22 March 1950
E 1 Ft. McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 08662

DATE
15 04 49
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWN X-000242		Q	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
LEYTE NO 1 P I			448	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FORT 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
UNKNOWN X-242				18 Feb 50

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION
X-3750 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER
18 Feb 50	PAUL R NICHOLS	<i>Paul R. Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
RAYMOND H TANGUAY DATE 18 Feb 50 BY 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
embalmed

188

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM		TO		US MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>W. E. ...</i>	
DATE				DATE		MAR 2 1950	
1. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
8. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				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- 242, Plot _____,
Row _____, Grave 448, 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:



E. McENEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 3 Jan 1950 OQMG
Not identifiable from
information presently
available Edwards
10 Jan 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3750 (formerly Unk X-242 Leyte #1)			2. DATE OF REPORT 8 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	W	5734	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9½"	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

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

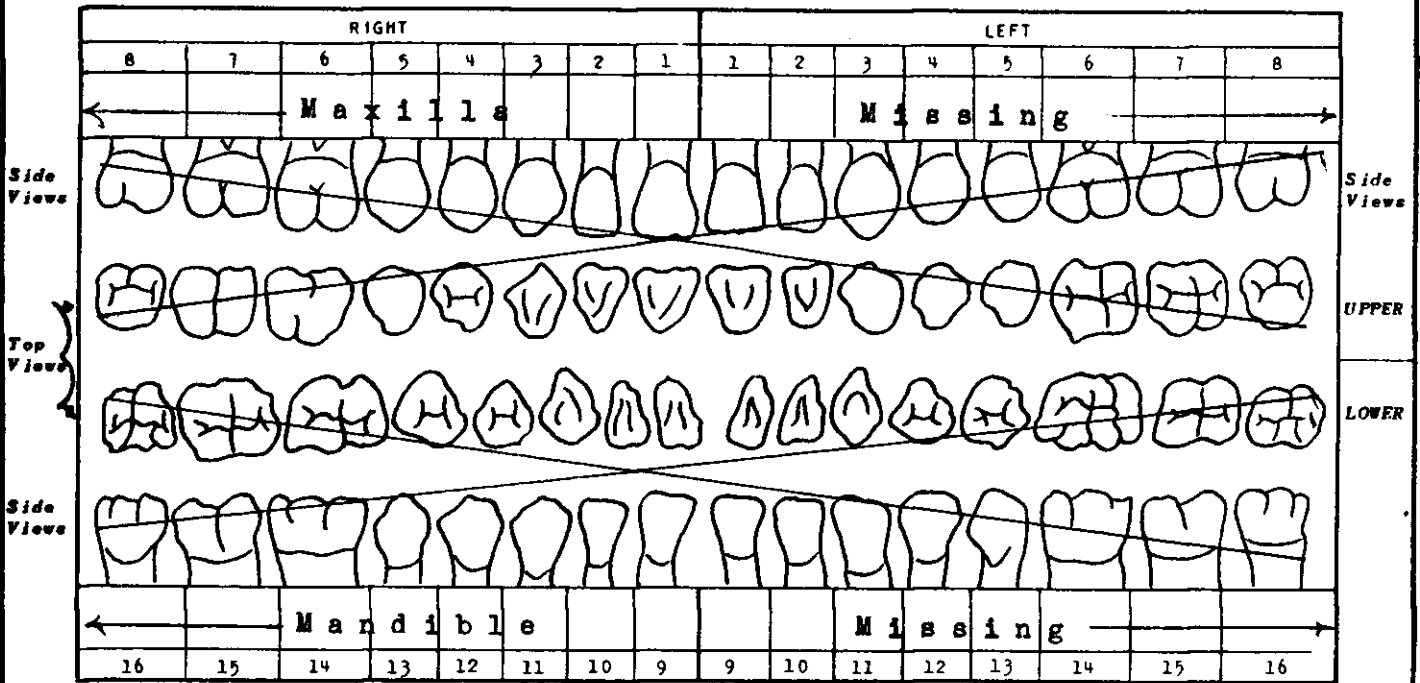
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

L16 is found loose.

"UNIDENTIFIABLE"

Paul R. Nichols

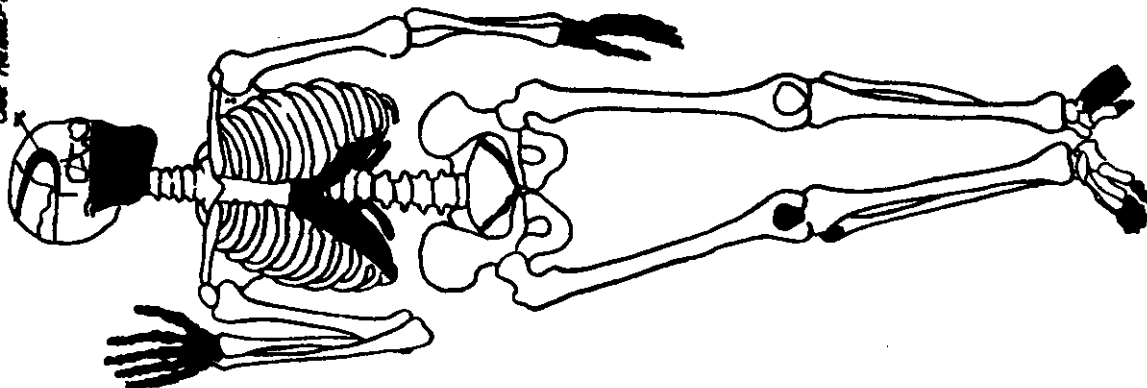
PAUL R. NICHOLS

Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

See Remarks



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 - 8 lbs.

Skull shows evidence of having autopsied.

"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, Iden Sec

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3750 (Formerly UNK X-242 USAF Cem #1, Leyte, P.I.)				2. DATE OF REPORT 13 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT RANGER BAY CRYPT		7. DATE OF	
		5. ROW 812	6. GRAVE 71	DISINTERMENT 23 Dec 47	REINTERMENT STORAGE 14 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9½"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	------------------------------	--------------------------	-----------------

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 - Due to condition of remains.

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 ?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


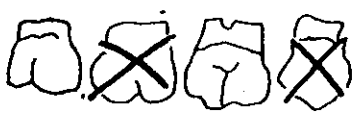
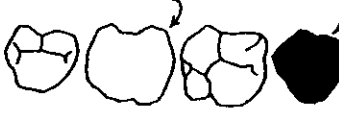

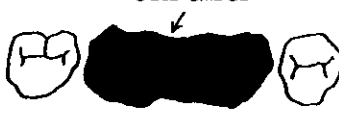

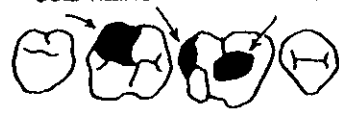



N O N E

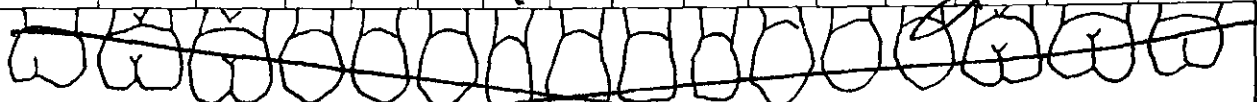


17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

18.

TOOTH CHART

<p>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
	<i>Maxilla</i>								<i>Missing</i>							
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	MANDIBLE								MISSING							

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: No maxilla nor maxillary teeth found with remains. Mandible missing. I16 of mandibular tooth is present.

CERTIFIED TRUE COPY:

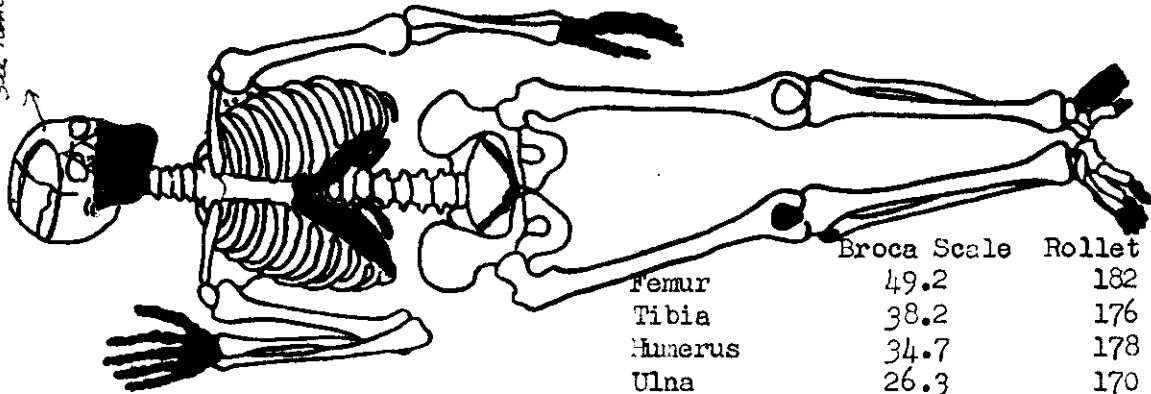
G. A. Gamboa

G T GAMBORA
2d Lt MSC

/s/ Joseph D Murphy. T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

See Remains



	Broca Scale	Rollet Table
Femur	49.2	182
Tibia	38.2	176
Humerus	34.7	178
Ulna	26.3	170
Radius	25.0	174

Average length in cm. 176 or 5'9½"

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

No ID tags or ROI bottle found with remains.
No personal effects found. Skull shows evidence of having autopsied. Estimated weight of remains is 8 lbs.

CERTIFIED TRUE COPY:

G. T. Galboa

G T GALBOA
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
CIP Laboratory, Manila, P.I.

SIGNATURE
/s/ Robert F Stevenson

5 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

Serial Number

UNKNOWN I 242 (Formerly Peters Charles W.)

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery, Leota, P.I.

413

2. Date of Disinterment

Part of Unit

1430 hrs 23 Dec 47

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

Original made in stretcher and buried. No dental records. Fewer skull, maxillary mandible missing. Two tags on remains and on marker coincide with MUI on file.

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

Sub Tag.

On Remains

Sub Tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

None for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

James S. Johnson
E. H. JOHNSON, Major, TC

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 (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing
Tooth Missing

Porcelain Crown
Gold Crown

Gold & Porcelain Bridge
Gold Bridge

Gold Filling
Silver Filling
Gold Filling
Gold Filling

Caries (Cavities)
Cavity
Decayed
Decayed
Decayed

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

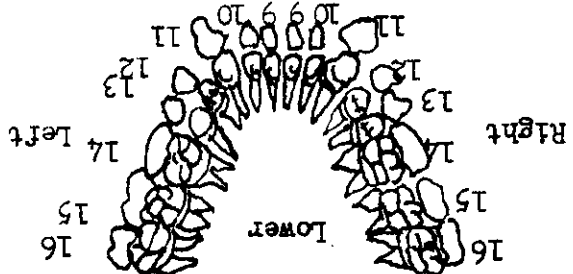
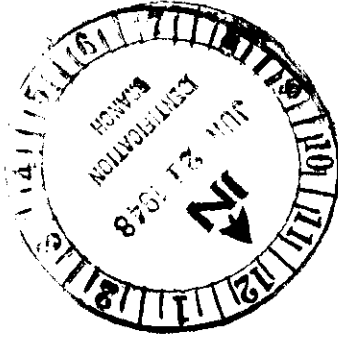
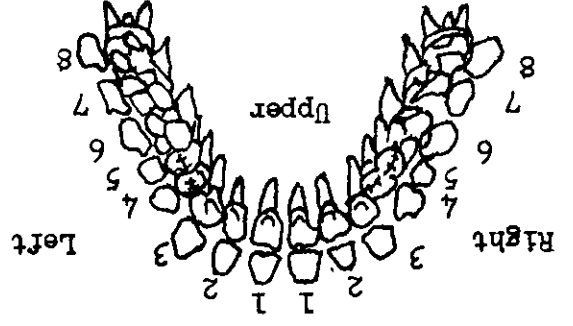


Diagram represents the mouth wide open



5-34880-4M

1174-PHILLYCOM-5-4-130M

QMGYG 293
JOHNSON, Renold A.,
ASN 39694400
(Leyte #1) P. I.

12 September 1946

SUBJECT: Information Required for Graves Registration

TO : Commanding General, U. S. Army Forces
Western Pacific (Manila)
APO 707, c/o Postmaster
San Francisco, California

1. Reports of Interment have been received in this office for the following persons whose records as of this date indicate that each is alive and has been evacuated to the United States:

<u>CEMETERY</u>	<u>GRAVE</u>	<u>BURIAL REPORT MARKED</u>
1. USAF Leyte #, P.I. (Renold A. Johnson, 39694400, Discharged from Army 14 March 1946)	4586	Johnson, Renold A., 39694400
2. USAF Finschhafen #5, N.G. (Edward M. Klaniecki, 32556400, Discharged from Army 8 October 1945)	144	Klaniecki, Edward M., 32556400
3. USAF Leyte #1, P.I. (Charles H. Peters, 36303311, Discharged from Army 25 June 1945)	448	Peters, Charles H., 36303311
4. 77th Div. Cem., Okinawa #1, R. I. (William T. Williams, 44006268, Evacuated to U. S. 18 June 1945)	Pl. 1, Row 14 Grave 487	Williams, William T., 44006268

2. Report of Reinterment for "T. Wiggs" Lt., Air Corps, USAF Cemetery, Santa Barbara #1, Row 101, Grave 5302, submitted to this office cannot be verified, as available War Department Records fail to disclose anyone by that name. Request your records be rechecked for serial number of "Lt. Wiggs".

3. In view of above information it is requested that this office be furnished, at the earliest practicable date, corrected Reports of Reburial designating remains as Unknowns and including any clues to identity, such as fingerprints or tooth charts.

FOR THE QUARTERMASTER GENERAL:

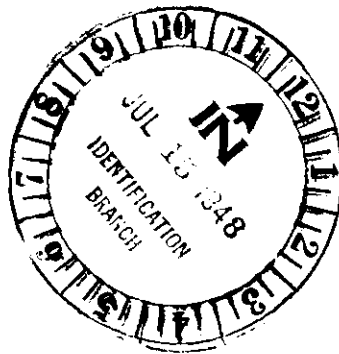
/s/ James C. MacFarland
/t/ JAMES G. MacFARLAND
Major, QMC
Assistant

A TRUE COPY:

Joseph M. Phelan
JOSEPH M. PHELAN
Captain, CAC

RECORDS BRANCH

JUL 7 3 39 PM '48



/cbf

RESTRICTED

JUN 22 1948

U. 512

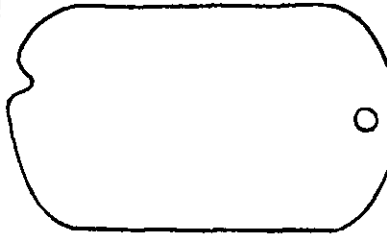
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

27 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3750 (Formerly UNK X-242 USAF Cem #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 San Pedro, Bay, Leyte, P.I.	CAUSE OF DEATH KIA - bomb hit - decapitation	DATE OF DEATH 25 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 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. 5734
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Leyte, P.I.			PLOT No.	ROW No.	GRAVE No. 448
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-3751	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5735		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3748-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5733		
SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> AQUINO, T/S, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> E'S PANOPTO, 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

Handwritten scribbles at the bottom left corner.

Section 3 UNIDENTIFIED REMAINS

INSTRUCTIONS:


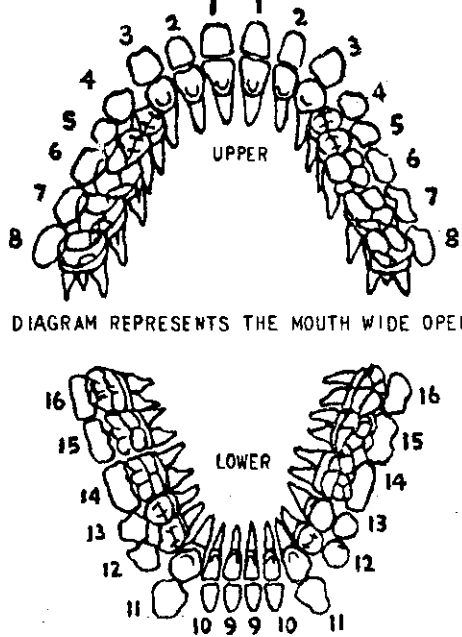




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

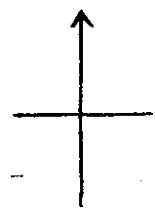
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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

CORRECTED

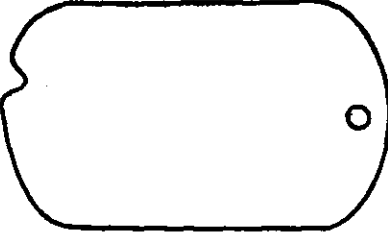
JUL 15 1948

RESTRICTED

m1

448

WD GRC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)DATE OF REPORT
Corrected
3 October 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-242 (Formerly Peters, Charles H.)		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
San Pedro Bay, Leyte P.I.	KIA - bomb hit - decapitation	25 Oct. 44	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)
NONE	Peters, Charles H., 36303311 S/Sgt changed to Unknown X-242, per ltr WD, OQMG, Wash. 25, D.C., file QMGYG 293 dtd 12 September 1946, Subj: Information Required for Graves Registration.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
YES	

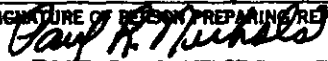

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 June 1945	1400 hrs	Shelter half	Reg. Cross			448
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
YES	USAF Cemetery Palo #5, Leyte P. I.					
			PLOT No.	ROW No.	GRAVE No.	
					14	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
			Corrected Rep. of Re-interment buried in bottle with body. Corrected metal tag buried with body and attached to marker			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
YES	YES					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BESSONETTE, Charles T.	S 2/c	896 6071	USS 1ST 552	447		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BACILE, Marion A.	SCB 2/c	843 1960	USS 1ST 552	449		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 PAUL R. NICHOLS, Embalmer			 JOSEPH M. PHELAN, Capt., CAG			

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 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


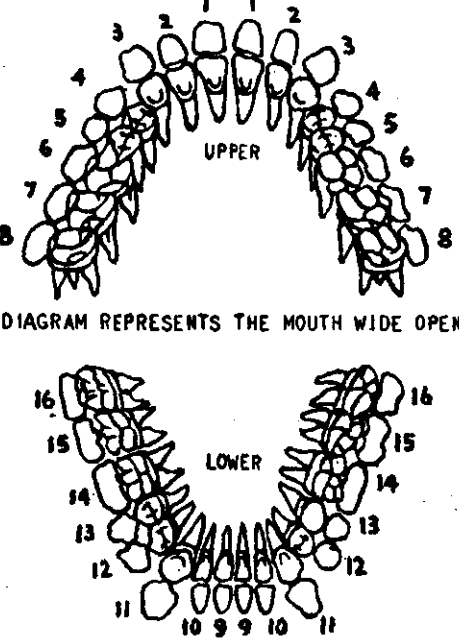




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

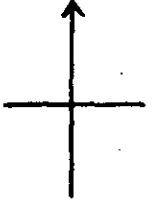
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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:

2 JUN 1948

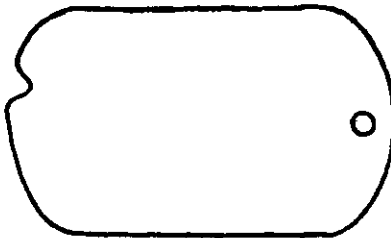
RIGHT
LITTLE FINGER

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

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

DATE OF REPORT
Corrected
3 October 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN B-448 (Formerly Peters, Charles E.)

SERIAL No.

GRADE ORGANIZATION BRANCH OF SERVICE

RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH

San Pedro Bay, Leyte P.I. KIA - bomb hit - occupation 25 Oct. 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

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 2 on reverse)
Peters, Charles E., MCMXXI 2/4gt changed to Unknown B-448, per 1st HQ, GCMC, Wash, DC, 2-1-46. Also GCMC HQ 4th 12 Sep October 1946, Subj: Information required for Graves Registration.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) **NONE**

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

WPAF Cemetery Leyte P.I., P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 June 1946	2:00 hrs	Shutter tent	Reg. Cross			448

WAS THIS A REBURIAL? (Yes or no) **NONE**

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

WPAF Cemetery Leyte P.I., Leyte P. I.

PLOT No. ROW No. GRAVE No. **24**

TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

**Corrected Rep. of Re-Interment buried in bottle with body.
Corrected metal tag buried with body and attached to marker**

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) **NONE**

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) **NONE**

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
RESCHEFF, Charles T.	S 2/c	876 6092	1ST 992	449

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
BASTIN, Marion A.	SOS 2/c	643 2940	1ST 992	449

SIGNATURE OF PERSON PREPARING REPORT **Paul R. Wheeler, Subaltern**

SIGNATURE OF GRS OFFICER VERIFYING REPORT **Joseph M. Furlan, Capt., GMS**

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.


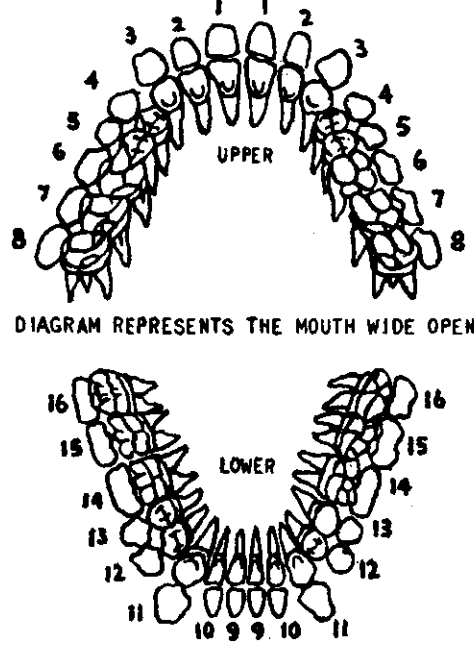




INSTRUCTIONS:

(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.

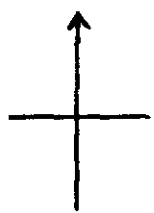
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

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

RESTRICTED

RE

REPORT OF INTERMENT

Corrected 7 Nov. 45

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

(Par. 21d - TM 10-630)

UNKNOWN X-242

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

San Pedro Bay, Leyte, P.I.

25 Oct. 1944

KIA-bomb hit-decapitation

(Place of Death)

(Date of Death)

(Cause of Death)

1400 hrs, 8 June 1945

USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial)

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

448

Reg. Cross

Buried with body

Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

PETERS, Charles H., 36 303 311, S/Sgt changed to UNKNOWN X-242. Corr Protestant
per ltr 5th Ind., Hqs AFWESPAC, dtd 1 Nov 45. To BASIC: Magfrm fr GHQ, Catholic
AFPAC, file AG 704 (1 Oct 45) AG-PC, dtd 1 Oct 45, subj: Cas. Informa- Hebrew
tion. Metal tag buried with remains and attached to marker.

Corrected report put in Other pertinent data to enable grave to be located.

bottle and buried in (Where necessary sketch to locate grave should be furnished)

grave. Disinterred from USAF Cemetery Palo #5, Leyte, P.I. Grave 14

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Handwritten initials

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

A CERTIFIED TRUE COPY:

None

JOSEPH M. PHELAN
Captain, CAC

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

On Right— BACILE, Marion A. 843 19 60 SCB2c USS LST 552 449

On Left— BESSONETTE, Charles T. 896 60 71 S2c, USNR USS LST 552 447

/s/t/ Charles W. Hallock, GRS
Signature of Officer or other person reporting Burial.

/s/t/ William D. Rogers, 1st Lt., Infantry
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.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

corrected 7 Nov. 45

REPORT OF INTERMENT

RE new #

U 512

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

(Par. 21d - TM 10-630)

UNKNOWN X-242

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

San Pedro Bay, Leyte, P.I.

25 Oct. 44

KIA-bomb hit-decapitation

(Place of Death)

(Date of Death)

(Cause of Death)

1400 hrs, 8 June 1945

USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial)

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

Buried with body

Attached to marker

448

Reg. Cross.

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

PETERS, Charles H., 36 303 311, S/Sgt changed to UNKNOWN X-242. d. Corr perltr 5th Ind., Hqs AFWESPAC, dtd 1 Nov. 45. To BASIC: Msgfr fr GHO, AFPAC, file AG 704(1 Oct 45) AG-PC, dtd 1 Oct 45, subl Cas. Information.

Protestant

Catholic

Hebrew

Metal tag buried with remains and attached to marker.

Corrected report put in Other pertinent data to enable grave to be located.

bottle and buried in (Where necessary sketch to locate grave should be furnished)

grave.

(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



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— **BACILE, Marion A.** 843 19 60 SCE2c USS 1ST 552 449

On Left— **BESSONETTE, Charles T.** 896 60 71 S2c, USNR USS 1ST 552 447

Charles W. Hallock
Pfc. Charles W. Hallock, 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.

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

R E S T R I C T E D
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

14

21468

PETERS, Charles H. 36303311 S/Sgt. 69 Eny. CO (EE)
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
San Pedro Bay, Leyte Is., P. I. 25 Oct 44 KIA-Bomb Hit-Decapitation
(Place of death) (Date of death) (Cause of death)
1125 - 26 October 44 USAF Cem. Palo No. 5, Leyte Is., P. I.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

14 1 Regulation V-shaped
(Grave number) (Row number) (Plot number) (Type of marker--Regulation V-shaped or other)
Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion
Zinc Strip 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)
Body buried on RIGHT Charles T. Bessonette 898-50-71 USN USS LST #552 15
(Name) (Serial number) (Rank) (Organization) (Grave number)
Body buried on LEFT Marion A. Bacile 843-19-60 MCB 3/cUSN USS LST #552 13
(Name) (Serial number) (Rank) (Organization) (Grave number)

List only personal effects **FOUND ON BODY** and disposition of same: None
(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

R E S T R I C T E D

SEP 21 1945

24 16-1

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 to:

Height :
 Weight :
 Laundry marks :
 Number of rifle :
 Color of eyes :
 Color of hair :
 Race :
 Is tooth chart attached ?
 (If possible, have medical personnel take a tooth chart)

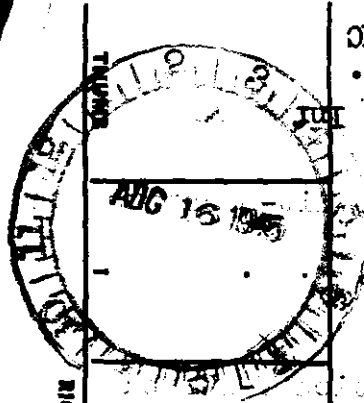
In space below, locate and describe any scars, birthmarks, moles deformities, etc. :
 Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

A certified true copy
James C. McFarland
 James C. McFarland
 Capt., GMD.

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

S/ Chris J. Berlo
 T/ Chris J. Berlo, Capt., 19th Inf

S/ George Summers
 T/ George Summers
 (Signature of officer or other person reporting burial)
 19th Inf., GMD.
 (Verified by Army GRS Office)



THUMB 1
2
3
4

THUMB
1
2
3
4

RIGHT HAND

LEFT HAND

HEADQUARTERS, ARMY SERVICE FORCES
MEMO ROUTING SLIP

To the following in order indicated:

GPO 16-24200-2

1	(Name or title)	(Organization)	(Building and room)	(Initials)
				(Date)
2				
3				

Peters, Charles H. 36,303, 311

Records show soldier honorably discharged 25 June 1945 on CDD.
Home address at time of discharge:
716 West Taylor Street
Bloomington, Illinois.

Budd-1E-527a
SR&D Section
Cas. Br.
16 Aug. 46.

K242

From				(Date)
	(Name)	(Organization)	(Building and room)	(Telephone)

Form

(Name)

(Organization)

(Building and room)

(Telephone)

(Date)

3

2

1

(Name or title)

(Organization)

(Building and room)

(Date)

(Initials)

To the following in order indicated:

MEMO ROUTING SLIP
HEADQUARTERS, ARMY SERVICE FORCES

W. D., A. G. O.
Form No. 0115
23 March 1944

gpo 16-3420-3