

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk, Lyst #1 7-25

SUBJECT

also names Manila 7-3711.

1. FILE UNDER NO. 293 - Unk. Philippine Islands X- 3711 (Manila, Maus.)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 7 Oct 49
4. FROM: OOMG
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)

nfs

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.

70W

/drs

1

Interred 8 February 1950
43 Ft. McKinley
Cardmark
CARD R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00046

DATE

15 05 48
DAY MONTH YEAR

NAME

UNKNOWN X-000025

SERIAL NUMBER

RANK

0

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

566 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X- 25
(Maus) Unknown X-3711

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

27 Sept '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

ROBERT F. STEVENSON
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

(2) tags Mausoleum Number - Unknown X-3711

REMAINS PREPARED AND PLACED IN CASKET

DATE

27 Sept '48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

ROBERT F. STEVENSON

EMBALMER (Signature)

Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept 48 by HORACE L. ALLISON, Sgt INF

LUCIO S. PANOPPIO, 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.

LUCIO S. PANOPPIO, 1st Lt. INF

SIGNATURE OF GRS INSPECTOR 4 FEB 1950

Lucio S. Panoppio

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

REPAIRATION
BRANCH
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|--|---------------------------|
| FROM AGRS Mausoleum | | TO Fort McKinley Military Cemetery | |
| KIND OF CONVEYANCE Truck | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Carey Honan</i> | DATE FEB 8 1950 |

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 <i>(Signature)</i> | 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- 25, Plot _____,
Row _____, Grave 566, 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, QMG
Chief, Records Branch

Attach: Form 1044

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



1/5'

IDENTIFICATION DATA

| | | | | | |
|---|------------|----------|-------------|--------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3711 (formerly X-25 Leyte #1) | | | | 2. DATE OF REPORT 8 Dec 49 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | U | 5464 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|-----------------------------------|---------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT UTD | 10. COLOR OF HAIR UTD | 11. RACE Unknown |
|-----------------------------------|-----------------------------------|---------------------------------|----------------------------|

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? 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)

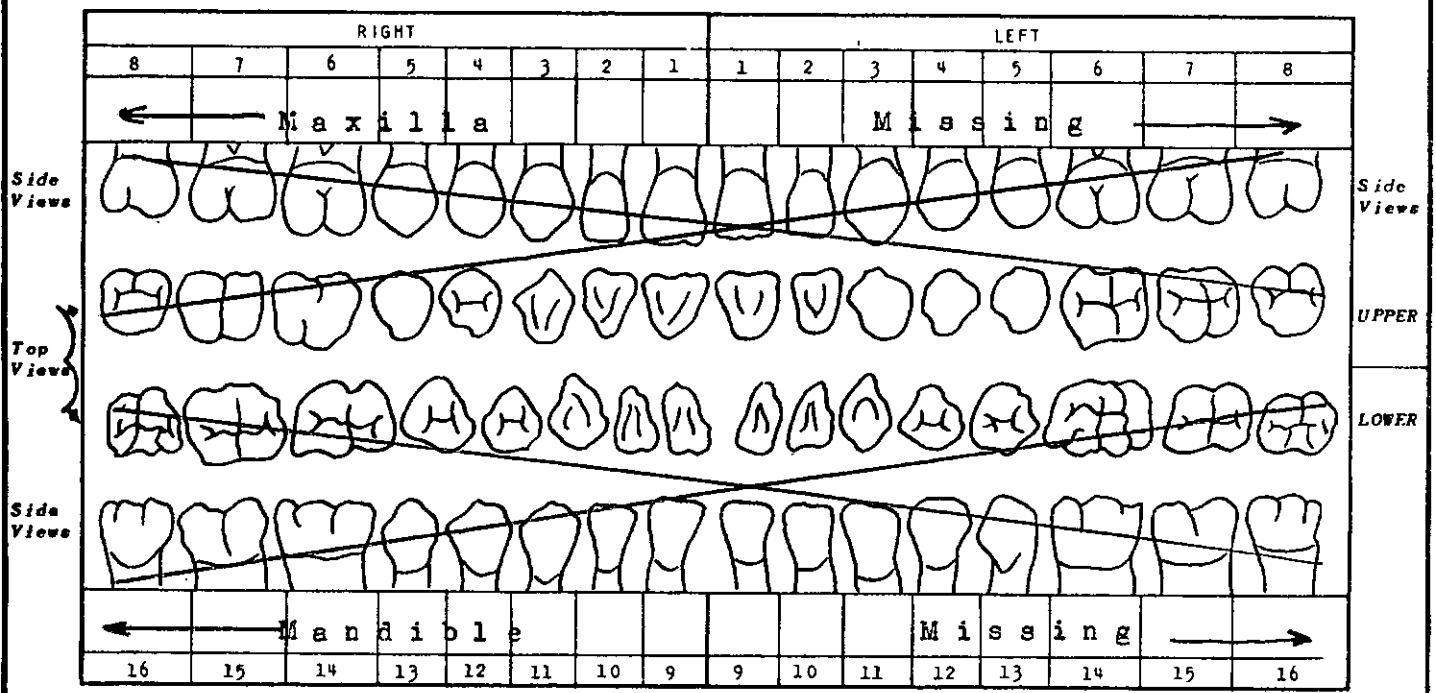
NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

1044/152

| 18. TOOTH CHART X-3711 | |
|---|-------------------------------------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> | <p>TOP VIEW</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> |



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 maxilla and mandible missing. No maxillary and mandibular teeth present with remains.

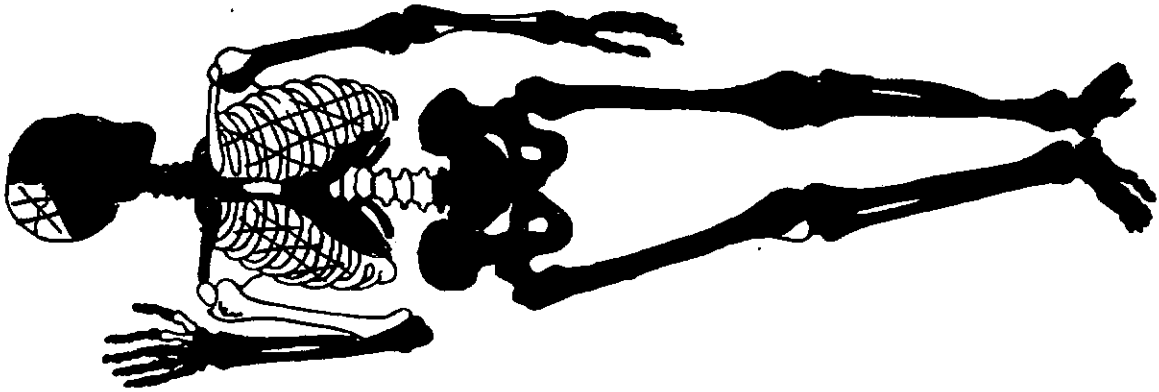
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident Sec

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 2½ 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, Iden Sec

SIGNATURE

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)

U23 ✓
U23 ✓

UNKNOWN X-25

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

San Pedro Bay, Leyte, P.I. 27 October 1944

(Place of death)

(Date of death)

KIA-bomb hit decapitated,

(Cause of death) burns.

1100 hrs 11 June 1945 USAF Cemetery Leyte #1, P.I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

566

(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 45 (X-11)

Mtal tag buried with body and attached marker.

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

Religion

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

Body buried on RIGHT DALIPE, Benito S. 39 415 905 Sgt PCAU #2 567

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT UNKNOWN X-24

(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

JSS

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)

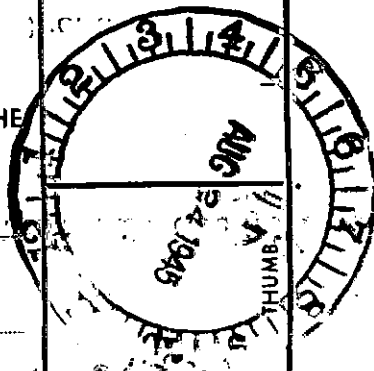
In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

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 Officer)



LEFT HAND

THUMB

RIGHT HAND

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

17 Mar 45 U 23

UNKNOWN X-11

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

San Pedro Bay, Leyte Island, P.I. 27 October 1944 KIA Bomb hit decapitated burns
(Place of death) (Date of death) (Cause of death)

1415-27 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 Kabalawan SE, Leyte Province, P.I.

45 2 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

Report containing available information, as indicated hereon (on reverse side), enclosed 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 RIGHT UNKNOWN X-12 46
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Dalipe, Benitos 44
(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

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: None

Color of eyes **Not** determin. Number of rifle: No rifle

Color of hair: **Not** determin. Wear glasses? **Not** determin.

Race: **Not** determined; 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 mangled and 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 on USS LST #552. No information on. EMT except: Unidentified-KIA-Head missing-burns. Date: 27 Oct 1944.**

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

Chris J. Berlo

Chap., CHRIS J. BERLO, 19th Inf.

George Summer
GEORGE SUMMER, 1st Lt., QM G

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND