

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 amb Leyt # 1 X-27

SUBJECT

also manas Manila X-37221

1. FILE UNDER NO. 293 - Unk. P. I. X-27 (Cemetery- Leyte)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 4 Oct 1949
4. FROM: OQMG
5. TO: CG, PhilCom, APO 707, 7PM, San Fran., Calif.
6. SUBJECT: Unidentifiable Remains
Unk. X-335 AGRS Mslm
.....

7. DOCUMENT FILED UNDER NO. 293 - GRS Far East (Unident. Rms)

msb

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.

AIR MAIL

CMGRN 293
GRS Far East

SUBJECT: Unidentifiable Remains

SEP 30 1949

TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
Attention: AGRS Philcom Zone

1. Reference is made to letter, your Headquarters, file CGCR 293.9 dated 8 August 1949, SUBJECT: Unidentifiable Remains.

2. This Office concurs in the classification of X-27, USAF Cemetery, Leyte, P. I., now X-3722, AGRS Mausoleum, Manila, P. I., as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCPB

AIR MAIL

Interred 16 Jan 1950
 H 2 141 Ft McKinley

DISINTERMENT DIRECTIVE

801
8
Carl R. H. Mark
 CARL R. H. MARK

 Cemetery Superintendent
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00048

DATE

15 09 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWNX-000027

2 0 6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

LEYTE NO 1) P I

624

7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

 FT. MCKINLEY CEMETERY
 MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-27

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNK X-3722 (Mslm)

29 Sept 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY
R. F. STEVENSON
 REMAINS
 MARKER

UNKNOWN

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

Two (2) tags UNK X-3722 (Mslm)

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Sept 48

BY

R. F. STEVENSON

CASKET SEALED BY

R. F. STEVENSON

EMBALMER (Signature)

s/ R. R. Stevenson

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 29 Sept 48 BY RAYMOND H TANGUAY, Sgt 1c, RA

HONORIO V AURELIO, 1st Lt, Inf

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

s/ Honorio V Aurelio, 1st Lt, Inf

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

 NAT
 FILE
 RECORDS ANNOTATED
 DATE 4 Feb 50
 NAME J. B. [Signature]
 R & R BR.

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 <i>Carrollmark</i>	DATE JAN 16 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	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM <i>AGRS MAUSOLEUM</i>		TO <i>US MILITARY CEMETERY</i>	
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
PHELCOM ZONE
APO 900

25 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 27, Plot _____,
Row _____, Grave 624, 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:

J. B. Mcnemar
J. B. MCNEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Incl # 15-

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3722 (Formerly UNK X-27 Leyte #1)			2. DATE OF REPORT 29 July 49		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	V	5592	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6'2 1/4"	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? <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

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"

Incl. # 15-2

18.

TOOTH CHART

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



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



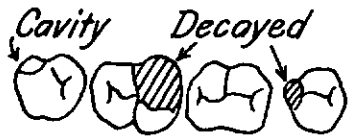
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH
(LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),
THUS:



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



CARIES (Cavities): 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
MAXILLA								MISSING							
Side Views															
UPPER															
LOWER															
Side Views															
		A	P	P	P	P	P	P	P	P	P	P	A		X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

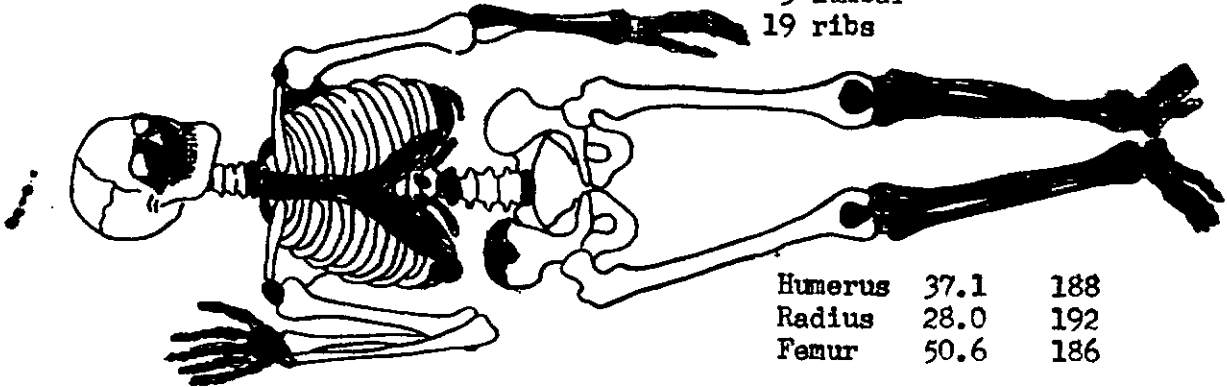
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-
ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

James J. McDermott
JAMES J. McDERMOTT
Laboratory Officer

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present: 3 cervical vertebrae
8 thoracic "
3 lumbar "
19 ribs



Humerus 37.1 188
Radius 28.0 192
Femur 50.6 186

Estimated height: 188 2/3 cm or 6'2 1/4"

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 - 5 lbs.
Circumference of skull - 19 3/4 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

JAMES J McDERMOTT
Laboratory Officer

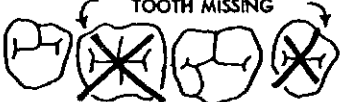

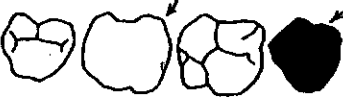






SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3722 (Formerly UNK X-27 (USAF Cemetery #1, Leyte, P.I.)				2. DATE OF REPORT 12 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		MANGER BAY	CRYPT	DISINTERMENT	REINTERMENT STORAGE
		812	V	5592	24 Dec 47 12 Feb 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6' 2 $\frac{3}{4}$ "		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) substitute tag with the only inscription found: UNKNOWN X-27. (This tag placed with remains)					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
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 UTD					
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	H			M	I	S	S	I	IV	S
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
		A	D	D	D	D	D	D	D	D		D	A		X
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: Maxilla missing. No maxillary teeth present with remains.

CERTIFIED TRUE COPY:

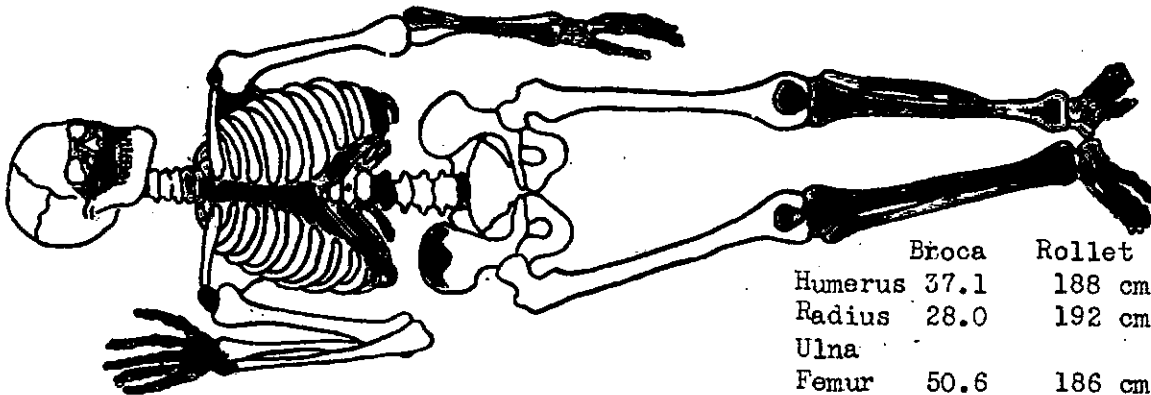
G. T. Gamboa
 G. T. GAMBOA
 2d Lt., MSC

s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3722

- (3) cervical vert present
- (8) thoracic vert present
- (3) lumbar vert present
- (19) ribs present



	Broca	Rollet
Humerus	37.1	188 cm
Radius	28.0	192 cm
Ulna		
Femur	50.6	186 cm
		<u>188 2/3</u>

Estimated height 6' 2 1/4"

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 personal effects, no ROI bottle found with remains. One (1) tag as described in section 12 found. Circumference of the skull approximately 19 3/4 inches. Estimated weight of remains 5 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/ CLAUDE A PILLERS Emb Sr. C-063247
CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Claude A Pillers

REPORT OF DISINTERMENT FOR IDENTIFICATION

8 January 1948

1. Remains of (Name)

Serial Number

UNKNOWN X-27

Grade

Organization

USN

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

624

2. Date of Disinterment

NEXT TO KIN: -

24 December 1947

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

Original made in shelter halve burial. Skeletal remains incomplete. Maxilla and major bones missing. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

James H. Jackson
JAMES H. JACKSON, 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 (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown
Gold Crown

Bridgework

Gold & Porcelain Bridge
Gold Bridge

Fillings

Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed
Decayed Decayed

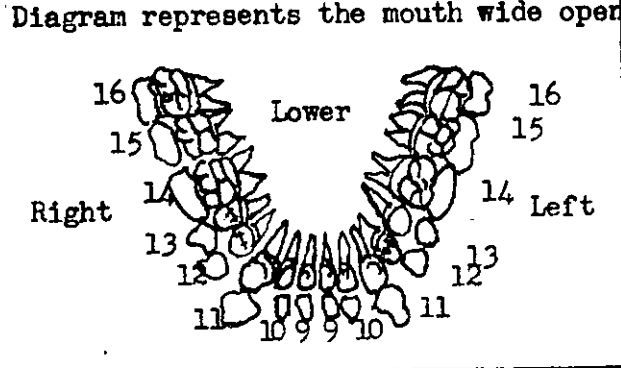
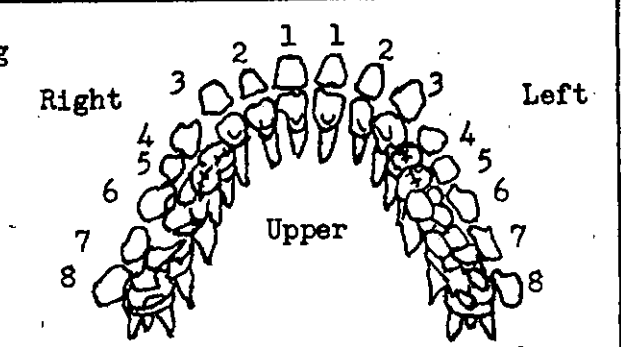
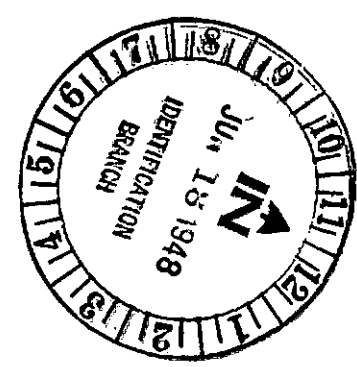


Diagram represents the mouth wide open

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

Remarks



5-34880-4A

/nsr

RESTRICTED

JUN 18 1948

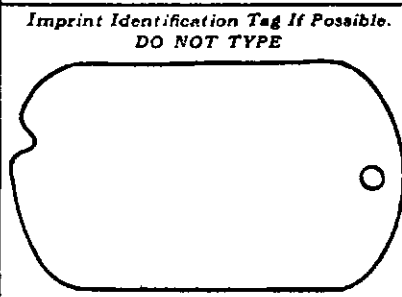
U 3406N

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

24 Feb 48



Section 1.—IDENTIFICATION.

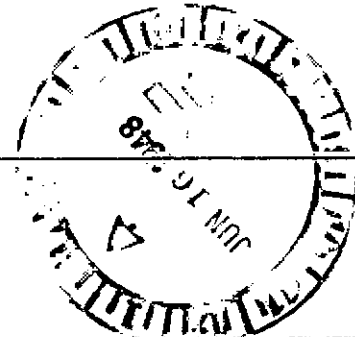
NAME (Last, first, middle initial) UNKNOWN X-3722 (Formerly UNK X-27 USAF Cem #1, Leyte, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION USN _Z	BRANCH OF SERVICE Navy
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH San Pedro Bay, Leyte, P.I.	CAUSE OF DEATH KIA	DATE OF DEATH 28 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.) <i>None</i>
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 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5592
-----------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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 #1, Leyte, P.I.	PLOT No.	ROW No.	GRAVE No. 624
---	--	----------	---------	------------------

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3723	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5593
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3721	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5591
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT V B AQUINO T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L 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.

RESTRICTED

Handwritten scribbles and numbers 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>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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

~~CONFIDENTIAL~~ RESTRICTED CONFIDENTIAL

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

23 Mar 45
N 1139

UNKNOWN X-20 (Last name) (First) (Initial) Not shown on EMT (Social number) (Rank) (Organization) USN

San Pedro Bay, Leyte Island, P.I. probably 28 October 1944 KIA-cause not shown on EMT (Place of death) (Date of death) (Cause of death)

1515-28 October 1944 USAF Cem. Palo No. 5, P.I. (Temp) (57.2-51.3) (Time and date of burial) (Name of cemetery) (Name of co-ordinates of location)

Map 4544-I-SE Kabalawan SE, Leyte Province, P.I.

87 (Grave number) 3 (Row number) Regulation V-shaped (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 of Interment enclosed in identification bottle buried with body. Report inadvertently indicated identity of deceased as E.T. STELL. Identity, however, is not definitely established and thus report should have stated UNKNOWN X-20 as hereon indicated. Corrected data indicated on marker.

(If no identification tags, when removal of identification are buried with the body)

Body buried on RIGHT Osborn, Jerry G. (Name) (Serial number) (Rank) (Organization) (Grave number) Wt 1/c USN USS Samuel B. Rounta 88

Body buried on LEFT Dilks, T. (Name) (Serial number) (Rank) (Organization) (Grave number) MOMM 2.c USN USS PCE (R) 848 86

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN) Auth. AR 30-1815 C2

List only personal effects FOUND ON BODY and disposition of same None

(21) RESTRICTED CONFIDENTIAL

J. R. U. 259 J. E. Roth 31 May 50

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 determin. Is tooth chart attached ? NO.

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

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Body so severely mangled 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 probably occurred as a result of a bomb hit on USS ship of task force (possibly USS PCE (R) 848) - No information on EMT except: Unidentified sailor, USN, KIA. Date: None Stated. Body found wrapped in hammock on which was painted **IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.** E. P. STELL (X-9C)

Chris J. Berlo

Chap. (Signature of officer in charge of the post-mortem burial)
CHRIS J. BERLO, 1st Lt.

George Summers
(Verified by Army GRS Officer)
GEORGE SUMMERS, 1st Lt., QMC

RECEIVED
8 FEB 1945

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB