

FILE IDENTIFICATION TOPPER

FILE NUMBER

2932unk Leyte #1 X-28

SUBJECT

also manus Manila X-3723

QMGMT 293
GRS Far East

15 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown X-784, Leyte #1
X-63, Santa Barbara #1
X-188, AGRS Mausoleum, Manila, P.I.
X-336, " " " "
X-3589, " " " "
X-3636, " " " "
X-5644, " " " "
X-4604, " " " "
X-4605, " " " "
X-4606, " " " "
X-4607, " " " "
X-4869, " " " "
X-4870, " " " "
X-5096, " " " "
X-2133, (formerly X-154, Santa Barbara #1)
X-2136, " X-190, " " "
X-2368, " X-145, " " "
X-2369, " X-146, " " "
X-2204, " X-604, Leyte #1
X-2219, " X-540, " "
X-2221, " X-546, " "
X-2222, " X-571, " "
X-2226, " X-611, " "
X-2263, " X-645, " "
X-2288, " X-600, " "
X-2294, " X-555, " "

QCMT 293

ONS Far East

SUBJECT: Identification of World War II Deceased

15 February 1950

Unknown X-3424, formerly X-190, Leyte #1
" X-3448, " X-335, " "
" X-3723, " X-28, " "

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

FOR THE QUARTERMASTER GENERAL:

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
16 January 1950

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 X-450 AGRS Mslm
X-695
X-1214
X-2204
X-2219

UNKNOWN X-2221 AGRS Mslm
X-2226
X-2288
X-3723 ✓

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

Val

/drs

1

Interred 13 February 1950
N 13, 203 Ft. McKinley

Carl R. H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A

DIRECTIVE NUMBER

7740 00049

DATE

15 05 48
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

NAME

UNKNOWN X-000028

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

625 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- 28
(Maus) Unknown X-3723

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 Sept '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

ALBION H. McLELLAN JR
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) Maus. tags show Unknown X-3723

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept '48

BY

ALBION H. McLELLAN JR

CASKET SEALED BY

ALBION H. McLELLAN JR.

EMBALMER (Signature)

Albion H. McLellan Jr
ALBION H. McLELLAN JR

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept 48 HORACE L. ALLISON, Sgt INF

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.

8 MAR 1950
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE FEB 13 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>(RECEIVED BY THE OFFICE OF THE DISTRICT ATTORNEY)</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
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 28, Plot ,
Row , Grave 625, USMC USAF Com Leyte #1, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


W. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 26 Jan 50 OQMG
Not identifiable from
information presently
available
W. Eustace
Ident.

2nd 91

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3723 (Formerly UNK X-28 USAF Cem #1, Leyte, P.I.)			2. DATE OF REPORT 16 Jan 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I..	4. PLOT HANGAR	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	812	V	5593	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 11 1/8"	10. COLOR OF HAIR Brown	11. RACE UTD
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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

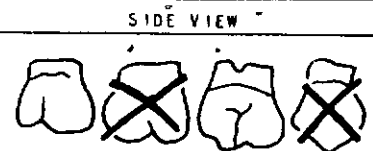
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

Handwritten signature

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (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 PORCELAIN), THUS:



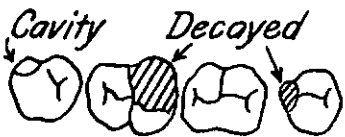
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MISSING				P	P		X	P	X		A def	A mo	MISSING		
Side Views															
UPPER															
LOWER															
Side Views															
Impacted	A fo	X	P	A m	P		P	P		⊖ d	A mod	A mod	X	X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

SEE REMARKS

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."

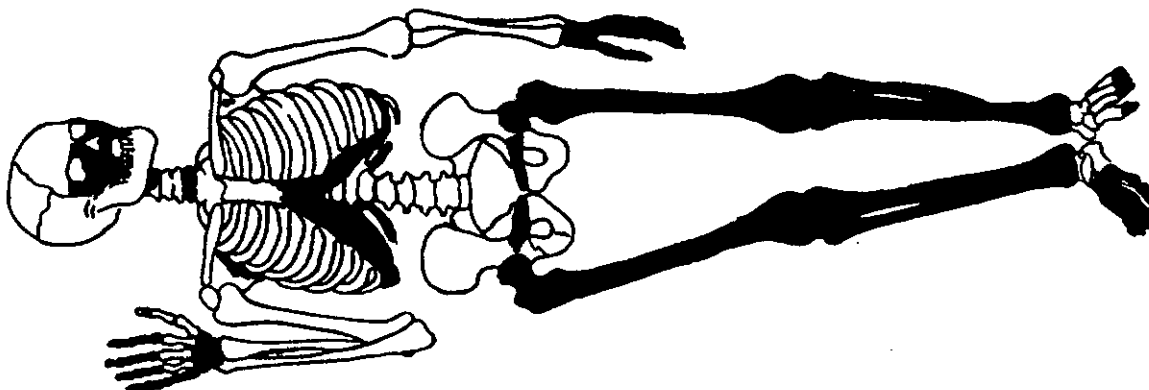
REMARKS: R 12 has an amalgam filling on the mesial surface but the tooth has rotated so the filling is seen on the facial surface.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

2-1-97

29. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects of other means
of identification found with remains.

Estimated weight of remains - 5½ lbs.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS

Chief, Identification Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3723 (Formerly UNK X-28 USAF Cem #1, Leyte, PI)				2. DATE OF REPORT 12 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 812	5. ROW V	6. GRAVE 5593	7. DATE OF	
				DISINTERMENT 24 Dec 47	REINTERMENT STORAGE 12 Feb 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD.	9. ESTIMATED HEIGHT 5' 11 1/8"	10. COLOR OF HAIR Brown		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES 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)					
No ROI bottle, no ID tag, or other means of identification.					

18.

TOOTH CHART

X-3723

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (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 PORCELAIN), 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
	MISSING								MISSING							
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	Impacted	A fo	X	P	A m	P		P	P		o	A mod	A mod	X	X	X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

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: R 12 has an amalgam filling on the mesial surface but the tooth has rotated so the filling is seen on the facial surface.

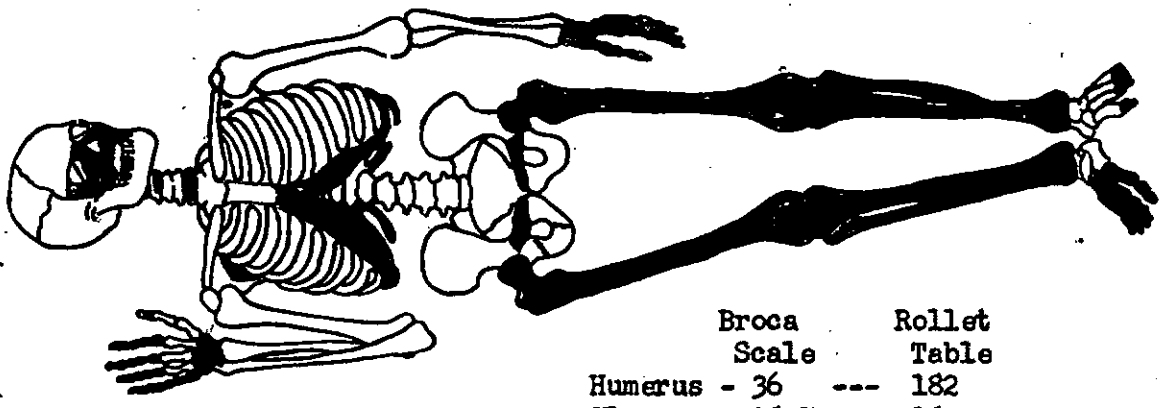
CERTIFIED TRUE COPY:

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

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

3 Cervical vertebrae.
8 Thoracic "
5 Lumbar "
10 Pairs of Ribs



Est height 5' 11 1/8"

	Broca Scale	Rollet Table
Humerus	- 36	--- 182
Ulna	- 28.7	--- 184
Radius	- 26.7	--- 184

185 1/3

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

Circumference of skull is 21"
Est. Wt of remains is 5 1/2 lbs.
Small amount of brown hair noted on occipital region of skull.
Two holes in infraspinatus fossa of left scapula and one (1) near superior angle. Rt. scapula:-large portion of infraspinatus fossa missing;
One (1) hole in acromion process.

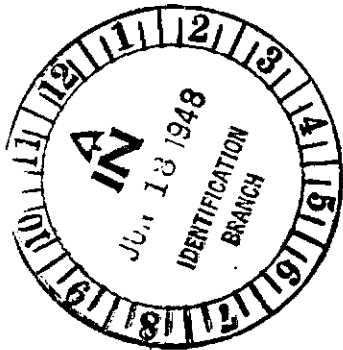
CERTIFIED TRUE COPY:

George J. Gamboa
G. T. GAMBOA
2d Lt., MSO

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/ JAMES W. McCLANAHAN O-064983
CIP Laboratory, Manila, P.I.

SIGNATURE
/s/ James W. McClanahan



RESTRICTED

JUN 18 1948

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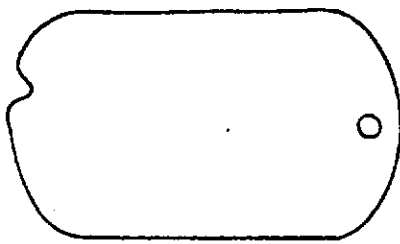
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

24 Feb 48

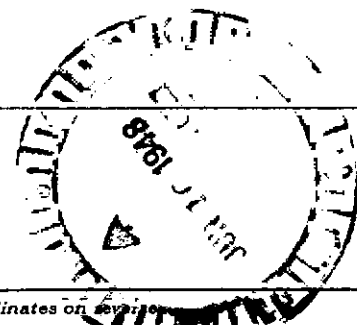
<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3723 (Formerly UNK X-28 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH San Pedro Bay, ✓ Leyte, P.I.	CAUSE OF DEATH KIA-bomb hit	DATE OF DEATH 28 Oct 44
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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 STORAGE 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5593
--	--------------	---	---------------------------------	-----------------	--------------	-------------------

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. 625
---	---	----------	---------	------------------

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3724	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5594
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3722	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5592
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT V. S. 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

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Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


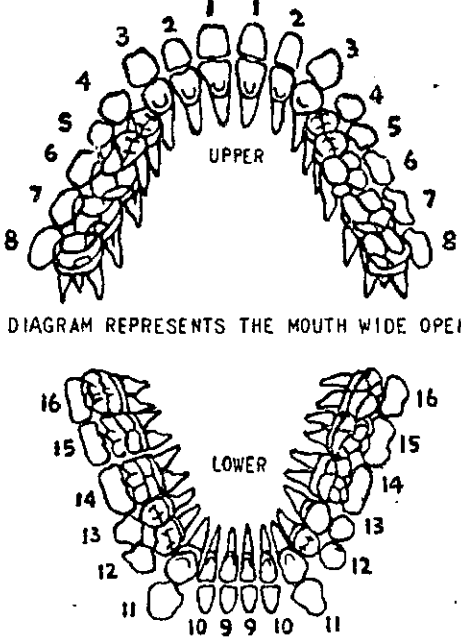




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

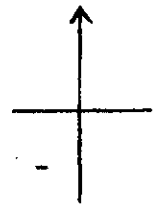
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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.

29 MAY 1948

RESTRICTED

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

New Report
114

U 379

UNKNOWN X-28

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
San Pedro Bay, Leyte, P.I. **28 October 1944** **KIA-bomb hit-not clarified**
(Place of death) (Date of death) (Cause of death) **on EMT**

0900 hrs 14 June 1945 USAF Cemetery Leyte #1, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

625

Reg. Cross

(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

Disinterred from USAF Cemetery Palo #5, Leyte, P.I. Grave 85 (X-19)

Metal tag buried with body and attached to 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)

**Cannon Co,
19th Inf**

Body buried on **RIGHT MORRISON, Bruce C.** **34 213 084** **S/Sgt** **626**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT UNKNOWN X-27** **USN** **624**
(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

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