

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Dept #1 X-30

SUBJECT

also maus manila X-3725

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Mark-Leyte #1 (misc)
X-29 X-30 X-31

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Kerr, Sherman E.
38-567-625

9/29/50
JH

RECLASSIFICATION SHEET

AIRM

QIGAT 293

GRS Far East

Unidentifiable

12 January 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 findings of Unidentifiability for the following Unknown Deceased:

Unknown X-3724, AGRS Mausoleum Manila, formerly X-29,
USAF Cemetery Leyte #1

Unknown X-3725, AGRS Mausoleum Manila, formerly X-30.
USAF Cemetery Leyte #1

Unknown X-3406, AGRS Mausoleum Manila, formerly X-340,
USAF Cemetery Leyte #1

Unknown X-3769, AGRS Mausoleum Manila, formerly X-360,
USAF Cemetery Leyte #1

Unknown X-718, USAF Cemetery Leyte #1, formerly X-3406-B,
AGRS Mausoleum Manila

Unknown X-727, USAF Cemetery Leyte #1, formerly X-4594,
AGRS Mausoleum Manila

Unknown X-728, USAF Cemetery Leyte #1, formerly Aegan, R.O.4
AGRS Mausoleum Manila

Unknown X-730, USAF Cemetery Leyte #1, formerly KIEDROWICZ, C. J.,
AGRS Mausoleum Manila

Unknown X-1086, AGRS Mausoleum Manila, formerly X-72, USAF
Cemetery Finschhafen #2, N. G.

Unknown X-3582, AGRS Mausoleum Manila, formerly X-156, USAF
Cemetery Finschhafen #2, E. G.

AIRMAIL

293 Manila Manila X-3725

QMONT 293

12 January 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

Unknown X-3977, AGRS Mausoleum Manila, formerly X-7, USAF Cemetery Finschhafen #3, N. G.

Unknown X-3923, AGRS Mausoleum Manila

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

3. Findings of Unidentifiability, your headquarters, dated 9 and 13 December 1949, for Unknowns X-4214 and X-4215, AGRS Mausoleum Manila, and X-736 and X-737, USAF Cemetery Leyte #1, have been suspended. The records of this Office indicate that QMC Forms 1042 are not on file for these Unknown Deceased, therefore, it is requested that Reports of Storage be forwarded as soon as practicable.

4. Findings of Unidentifiability, your headquarters, dated 6 December 1949, for Unknown X-342, Grave 1162, USAF Cemetery, Finschhafen #5, have been suspended. The records of this Office indicate that a QMC Form 1042 is not on file for this Unknown Deceased. A further search of records indicates that Unknown X-342, Grave 1460, USMC Finschhafen #5, formerly X-2701-A, AGRS Mausoleum Manila, and previously interred as X-94, Finschhafen #5, was approved as Unidentifiable by letter this Office, dated 16 September 1949. In view of the above, it is requested that your headquarters conduct an investigation to clarify the above.

FOR THE QUARTERMASTER GENERAL:

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

REB

E. A. Kasup:dal
C. Salsar
J. Windsor

TEC

Copy furnished CINCPAC, APO 500

RECEIVED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILOM ZONE

GRPZ 293

AFO 900
22 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 QMGNU 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-342	Finsch #5	UNKNOWN	X-3582	AGRS	Mslm
"	X-517	AGRS	Mslm	"	X-3724	" "
"	X-718	Leyte #1	"	X-3725	" "	
"	X-727	" "	"	X-3769	" "	
"	X-728	" "	"	X-3923	" "	
"	X-730	" "	"	X-3977	" "	
"	X-736	" "	"	X-4141	Manila #2	
"	X-737	" "	"	X-4669	AGRS Mslm	
"	X-1086	AGRS	Mslm	"	X-4670	" "
"	X-1397	" "	"	X-4691	" "	
"	X-2431	" "	"	X-5214	" "	
"	X-2816	" "	"	X-5215	" "	
"	X-3406	" "				

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

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

ARRIVAL

QTR 293

Unknown Y-3725
(AGRS Mausoleum, Manila, P.I.)

14 September 1949

dt

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review dated 5 May 1949, recommending identification of Unknown Y-3725, AGRS Mausoleum, Manila, P.I., as Pvt. E. G. Von Gruenigen, 39700779, are returned herewith disapproved for the following reasons:

a. Dental data accomplished for Unknown X-3725 compared with Army dental records of the deceased is not considered conclusive since records are too incomplete and similar to warrant individual identification.

b. No other evidence is present which would lead to a positive association of Unknown X-3725 with Pvt. Von Gruenigen.

FOR THE QUARTERMASTER GENERAL:

1 Incl.
Ed Proceedings
(Von Gruenigen)

F. H. FETZ
Lt. Colonel, CG
Memorial Division

R. Little:jdk
Ball
JW
cc: Administrative Section
cc: Cincfe

REF
REB

TEC

293 Von Gruenigen, E. G. (39700779)

HEADQUARTERS
PHILIPPINES COMMAND

GRPZ 293.9

APO 707

28 MAR 1948

SUBJECT: Identification of Unknowns

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. Proceedings of the Board of Review, PHILCOM Zone, AGRS, for the following unknowns are forwarded herewith with recommendation that identification be approved:

X-3724 as BUNDY, Orville E. Pvt. 39 142 485
AGRS Mausoleum, Manila, P. I.
(Form. X-29, USAF Cemetery Leyte #1, Leyte, P. I.)

X-649 as WITT, William T. Pfc. 6 271 497
AGRS Mausoleum, Manila, P. I.
(Formerly X-162, USAF Cemetery Manila #2, P. I.)

X-1000 as BELLAT, Joseph S. PL Sgt. 289 942
AGRS Mausoleum, Manila, P. I.
(Formerly X-3933, USAF Cemetery Manila #2, P. I.)

X-1048 as WHITE, Allen W. Pfc. 323 580
AGRS Mausoleum, Manila, P. I.
(Formerly X-3865, USAF Cemetery Manila #2, P. I.)

X-987 as SHARP, Reese E. Pfc. 504 151
AGRS Mausoleum, Manila, P. I.
(Formerly X-3925-A, USAF Cemetery, Manila #2, P. I.)

2. The first of the above five individual identification cases is a Leyte KIA 30 Oct. 1944. The second is a Nov. 1945 recovery from the American Corregidor Cemetery. The other three cases are Peleliu Island, Palau Islands, KIA Sep and Oct. 1944.

FOR THE COMMANDING GENERAL:

5 Incls:
Board proceedings

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

AIRMAIL

AT

QMGS 293

1st Ind

Unknown X-30, P. I.

(Leyte Fl)

SUBJECT: Request for Information

Dept. of the Army, OCMG, Washington 25, D. C., 14 March 1949

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

1. In compliance with request made in basic communication, a thorough search of records this Office fails to reveal a laundry mark K-2487.

2. A review of circumstances this Office reveals date of death of Unknown X-3725 as 30 October 1944, place of death Jaro Area, Leyte, P. I. The 34th Infantry Regiment was fighting in that area during that period. A complete survey of the 34th Infantry Regiment Casualty for October 28, 29, 30, 31 and November 1, 1944, shows only three casualties whose remains have not been recovered. They are as follows:

<u>NAME</u>	<u>GRADE</u>	<u>SERIAL NO.</u>
Bundy, Orville E.	Pvt.	39 142 485
Kerr, Sherman F.	Pvt.	38 567 625
Von Gruenigen, Ernest G.	Pvt.	37 700 779

Copy for each 293

FOR THE QUARTERMASTER GENERAL:

tb

3 Incls:

1-3 OCMG Forms 371
(Inf Cys)

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

GWR

NJS

gsg

(2)



293 unk P. I. X-3725 (trace Manila)

AIRMAIL

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293

APO 707

SUBJECT: Request for Information

12 NOV 1948

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. Report of Interment for Unknown X-30, USAF Cemetery Leyte No. 1, P. I. (formerly Unknown X-21, USAF Cemetery Palo No. 5, P. I., and currently designated as Unknown X-3725, AGHS Mausoleum, Manila, P. I.), indicates that laundry mark K-2487 was found on collar of fatigue jacket of subject Unknown. Remains were recovered from the Jaro Area, Leyte Island in 1944.

2. It is requested that an attempt be made to determine to whom the above laundry mark was assigned, and information forwarded to this office together with OQMG Form 371 and any additional data that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen

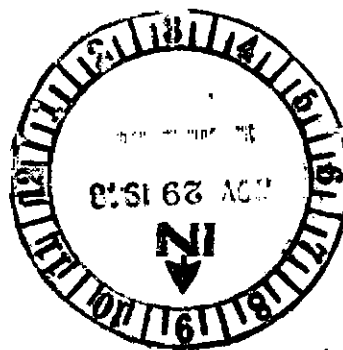


100-100-100

100-100-100

100-100-100

Handwritten note on the right margin:
100-100-100 (100-100-100)



Pentagon Liaison
16 DEC 1948
MEM. DIV. OQMG

JW

pcs/

1

Interred 8 Feb. 1950
D 4 3 Ft. McKinley **DISINTERMENT DIRECTIVE**

Case Remark
CARL R. H. MARK
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 7740 00051
DATE: 15 05 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000030 RANK: 0 ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS: 0 7701 80
CODE DIST. PT.

PLOT: ROW: GRAVE: COUNTRY: 775 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- 30 SERIAL NUMBER: (Maus) Unknown X-3725 RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept '48
IDENTIFICATION TAG ON: REMAINS ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: 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 1

(2) Maus Tags show - Unknown X-3725

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: CHARLES R. BATES, 1st Lt., USAFR
DATE: 27 Sept 48 BY: HORACE L. ALLISON, Sgt INF

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

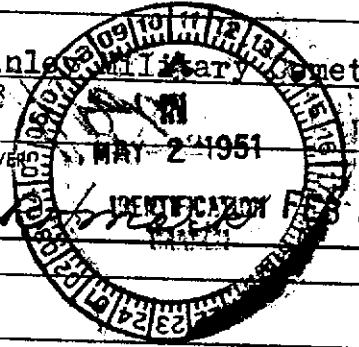
Charles R. Bates
FEB 1950
CHARLES R. BATES, 1st Lt., USAFR
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAY 2 1951



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 <i>(BY ADMINISTRATIVE ORDER)</i>		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

461

CO. 293 - Unknown P.I. X-30 (Leyte #1)

INDEX SHEET

SYNOPSIS

13th W/Ind

14 Feb. 1947

FROM:
SO:

OQMG
CO, Amer. GRS Area Command, Pacific Theater, APO 707, c/o PM
San Francisco, Calif.

TO:

Identification of Unknown Deceased

CO. 293 - 293 - Unknown P.I. X-29 (Leyte #1)

rtb

293 Unk. X - ³⁰ P. I. (Leyte #1)

INDEX SHEET

SYNOPSIS

Letter

20 Jun 46

FROM:

CGMG

TO:

CG, Army Forces, W. Pacific Area APO 707 c/o FM,
San Francisco, California

FOR: Chief, Amer Gr. Reg Service

SUBJ:

Identification of Unk. Dec.

DOCUMENT FILED UNDER NO.
Jpa

293 Unk. (Misc) P. I. (Leyte #1)

26
293 Unk. X - 30 P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

END Ind

20 Jun 46

FROM: ASF, CCMG
TO: ACC, WW II Rec. Adm. Center., St. Louis, Mo.
Attr: Clinical Rec. Br.

RE: Identification of Unk. Dec.

DOCUMENT FILED UNDER NO. 293 Unk. (Misc) P.I. (Leyte #1)
jm

FILE NO. 293 - Unknown X-30 P.I. (Leyte #1)

INDEX SHEET

SYNOPSIS

Letter

28 May 1946

FROM: QMGO
TO: CO, Cp. Roberts, Calif.
ATTN: Post Surgeon

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) P.I. (Leyte #1)

293 - Unknown X-30 P.I. - (Leyte #1)

MEMORANDUM

FOR THE RECORD

Memo

15 April 1946

FROM: OAGO, Memorial Div.
TO: World War II Records Adm. St. Louis, Mo.

RE: For necessary ction.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) P.I. (Leyte #1)

bn

GSQM 704.5

10th W/Ind

S: 23 Jun 46

HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707, 24 Apr 1946

TO : Commanding Officer, Base K, United States Army Forces Western Pacific, APO 72

Desire records your headquarters be further reviewed to determine whether Pvt. Von Gruenigan or Pvt. Bundy are interred as possible unknowns in a cemetery under your jurisdiction and a list of such possible unknowns forwarded with return of this correspondence.

BY COMMAND OF LIEUTENANT GENERAL STYER:

2 Incls: n/c

/s/t/ FRANK J. KLEAGER
1st Lt., Inf
Actg Asst Adj Gen

PKM 293

11th W/Ind.

HP/fvs

HEADQUARTERS, BASE K, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 72,
30 April 1946.

TO: Headquarters United States Army Forces Western Pacific, APO 707.

1. Records this Headquarters do not indicate the burial of Pvt. Von Gruenigan, or Pvt Orville T. Bundy as known dead in any USAF Cemetery under our jurisdiction.

2. The following Unknowns were recovered in the JARO AREA. The date of death is shown to be the same as Von Gruenigan and Bundy. Request tooth charts be compared by your Headquarters for possible identification:

Unknown X-29,	Grave 772
Unknown X-30,	" 775
Unknown X-97,	" 2871

FOR THE COMMANDING OFFICER:

2 Incls: n/c

/s/t/ C. P. MCCUSKEY
Major A.G:D.
Adj. Gen.

C
O
P
Y

201-Von Gruenigen, Ernest G (Enl)
201-Bundy, Orville E. (Enl)

8th W/Ind

BJC/jmg

HEADQUARTERS THIRTY FOURTH INFANTRY, APO 24, 26 March 1946

TO: Commanding General, 24th Infantry Division, APO 24
ATT: Adjutant General's Office

1. This Headquarters has no information pertaining to the Graves Registration Unit serving this organization on 30 October 1944.

2. Request information requested in 7th W/Ind be furnished writer of 7th W/Ind.

FOR THE COMMANDING OFFICER:

/s/t/ BILLY J. COLEN
2d Lt, 34th Infantry
Personnel Officer

AG 704 - G

9th w/Ind.

7/jdb

Hq 24th Inf Div, APO 24 (Okayama, Honshu) 2 Apr 46.

TO: Commanding General, AFWESPAC, APO 707.

The 101st QM Graves Registration Plat was servicing this division on 30 October 1944.

FOR THE COMMANDING GENERAL:

/s/t/ WM. A. CRAIG
Lieut. Colonel, A.G.D.
Adjutant General

C
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P
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GSQMM 704.5 W/Ind. S: 15 Jan 1946
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707

TO : Commanding Officer, 34th Infantry, APO 24, 1 Dec 1945

Request this headquarters be furnished grid coordinates and map sketch of exact location where subject enlisted men were killed so that an attempt may be made to recover remains.

FOR THE COMMANDING GENERAL:

3 Incls:

Ltrs Hqs AFWESPAC, APO 707, file GSQMM
704.5, subj; Casualty Information, &
1st inds. re:

JOHN J. PEPAS
AGD

Von Gruenigen, Ernest G.
Bundy, Orville E.
Williams, Rocco R.

GSQMM 704.5

2nd W/Ind.

LJM/sbg

HEADQUARTERS 34TH INFANTRY, APO 24, 18 December 1945

TO: Headquarters, United States Army Forces Western Pacific, APO 707

1. Pursuant to instructions contained in preceding Indorsement necessary maps are not available at this headquarters.

2. Personnel who were present with the organization in October 1944 have been redeployed or transferred to other organizations.

FOR THE COMMANDING OFFICER:

3 Incls:
No Change

LEO J. MEYER,
1st Lt, 34th Infantry,
Adjutant.

C
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HEADQUARTERS
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE COMMANDING GENERAL

APO 707

GSQMM 704.5

SUBJECT: Casualty Information

14 Oct 1945

TO: Commanding Officer, Company K. 34th Infantry, APO 24

Request this headquarters be furnished all available information relative to the death and burial of the following deceased

NAME: VON GRUENIGEN, Ernest G.
RANK & ASN: Pvt., 39700779
ORGANIZATION: Co., K. 34th Infantry
DATE OF DEATH: 30 October 1944
PLACE OF DEATH: Leyte Island, P.I.
FOR THE COMMANDING GENERAL:

/s/t/ WARREN C. EDWARDS
Major, AGD
Asst Adj Gen

C
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HEADQUARTERS
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE COMMANDING GENERAL

GSQMM 704.5

APO 707

SUBJECT: Casualty Information.

21 Sep 1945

TO : Commanding Officer, Co. L. 34th Inf., APO 24

Request this headquarters be furnished all available information relative to the death and burial of the following deceased:

NAME: Bundy, Orville E.

RANK & ASN: Pvt. 39142485

ORGANIZATION: Co. L. 34th Inf.

PLACE OF DEATH: Leyte Island

DATE OF DEATH: 30 Oct 44

FOR THE COMMANDING GENERAL:

/s/t/ ROBERT W. FOX
1st Lieut., A. G. D.
Asst. Adjutant General

C
O
P
Y

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

6 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 30 , Plot _____,
Row _____, Grave 775, 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. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 4 Jan. 1950 OQMG
Not identifiable from
information presently
available 10 Jan. 1950

Ed Kayup

Jan 14

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3725 (Formerly UNK X-30 Leyte #1)			2. DATE OF REPORT 15 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	V	5595	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 2"	10. COLOR OF HAIR U T D	11. RACE Unknown
-------------------------------------	-------------------------------------	-----------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

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

Mark 162

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
See Remarks	H/O	H/O	H/O		D	D	D	D	D			D	H/O	H/O	
Side View															Side View
Top View															UPPER
Top View															LOWER
Side View															
	H/O	H/O		D		D						D	D	H/O	H/O
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Impacted

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: R8 impacted. L-11, slightly rotated.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

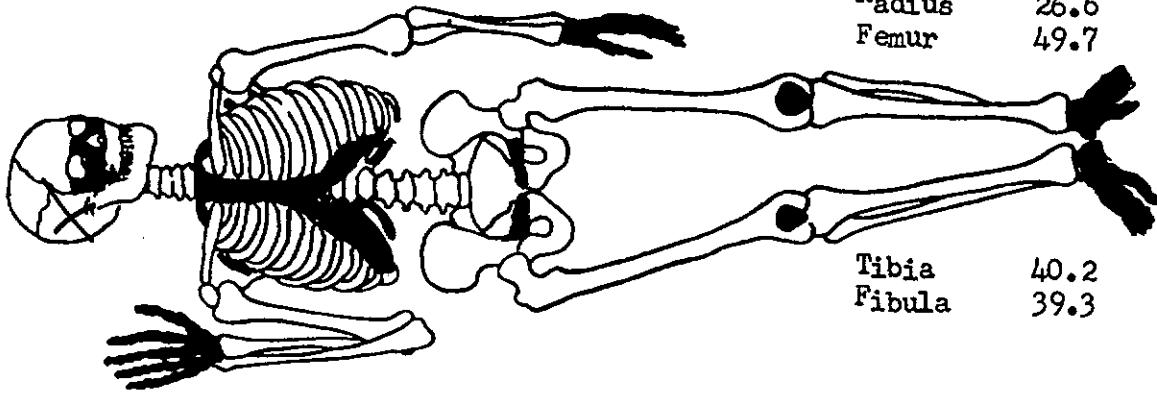
Paul R. Nichols

PAUL R. NICHOLS

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED

Humerus	37.2	188
Ulna	28.1	182
Radius	26.6	182
Femur	49.7	182



Tibia	40.2	182
Fibula	39.3	182

Average height in cms. 188 or 6' 2"

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.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

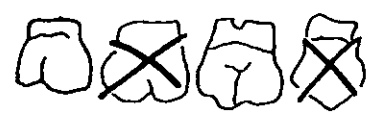
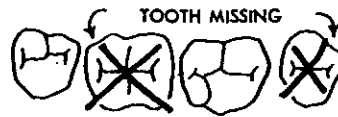
SIGNATURE

Paul R. Nichols

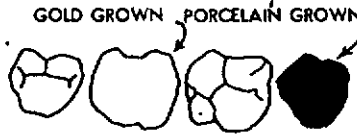
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3725 (Formerly UNK X-30 (USAF Cemetery #1, Leyte, P.I.))				2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	V	5595	DISINTERMENT	REINTERMENT STORAGE
26 Dec 47 12 Feb 48					
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 6' 2"	10. COLOR OF HAIR UTD		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 I.D. tag or other means of identification.					

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



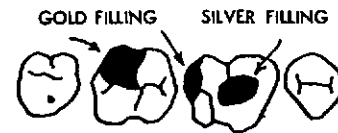
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



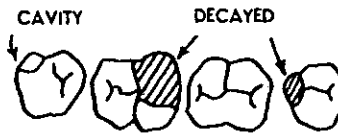
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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									
8A	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A	o	o		⊗	⊗	⊗	⊗	⊗			o	A	A		
	o	o	m	d									d	o	o		
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	A	A			⊗	⊗					⊗	⊗	A	A	⊗		
	o	o											o	o			
↓	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
<i>Impacted</i>								<i>See remarks</i>								<i>Mandible missing</i>	

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-8 impacted. L-11, slightly rotated.

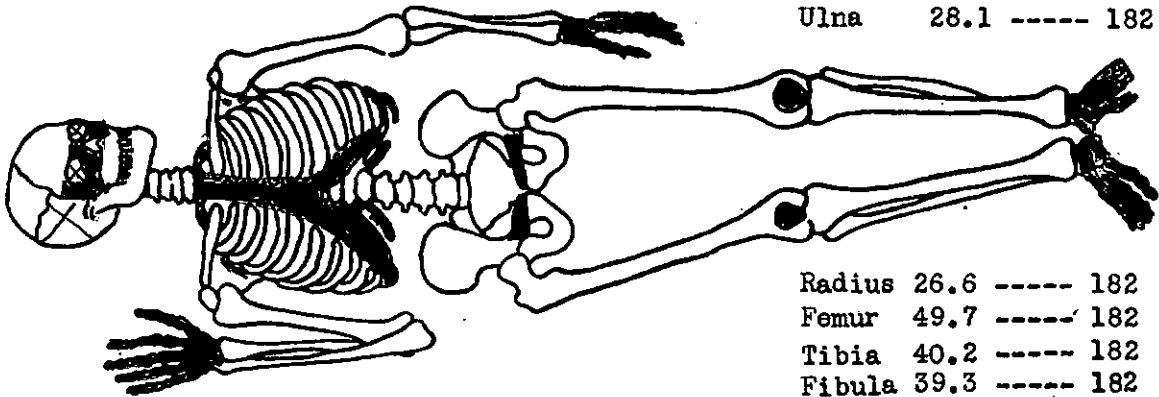
CERTIFIED TRUE COPY
G. T. Gamboa
 G T GAMBOA
 2d Lt MSC

s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3725

	Broca Scale	Roller Table
Humerus	37.2 -----	188
Ulna	28.1 -----	182



Cervical
 Thoracic
 Lumbar
 20 Ribs
 5
 5
 5

Radius	26.6 -----	182
Femur	49.7 -----	182
Tibia	40.2 -----	182
Fibula	39.3 -----	182
Average of length in cm.		188 or 6' 2"

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

Skull- fractured.
Estimated weight of remains 8 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

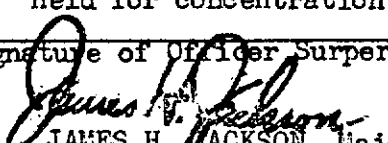
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JAMES W. McCLANAHAN C-064983
CIP Lab. Mausoleum, Manila, P.I.

SIGNATURE

s/ James W. McClanahan

X-3725

OMO Form 1042 Rev. 1 Apr. 1945		RESTRICTED		Date	
REPORT OF DISINTERMENT FOR IDENTIFICATION				8 January 1948	
1. Remains of (Name) UNKNOWN X-30			Serial Number		
Grade		Organization			
Name, Number and Location of Cemetery USAF Cemetery Leyte #1, P.I.			Plot	Row	Grave No. 775
2. Date of Disinterment 26 December 1947		NEXT TO KIN: -			
3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment. Original made in shelter halve burial. Skeletal remains. 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, 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



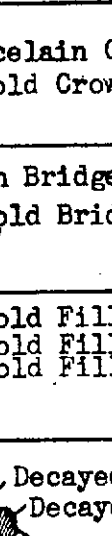
Crowned Teeth



Bridgework



Fillings



Caries (Cavities)

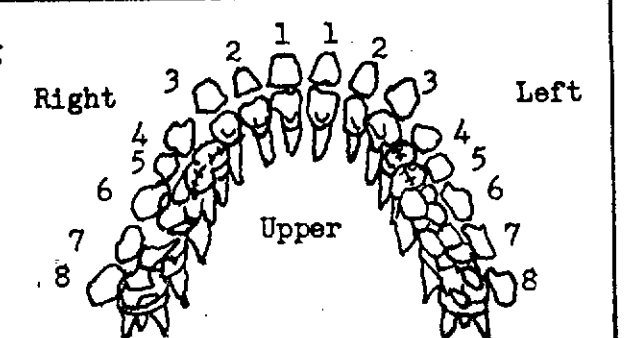
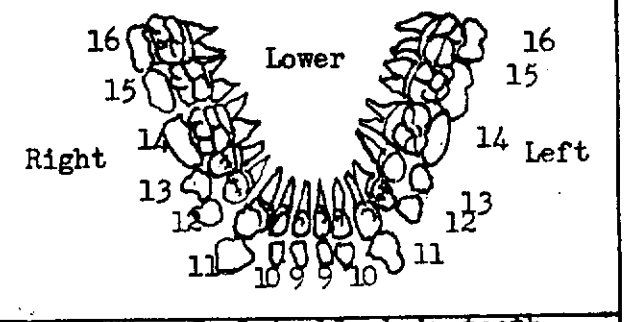
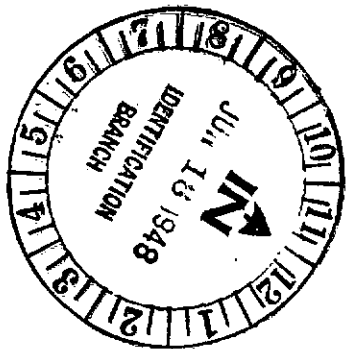



Diagram represents the mouth wide open



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-AM

9749

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem. Leyte #1, P.I.

Date 7 March 46

1. Remains of UNKNOWN X-30 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 7 March 46 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 775

By: Group Sgt M Kuchirka Unit 4586th QM Gr

3. Reburied (date) 7 March 46 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 775

By: Group Kuchirka Unit 4586 QM Gr Nature of reburial shelter half

True 680

4. Report as to nature of original burial and condition of body upon disinterment:
Original burial made in shelter half, body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Laundry Marks K-2487

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

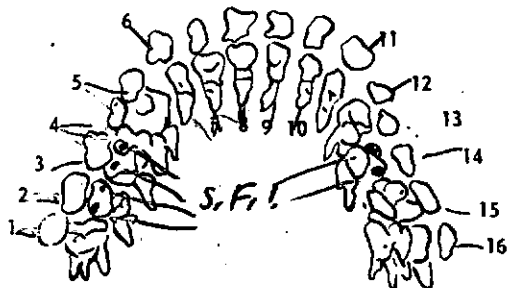
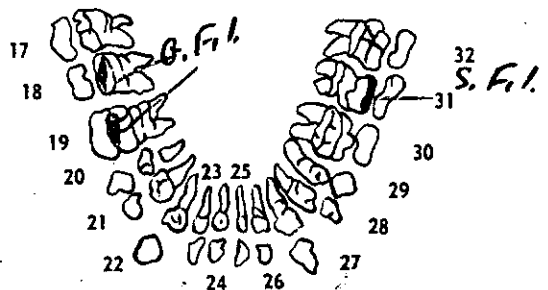


Diagram represents mouth wide open



7. Disinterment supervised by Sgt M Kuchirka Approved: CECIL G CARTER
(Title) 1st Lt., QMC

8. Reburial supervised by Sgt M Kuchirka Approved: CECIL G CARTER
(Title) 1st Lt., QMC

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

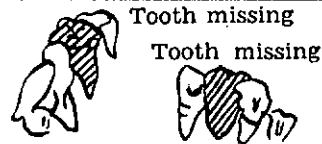
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

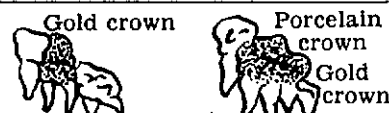
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

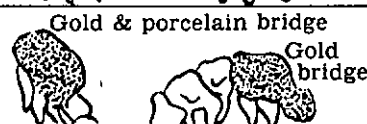
MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



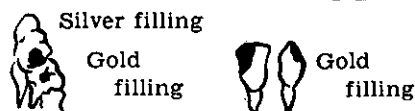
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



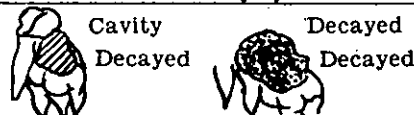
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem, Leyte #1, P.I.

Date 7 March 46

1. Remains of UNKNOWN X-30 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 7 March 46 From (give complete location):
USAF Cemetery Leyte #1, P.I. Grave 775

By: Group Sgt M Kuchirka Unit 4586th QM Gr

3. Reburied (date) 7 March 46 In (give complete location):
USAF Cemetery Leyte #1, P.I. Grave 775

By: Group Kuchirka Unit 4586 QM Gr Nature of reburial shelter half

4. Report as to nature of original burial and condition of body upon disinterment:
Original burial made in shelter half, body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Laundry Marks K-2487

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

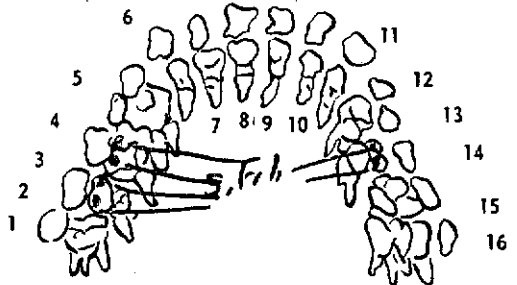
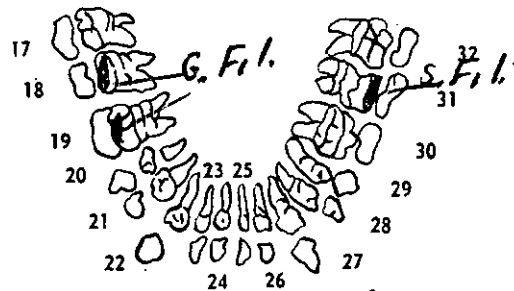


Diagram represents mouth wide open



7. Disinterment supervised by Sgt M Kuchirka

Approved: CECIL G CARTER
(Title) 1st Lt., QMC

8. Reburial supervised by Sgt M Kuchirka

Approved: CECIL G CARTER
(Title) 1st Lt., QMC

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

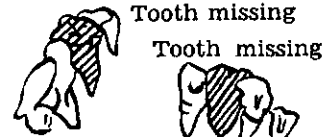
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

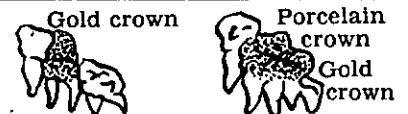
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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), bicuspid (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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



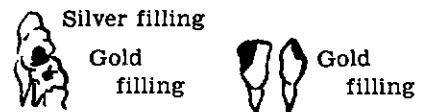
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



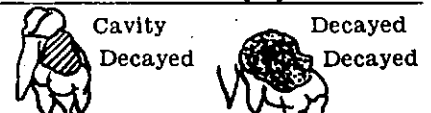
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

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

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

DATE OF REPORT

24 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3725 (Formerly UNK X-30
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

Jaro Area, Leyte, P.I.

CAUSE OF DEATH

Head badly decomposed

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

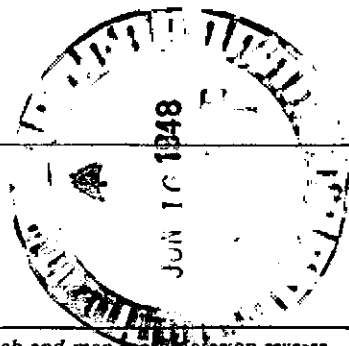
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

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 of site on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Feb 48	1100	Casket	None	812	V	5595

WAS THIS A REBURIAL?
(Yes or no)

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.

775

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-3726-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

5596

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

UNKNOWN X-3724

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

5594

SIGNATURE OF PERSON PREPARING REPORT

[Signature]
E AQUINO T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

[Signature]
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.

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

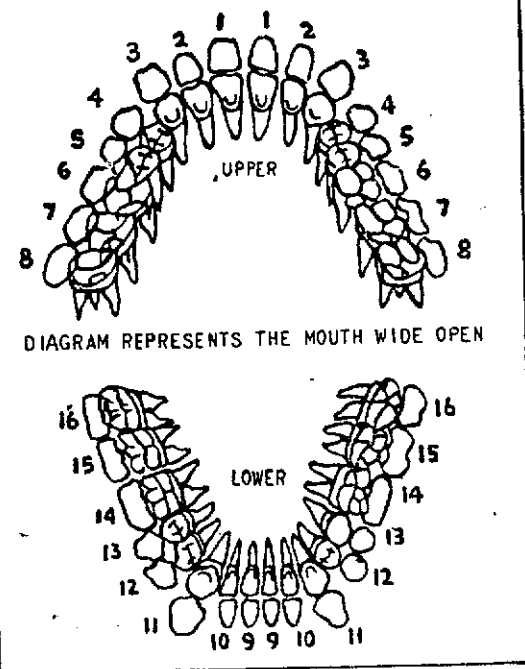
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
----------	--

CAVITIES	 <p>CAVITY DECAYED</p>
----------	--

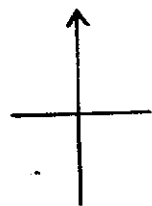
MISSING TEETH	 <p>TOOTH MISSING</p>
---------------	--

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 No 1044, 1044-A and 1044-B accomplished.

19 MAY 1948

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

\$0 9749 9749

UNKNOWN X-30 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Jaro Area, Leyte, P.I. (Place of death) Not shown on EMT (Date of death) Head badly decomposed (Cause of death)

1100 hrs 16 June 1945 (Time and date of burial) USAF Cemetery Leyte #1, P.I. (Name of cemetery) (Name or coordinates of location)

775

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 124 (X-21)

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)

Body buried on <u>RIGHT KOSKI, Lauri W.</u>	<u>39 137 730</u>	<u>Pvt</u>	<u>Co I,</u>	<u>34 Inf</u>	<u>776</u>
(Name)	(Serial number)	(Rank)	(Organization)	(Organization)	(Grave number)
Body buried on <u>LEFT LUNA, Joe L.</u>	<u>39 281 862</u>	<u>Pfc</u>	<u>Co G,</u>	<u>34 Inf</u>	<u>774</u>
(Name)	(Serial number)	(Rank)	(Organization)	(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

7915

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: **K-2487**
Color of eyes: _____ Number of rifle: _____
Color of hair: _____ Wear glasses? _____
Race: _____ Is tooth chart attached? **Yes**
(If possible, have medical personnel take a tooth chart)

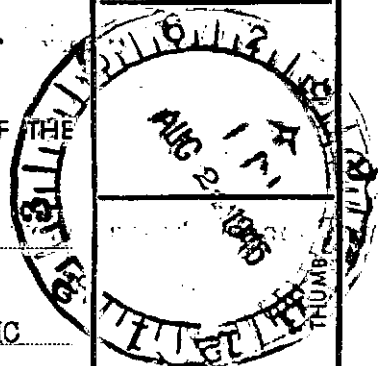
In space below, locate and describe any scars, birthmarks, moles,
deformities, etc.:

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., OMC
(Verified by Army GRS Officer)



LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

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

10 mar 45 3749

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

UNKNOWN X-21

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

Jaro Area, Leyte Island, P.I. Not shown on EMT Head badly decomposed.
 (Place of death) (Date of death) (Cause of death)

1500 1 November 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.

124 4 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 Duplicate EMT 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 Luna, Joe L. 29 281 862 Pfc Co G 34th Inf Regt 125
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Koski, Lauri W. 39 137 730 Pvt Co I 34th Inf Regt 123
 (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

(21)

CONFIDENTIAL

Incl 187

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 badly decomposed as to make identification impossible. Fingerprints and dental chart not practicable. Conditions not amenable.

Military

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. : K-2487 marked on collar of fatigue jacket. No information on EMT except: KIA-GSW Back of head. Date: 30 October 1944.

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

Chris J. Berlo
 (Signature of officer or other person supervising burial)
 Chapl., CHRIS J. BERLO, 1st Lt.

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

**RECEIVED
 8 FEB 1945**

LEFT HAND

RIGHT HAND

4

3

2

1

4

3

2

1

THUMB

THUMB