

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 unk. Leyte #1 X-330

SUBJECT

Also Manila Maus. X-3400

GMC FORM 1121  
1 Aug 45

**AIRMAIL**

REF: 293  
REF: War Dept

*293 UNK P.O. (Miss) Manila Manila  
See list below*

3 February 1950

SUBJECT: Identification of World War II Remains

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

1. Reference is made to the following unknown remains now stored at the ANNS Mausoleum, Manila, P.I.:

*3260*

Unknown I-3070, (formerly I-110, Leyte #1)	
" I-3421 " I-160, " "	
" I-3318 " I-162, " "	
" I-3416 " I-202, " "	
" I-3361 " I-205, " "	
" I-3368 " I-215, " "	
" I-3299 " I-228, " "	
" I-3339 " I-230, " "	
" I-3209 " I-227, " "	
" I-3400 " I-230, " "	
" I-3782 " I-249, " "	
" I-3338 " I-268, " "	
" I-778, Leyte #1 (formerly LYAN, A.)	
" I-4440, ANNS Mausoleum, Manila, P.I.	
" I-4664, ANNS Mausoleum, Manila, P.I.	
" I-5100, " " " "	
" I-3405- (formerly I-339, Leyte #1)	

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

FOR THE U.S. POSTMASTER GENERAL

Asst. Director  
Salser  
JL  
cc-administrative section  
cc-insafe

T. G. 1952  
Lt. Colonel, AGC  
Special Division

*X 293 UNK P.O. P-330 (Kopelman)*

**AIRMAIL**

**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 48843 233, GPO (Far East ), dated 17 September 1948, subject: Resolution of Cases of Unidentified Remains, the following unknown remains, presently stored at AFMMA Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

REF ID: X-733	Loyte	pl	REF ID: X-3405-A	AGPO	Salin
X-3260	AGPO	Salin	X-3418	"	"
X-3208	"	"	X-3421	"	"
X-3315	"	"	X-3722	"	"
X-3335	"	"	X-4105	"	"
X-3339	"	"	X-4440	"	"
X-3361	"	"	X-4564	"	"
X-3365	"	"	X-5002	"	"
X-3399	"	"	X-5100	"	"
X-5400	"	"			

2. Forwarded herewith, for your consideration, are new AGPO forms 1044 for the above mentioned unknowns.

FOR INFO ONLY: 48843 233, GPO

10 Incls  
AGPO forms 1044 w/ certificates  
of unidentifiability

JOSPH SHYMA  
1st Lt., Infantry  
Adjutant

1 /bpm /gyc	Interred 13 Feb 1950 D 16 24 Ft. McKinley <i>Carl R. H. Mark</i> <b>DISINTERMENT DIRECTIVE</b>			M.K.		
	<b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A -			DIRECTIVE NUMBER 7740 00326		DATE 15 05 48 DAY MONTH YEAR
NAME AND BURIAL LOCATION OF DECEASED UNKNOWN X-000 <u>330</u>			SERIAL NUMBER	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY (LEYTE NO 1)					DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.	CAUSE OF DEATH 6
PLOT	ROW	GRAVE	COUNTRY 5855 PHILIPPINE ISLANDS <i>dl</i>			CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)		NAME AND ADDRESS OF NEXT OF KIN	
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 330 (Maus) UNKNOWN X-3400	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 27 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY JOSEPH W GESUSE 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

Two (2) Mausoleum tags UNK X-3400

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48 BY JOSEPH W GESUSE

CASKET SEALED BY JOSEPH W GESUSE	EMBALMER (Signature) <i>Joseph W Gesuse</i> JOSEPH W GESUSE
-------------------------------------	---

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY HONORIO V AURELIO, 1st Lt, Inf
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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.

*Honorio V. Aurelio*  
 HONORIO V AURELIO, 1st Lt, Inf  
 SIGNATURE OF GRS INSPECTOR

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

8 MAR 49  
 REPATRIATION  
 BRANCH  
*[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGNS Mausoleum	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>W. J. ...</i>
DATE		DATE	FEB 13 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

BY ADMINISTRATIVE ORDER  
 (BY ADMINISTRATIVE ORDER)  
 PORT KINLEY CEMETERY

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

HEADQUARTERS  
FILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

4 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 330, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 5955, USMC Loyte J. I. I., 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. McENEAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 OQMG  
Not identifiable from  
information presently  
available Robert W. Smith

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3400 (Formerly UNK X-330 USAF Cem. Loyte #1, F.I.)				2. DATE OF REPORT 4 Jan. 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, F.I.		4. PLOT E13	5. ROW J	6. GRAVE 3320	7. DATE OF DISINTERMENT 21 Nov 47
				REINTERMENT 14 Jan 48	

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 1/4"	10. COLOR OF HAIR UTD	11. RACE Unk
----------------------------	---------------------------------	--------------------------	-----------------

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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

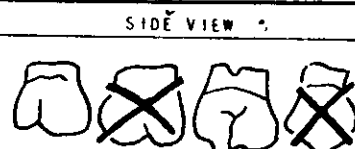
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

**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:



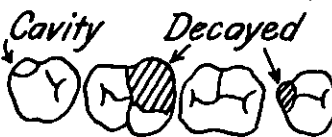
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



*See Remarks*

Maxilla Missing RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗						⊗	⊗	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*Mandible broken*

**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."

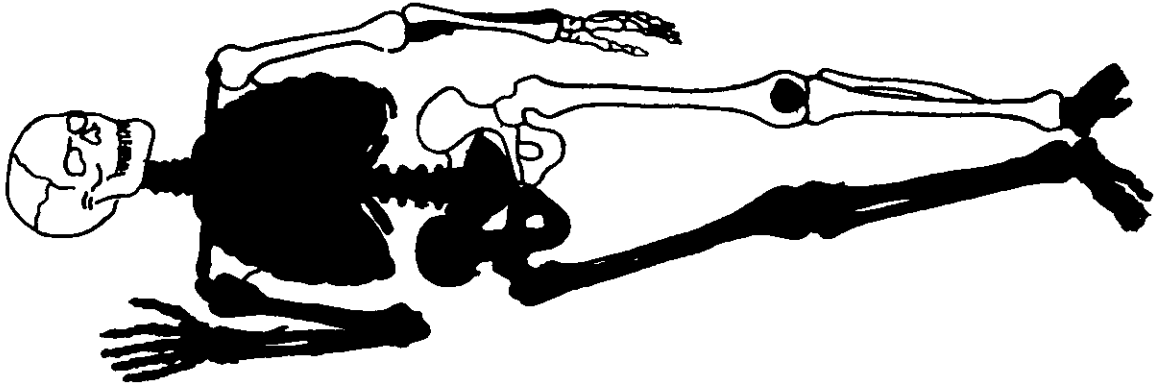
REMARKS: R-8 and R-7; U.D. whether, (X) or (X) due to condition of maxilla which is missing.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or any other means of identification found with remains.

Est. 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, Ident. Section

SIGNATURE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3400 (Formerly UNK X-330 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3320	7. DATE OF DISINTERMENT 21 Nov 47
				REINTERMENT 14 Jan 48	

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 5' 6 $\frac{1}{4}$ "	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U. T. D. - Due to condition of remains.

14. WAS BODY BURNED ?  
 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

18.

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:

TOP VIEW

SIDE VIEW

TOOTH MISSING



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

GOLD GROWN PORCELAIN GROWN



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



*See Remarks*

maxilla missing RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							

*mandible broken*

REMARKS: 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 and R-7; U.T.D. whether, (X) or (F) due to condition of maxilla which is missing.

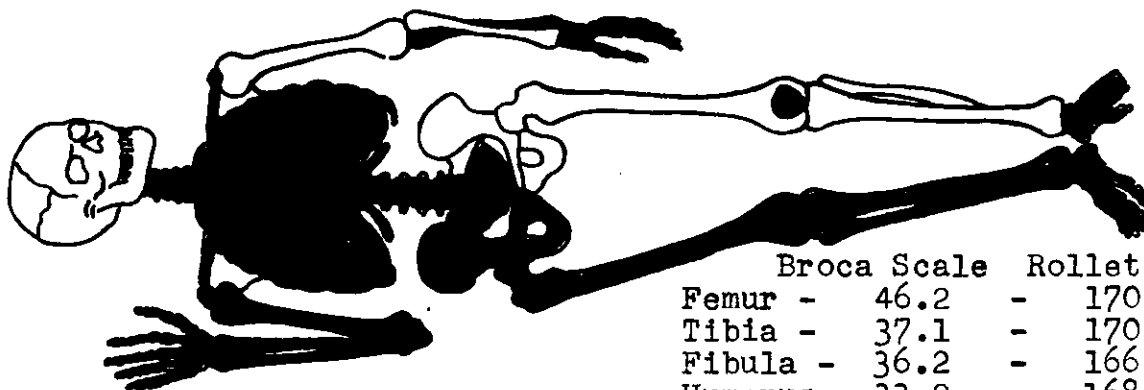
CERTIFIED TRUE COPY:

*G. T. Gamboa*

G. T. GAMBOA  
2d Lt., MSC

/p/ FRAZIER OLIVER  
/s/ John H. Bennett Jr.

B. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca Scale	Rollet Table
Femur -	46.2	- 170 cms.
Tibia -	37.1	- 170 cms.
Fibula -	36.2	- 166 cms.
Humerus -	33.2	- 168 cms.
Average height	-	168 $\frac{1}{2}$ cms. or 5' 6 $\frac{1}{2}$ "

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 I.D. tags or R.O.I. bottle found with remains.

Circumference of skull is 20-3/4 inches.

Estimated weight of remains is - 5 $\frac{1}{2}$  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

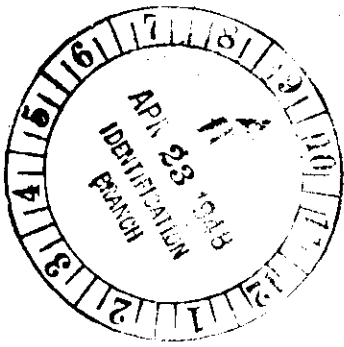
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ FRAZIER OLIVER - SP-6

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Frazier Oliver - SP-6



/vpl

RESTRICTED U-764

U 762

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

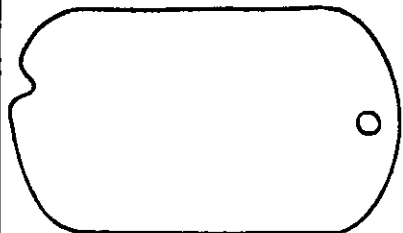
APR 23 1948

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

STORAGE

DATE OF REPORT

20 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3400 (Formerly UNK X-330 USAF Cem 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

Isolated burial  
2 mi N. E. of  
Albuera, Leyte, P.I.

CAUSE OF DEATH

KIA

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 coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSCLEUM, 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.
14 Jan 48	1300	Casket	None	813	J	3320

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.

5855

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-3402-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

3322

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

UNKNOWN X-3398-C

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

3318

SIGNATURE OF PERSON PREPARING REPORT

C AQUINO, T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPLO, 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

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


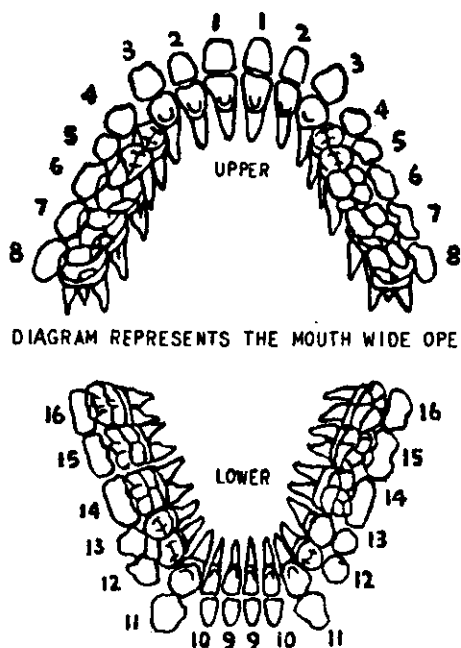





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

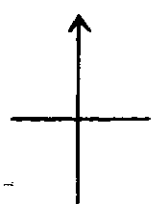
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</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.

9 MAR 1948

RESTRICTED

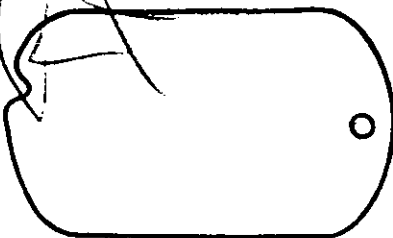
1jt 5855 U-762

WD CMC FORM 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
24 Dec 45

Impress Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-330		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	

PLACE OF DEATH	Isolated burial	CAUSE OF DEATH		DATE OF DEATH	
	2 mi N.E. of Alburea, Leyte, P.I.		KIA		-

EMERGENCY ADDRESSEE (Name, relationship, and address)

-

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None  
incl 749

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Dec 45	1000	shelter halve	Reg Cross			5855

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Map Cent. Phil., Sheet 3 of 5 scale=1:250,000, Coord: 1326.0-1323.4			Isolated burial

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
-	-	Report of Reinterment buried in bottle

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	Identification tag buried in bottle
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
GLOVER, Harry V., Jr	Pvt	-	182d Inf Amer.Div	5854

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
CORRALES, Henry R	Pfc	39151277	7th Div	5856

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Charles W. Hallock T/5 Charles W. Hallock, GRS	William D. Rogers WILLIAM D ROGERS, 1st 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



**22 JAN 1946**

**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.



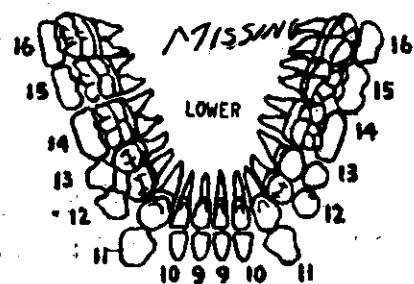




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

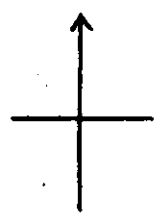
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND <b>Found above ground. 2 mi N.E. of Albuera, Leyte, P.I.</b>
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**OTHER IDENTIFICATION CLUES**

**No means of identification found on body.**

FILLINGS	 SILVER FILLING GOLD FILLING	 <p align="center">UPPER <b>MISSING</b></p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER <b>MISSING</b></p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND DENTAL CHARTING.**

**SKULL MISSING!**