

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Venk Keyt #1 X-338

SUBJECT

also manila maus X-3404

GMC FORM 1121  
1 Aug 45

MSGT 293  
CIS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-60 (formerly X-166, USAF Cem #5, Finsch., N.G.)  
Unknown X-104 (formerly Unknown X-148, USAF Cem #5, Finsch., N.G.)  
Unknown X-485 (formerly Unknown X-128, USAF Cem #5, Finsch., N.G.)  
Unknown X-2227 (formerly Unknown X-612, USAF Cem #1, Leyte, P.I.)  
Unknown X-2300 (formerly Unknown X-641, USAF Cem #1, Leyte, P.I.)  
Unknown X-2321 (formerly Unknown X-617, USAF Cem #1, Leyte, P.I.)  
Unknown X-3404 (formerly Unknown X-338, USAF Cem #1, Leyte, P.I.)  
~~Unknown X-3487 (formerly Unknown X-341, USAF Cem #1, Leyte, P.I.)~~  
Unknown X-3661 (formerly Unknown X-62, USAF Cem #1, Leyte, P.I.)  
Unknown X-3747 (formerly Unknown X-10, USAF Cem #1, Leyte, P.I.)  
Unknown X-4577  
Unknown X-4898  
Unknown X-5067

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, QMC  
Memorial Division

T.A.Fields:jdk  
Salser  
JW

REB

cc: Administrative Section

NJS

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

MSG 293.9

AGO 707

SUBJECT: Unidentifiable Remains

16 May 1949

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 QMCU 293, GIS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGM Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN Y-26	UNKNOWN Y-3404
" Y-60	" Y-3407
" Y-104	" Y-3661
" Y-455	" Y-3747
" Y-2227	" Y-4577
" Y-2300	" Y-4898
" Y-2321	" Y-5067

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

FOR THE COMMANDING GENERAL:

JOHN A. MAISZAL  
1st Lt., AGC  
Asst Adj Gen

14 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability.

/fms

Interred 10 Oct. 1949  
6-13 70 Ft. McKinley

DISINTERMENT DIRECTIVE

*M.K.*

1

*Carroll Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00334

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME  
*J.P.*  
UNKNOWN

SERIAL NUMBER  
X-000338

RANK  
*9/14*

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  
5866 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
Unk X-338  
(Maus No) Unk X-3404  
Unk X-336

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
27 Sept. '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
GEORGE SIMONEAU  
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 Identification tags show Unk X-3404 Maus. No.  
1 Identification tag show Unk X-336

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept. '48 BY GEORGE SIMONEAU

CASKET SEALED BY  
GEORGE SIMONEAU

EMBALMER (Signature)  
*George Simoneau*  
GEORGE SIMONEAU

CASKET BOXED AND MARKED  
DATE 27 Sept. '48 BY HORACE L. ALLISON, Sgt. INF.

SHIPPING ADDRESS VERIFIED BY  
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.

REMARKS: Unidentifiable - OQMG

*Graves*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
1. SHIPPED		AGNS Mausoleum	Port McKinley Military Cemetery	Truck			<i>[Signature]</i>	<i>[Signature]</i>	10 OCT 1949
2. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER (BY ADMINISTRATIVE ORDER) FORT MCKINLEY CEMETERY	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	TO	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

*Fields*

3 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 338, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5866, USMC Leyte #1. have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

*Anal. 3/8*

Received 31 May 49  
Not identifiable from  
information presently  
available *Fields*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X- 3404 (Formerly Unk X-338 Leyte No. 1)				2. DATE OF REPORT 3 May 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3326	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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


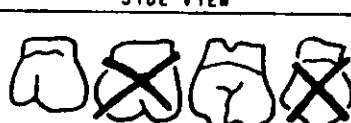
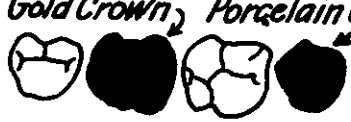





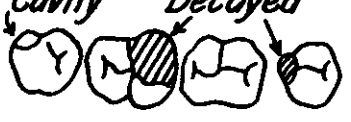

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Incl # 82

18.

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side View								Side View							
Top View								Top View							
UPPER								LOWER							
Side View								Side View							
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No loose teeth present with remains.

*James J. McDermott*  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP

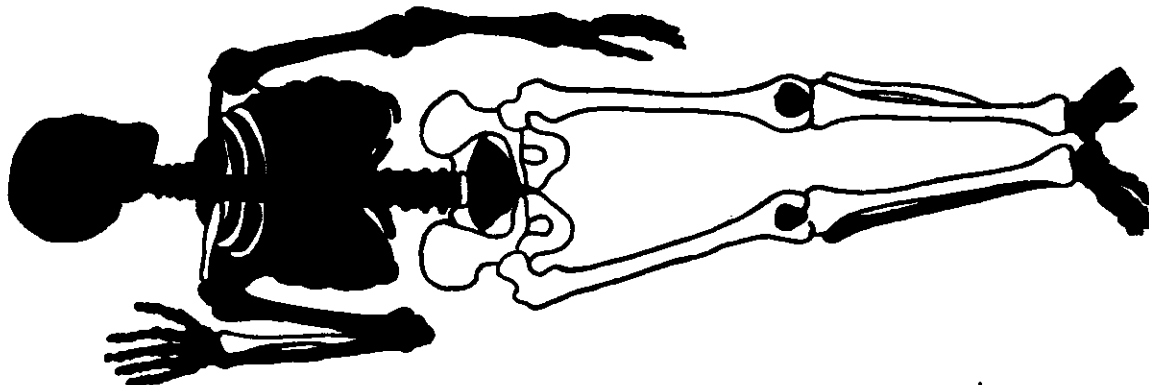
"BY READING THIS REPORT YOU WILL BE OBTAINING DATA"



19. BLACK OUT PARTS OF BODY NOT RECORDED

Received

- 1 Lumbar Vertebrae
- 6 Ribs



Estimated Height: 5' 7 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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 3/4 lbs.

**"UNIDENTIFIABLE"**  
**"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

TO NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP

SIGNATURE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3404 (Formerly UNK X-338, USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 10 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW J	6. GRAVE CRYPT 3326	7. DATE OF DISINTERMENT 21 Nov 47	REINTERMENT STORAGE 14 Jan 48

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR UTD	11. RACE
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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 ?  
 YES  NO TO WHAT EXTENT ?15. WAS BODY MANGLED ?  
 YES  NO TO WHAT EXTENT ?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


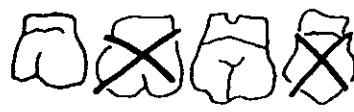
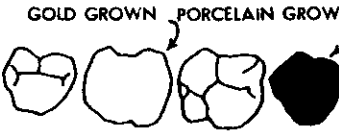



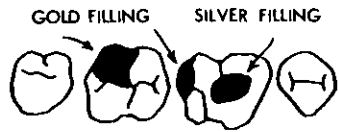

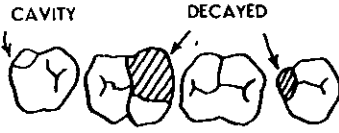
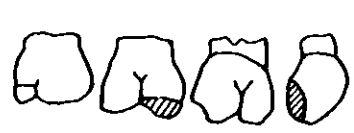
None

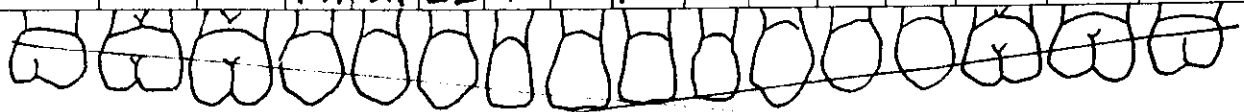



17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No clothing nor personal effects found with remains.

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	← MAXILLA								MISSING →								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	← MANDIBLE								MISSING →								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

**REMARKS:** No loose teeth found.

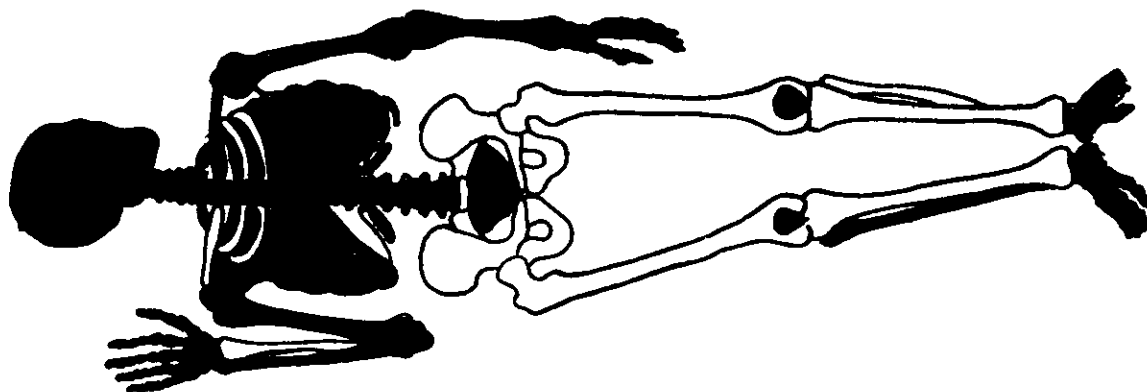
CERTIFIED TRUE COPY

*G. T. Gamboa*

G. T. GAMBOA  
2d Lt., MSC

/s/ John J. Connors

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

1- Lumbar vertebra

6- Ribs

Estimated weight of remains is 3-3/4 lbs.

CERTIFIED TRUE COPY

G. T. GAMBOA  
2d Lt., MSC

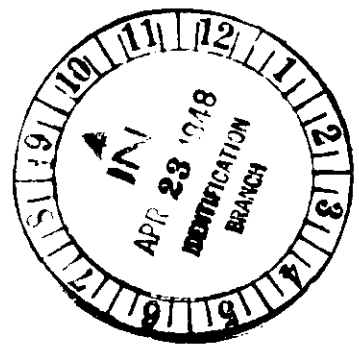
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ EDWARD F. MORIARTY  
Emb. Sup  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F. Moriarty



RESTRICTED

U 780

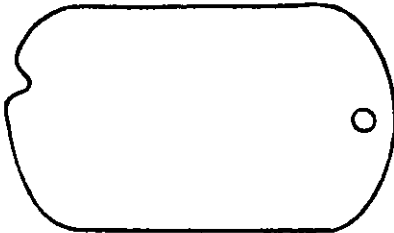
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

APR 23 1948

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

DATE OF REPORT  
20 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-3404 (Formerly UNK X-338 USAF Cem Leyte #1, P.I.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Vicinity of Lubi, Leyte, P.I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
--	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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 <b>14 Jan 48</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) STORED <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. HANGER <b>813</b>	ROW No. BAY <b>J</b>	GRAVE No. CRYPT <b>3326</b>
---	---------------------	--	--	----------------------------------	----------------------------	-----------------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Leyte #1, P.I.</b>	PLOT No.	ROW No.	GRAVE No. <b>5866</b>
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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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED <b>UNKNOWN X-3405-B</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT <b>3328</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-3403-A</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT <b>3324</b>
--	------	------------	--------------	-----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>U. C. AQUINO, T/5 QMC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>LD S. PANOPID 2d Lt., INF</b>
--	---

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

2/15/48

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


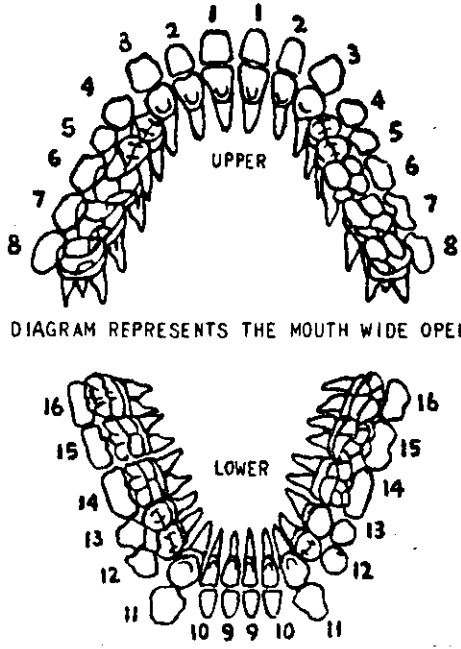




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

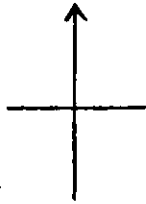
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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.**

**9 MAR 1948**

RESTRICTED

jt

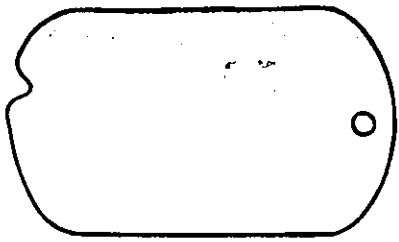
5866 U- 780

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

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

DATE OF REPORT

31 Dec 45

Imprint Identification Tag If Possible. DO NOT TYPE  		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-338				SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.		CAUSE OF DEATH -			DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
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							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Incl 7 Boge							
<b>Section 2.—BURIAL.</b> 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 26 Dec 45	HOUR 1500	BURIED IN (Shroud, Mantel, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5866
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Phil.Polyconic Grid System-scale-1:63360 Coord: 1334.5-1326.7				PLOT No.	ROW No.	GRAVE No. Isolated burial
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) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes		Report of Reinterment buried in bottle			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-337				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5865
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-339				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5867
SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hallock</i> T/5 Charles W. Hallock, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William D. Rogers</i> 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 Office. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED



**22 JAN 1946**

**Section 3.— UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


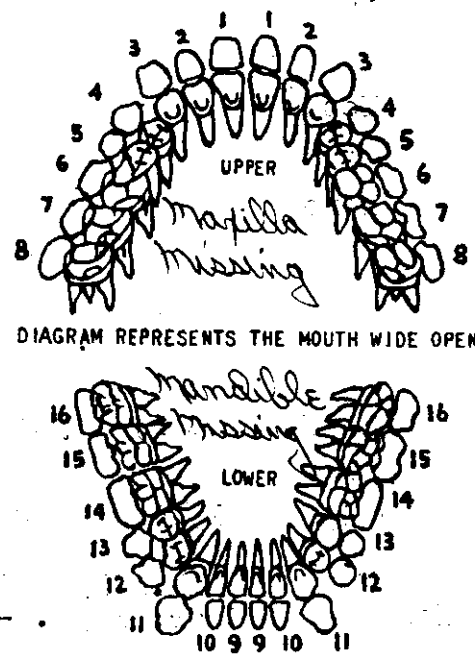





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>
<b>WEAPON AND SERIAL NO.</b>		<b>LAUNDRY MARKS</b>		<b>WHERE BODY WAS BURIED OR FOUND</b>
				<b>Isolated burial Lubi, Leyte, P.I.L</b>

**OTHER IDENTIFICATION CLUES**

No other means of identification found on body.

<b>FILLINGS</b>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>		
<b>MISSING TEETH</b>		
<b>CROWNED TEETH</b>		
<b>BRIDGE WORK</b>		
<b>FILLINGS</b>		

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



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION, Maxilla and Mandible, missing.**