

FILE IDENTIFICATION TOPPER

FILE NUMBER

993 unk Leyte #1 X-339

SUBJECT

also Manila Maus X-3405

GMC FORM 1121  
1 Aug 45

AIR MAIL

293 unk P.I. (misc) Maus Manila  
see list below  
3 February 1950  
SUBJECT: Identification of World War II Remains

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 400, c/o Postmaster  
San Francisco, California

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

3260

Unknown X-3430, (formerly X-110, Leyte I)	
" X-3471 " X-180, " "	
" X-3472 " X-182, " "	
" X-3418 " X-202, " "	
" X-3201 " X-205, " "	
" X-3104 " X-213, " "	
" X-3269 " X-224, " "	
" X-3239 " X-220, " "	
" X-3299 " X-227, " "	
" X-3400 " X-230, " "	
" X-3432 " X-232, " "	
" X-3433 " X-234, " "	
" X-783, Leyte I (formerly LMA, A)	
" X-4440, AMB Mausoleum, Manila, P.I.	
" X-4804, AMB Mausoleum, Manila, P.I.	
" X-5100, " " " "	
" X-3408 (formerly X-330, Leyte I)	

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

FOR THE COMMANDER: [Signature]

Administrative Section  
Info

Lt. Colonel, AGC  
Memorial Division

X 593 Unk P.I. A. X-339  
[Signature]

AIR MAIL

GRPZ 293

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-733 Lyete #1	UNKNOWN X-3405/ <sup>-A</sup> GRS Mslm
X-3260 AGRS Mslm	X-3418
X-3289	X-3421
X-3313	X-3782
X-3388	X-4105
X-3339	X-4440
X-3361	X-4864
X-3365	X-5001
X-3399	X-5100
X-3400	

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

FOR THE COMMANDING OFFICER:

19 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

/ebc  
1  
/gyc

Interred 7 Feb 1950  
D 7 1/4 Ft. McKinley  
*Carl R. H. Mark*  
CARL R. H. MARK

### DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00335

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
*gyc*  
UNKNOWN

SERIAL NUMBER  
X-000339

RANK  
*gyc*

ARM  
0

DATE OF DEATH

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
5867 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-339

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
22 June 1949

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
RICHARD HOYT  
Embalmer NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
3405 (Mslm)

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET  
DATE 22 June 1949 BY RICHARD HOYT

CASKET SEALED BY  
RICHARD HOYT

EMBALMER (Signature)  
*Richard Hoyt*  
RICHARD HOYT

CASKET BOXED AND MARKED  
DATE 22 June 49 BY WEYMAN L MCGUIRE, Sgt, MC

SHIPPING ADDRESS VERIFIED BY  
GERARD A BRICK

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

*Gerard A Brick*  
GERARD A BRICK  
SIGNATURE OF GRS INSPECTOR

FILE  
MAR 1950  
REGISTRATION  
*Shaw*

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS MAUSOLEUM	TO	U. S. MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Barthelme</i>
DATE		DATE	FEB 7 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	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	PORT MCKINLEY CEMETERY	SIGNATURE OF RECEIVER	
DATE		DATE	

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	



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3405-A (Formerly UNK X-339 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3327	DISINTERMENT	REINTERMENT
				21 Nov 47	14 Jan 48

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7½	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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

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

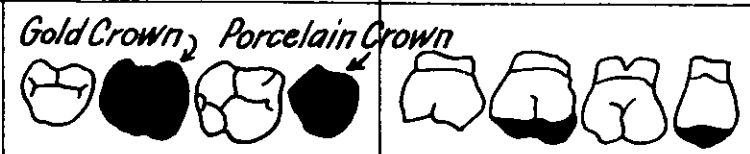
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

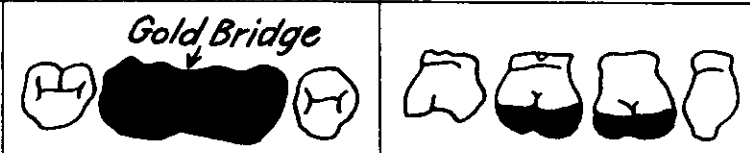
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



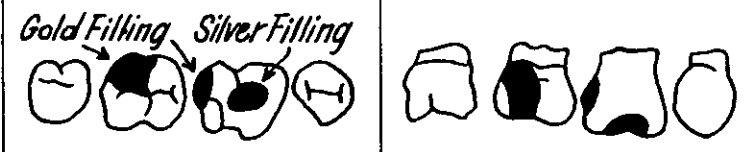
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



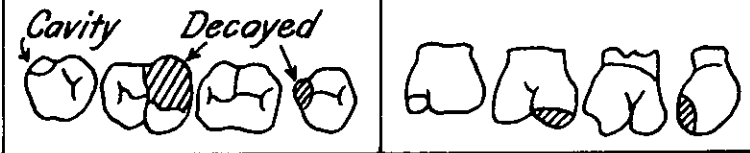
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



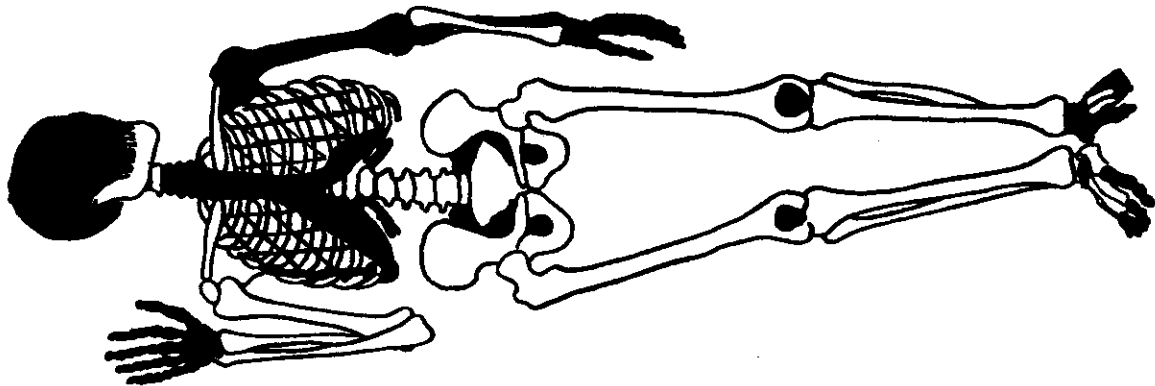
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
UPPER															
LOWER															
Side Views															
A		Cov		A		Cov		P		P		P		P	
16		15		14		13		12		11		10		9	
16		15		14		13		9		10		12		13	

**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 maxillary teeth found with remains.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Ident. Section





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 (removed) burial bottle, personal effects, or any other means of identification found with remains.

Estimated weight of remains - 5½ lbs.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Iden. Section

SIGNATURE

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3405-A (Formerly UNK X-339 USAF Capt Layte #1, P.I.)</b>				2. DATE OF REPORT <b>12 Jan 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>J</b>	6. GRAVE <b>327</b>	7. DATE OF DISINTERMENT <b>21 Nov 47</b>
				REINTERMENT STORAGE <b>14 Jan 48</b>	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'7½"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**An identification tag bearing the following inscription: McKINZIE, R E 37647088 T-41 O-P. One ROI bottle.**

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


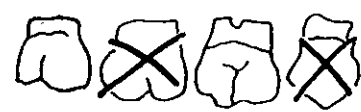
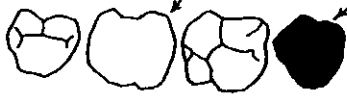

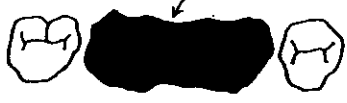





14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

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  
**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)  
**No clothing nor personal effects found with remains.**

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>TOOTH MISSING</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	
<i>Maxilla Missing</i>																
SIDE VIEWS																
UPPER																
LOWER																
SIDE VIEWS																
X	X	A	A	X	P	P	P	P	P	P	X	X	X	X	X	
16	15	off	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 maxillary teeth found with remains.

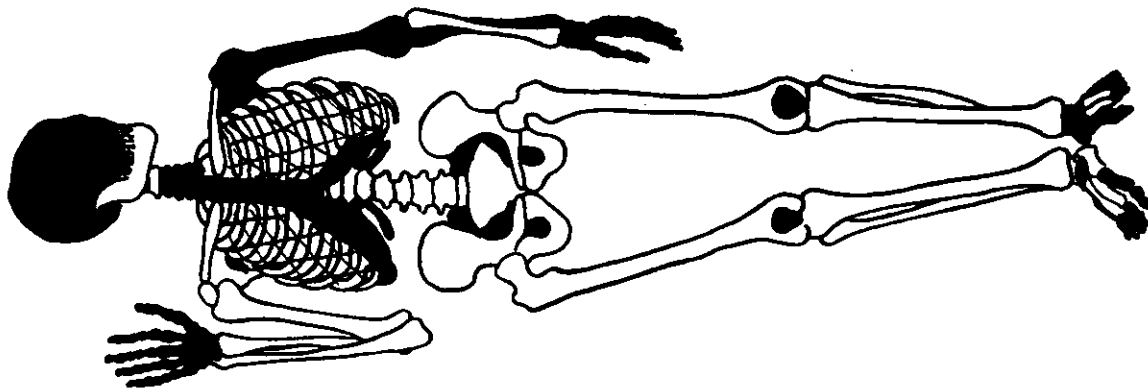
CERTIFIED TRUE COPY:

*G. T. Gamboa*

G T GAMBOA  
2d Lt MSC

/s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - Cervical )
- 5 - Thoracic ) Vertebrae
- 5 - Lumbar )
- 24 - Ribs fragment

Estimated weight of remains is 5½ lbs. An identification tag was found among the remains as indicated in Par 12. In processing this case (Formerly UNK X-339 USAF Cosh Leyte #1, P.I.) two remains were found according to bone structure. Segregation was made and the two remains were assigned Nos. UNK X-3405-A and X-3405-B. (Refer to UNK X-3405-B).

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

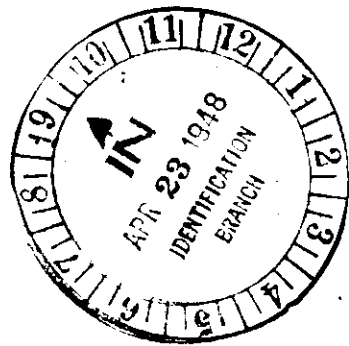
/p/ EDWARD F MORIARTY

Emb Sup

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F Moriarty



339

HEADQUARTERS ..  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSCR 293.9

AFO 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 8 AUG 1949

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

1. A recent reprocessing of Unknown remains presently stored at AGRS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with the Unknowns declared Unidentifiable.

2. In view of the above, it is requested all records your office pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

UNKNOWN	X-1776-A	UNKNOWN	X-3405-A	UNKNOWN	X-3770-A	UNKNOWN	X-4758-A
"	X-2362-A	"	X-3578-A	"	X-3833-A	"	X-4759-A
"	X-2766-A	"	X-3597-A	"	X-3836-A	"	X-4761-A
"	X-2889-A	"	X-3613-A	"	X-4173-A	"	X-4769-A
"	X-3029-A	"	X-3634-A	"	X-4314-A	"	X-4771-A
"	X-3265-A	"	X-3679-A	"	X-4315-A	"	X-4772-A
"	X-3289-A	"	X-3686-A	"	X-4533-A	"	X-4778-A
"	X-3315-A	"	X-3687-A	"	X-4725-A	"	X-4792-A
"	X-3363-A	"	X-3704-B	"	X-4740-A	"	X-4805-A
"	X-3402-A	"	X-3729-A	"	X-4752-A		

3. All records in this Headquarters pertaining to the above Unknowns have already been amended accordingly.

FOR THE COMMANDING GENERAL:

/s/ John H. Weston, Jr.  
JOHN H. WESTON Jr.  
1st Lt           ACD  
Asst           Adj    Gen

/cbf

RESTRICTED

U 779

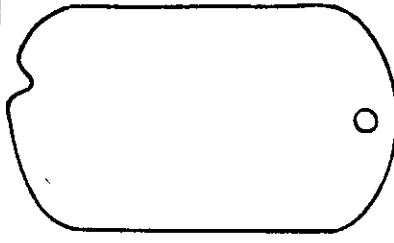
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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-3405-A (Formerly UNK X-339 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>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>Yes (1)</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>See Remarks</b>
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 <b>STORAGE 14 Jan 48</b>	HOUR <b>1900</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORED Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>813</b>	ROW No. <b>J</b>	GRAVE No. <b>CRYPT 3327</b>
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WAS THIS A REBURIAL? (Yes or no) <b>RESTORED 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>5867</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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>STORED Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORED UNKNOWN X-3406</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3329</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORED UNKNOWN X-3403-B</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3325</b>
---	------	------------	--------------	------------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> <b>W/C AQUINO, T/5, QMC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> <b>L/S PANOPIO, 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

*[Handwritten initials]*

**Section 3 UNIDENTIFIED REMAINS.**






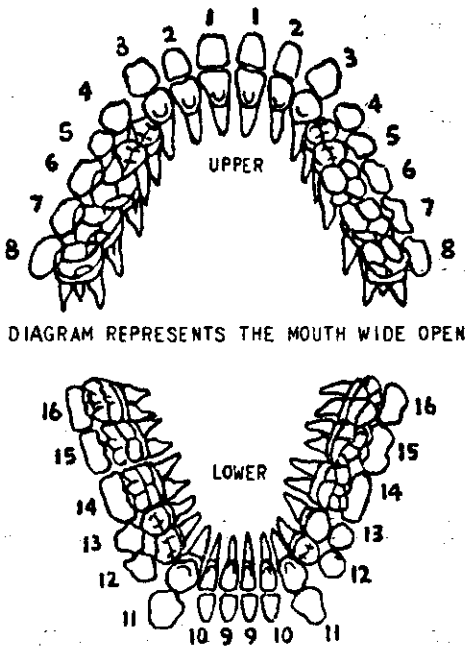
**INSTRUCTIONS:**

(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**

LEFT LITTLE FINGER LEFT RING FINGER LEFT MIDDLE FINGER LEFT INDEX FINGER LEFT THUMB RIGHT THUMB RIGHT INDEX FINGER RIGHT MIDDLE FINGER RIGHT RING FINGER RIGHT LITTLE FINGER	<b>FILLINGS</b>  SILVER FILLING GOLD FILLING <b>CAVITIES</b>  CAVITY DECAYED <b>MISSING TEETH</b>  TOOTH MISSING <b>CROWNED TEETH</b>  PORCELAIN CROWN GOLD CROWN <b>BRIDGE WORK</b>  GOLD BRIDGE	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
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FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

**REMARKS:** In processing case formerly UNK X-339 USAF Cem Layte #1, P.I., bones of two bodies were found. They were segregated and designated as UNK X-3405-A and UNK X-3405-B, AGRS Mausoleum, Manila, P.I. Identification tag found with the remains indicates one of them might be McKINZIE, R E, 37647088 T-41 O-P. Cross reference this case, (UNK X-3405-A), with UNK X-3405-B.

**REMARKS:**

QMC Form 1044, 1044-A and 1044-B accomplished.

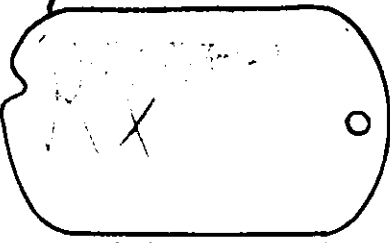
9 MAR 1948



RESTRICTED

lit

5867 U-779

WD OMC 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	
Important Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-339				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 765 None							
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 26 Dec 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) shelter halve	TYPE OF GRAVE MARKER Reg Cross	PLOT NO.	ROW NO.	GRAVE NO. 5867	
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: 1334.4-1326.4			PLOT No. Isolated	ROW No. burial	GRAVE No.	
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 in bottle.					
IDENTIFICATION 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-338		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5866		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-340		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5868 UNKN WN		
SIGNATURE OF PERSON PREPARING REPORT T/5 Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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

**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.


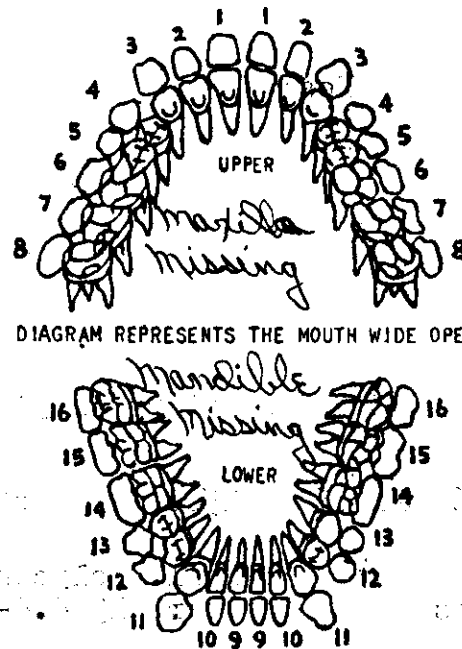





(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

**22 JAN 1946**

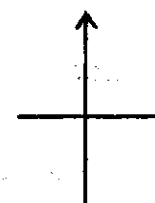
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND <b>Isolated burial Lubi, Leyte, P.I.</b>

**OTHER IDENTIFICATION CLUES**

**None**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND DENTAL CHARTING. MAXILLA AND MANDIBLE MISSING.**