

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 unkl keyt #1 X-340
SUBJECT	also manila maus X-3406 formerly keyt #1 X-3406

GNC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk-Leyte #1 (misc)

X-228 X-328 X-332 X-335 X-337

X-340 X-362 SYNOPSIS AND DATES X-364

NEW CLASSIFICATION misc filed
293 Unk-Leyte #1 X-228

RECLASSIFICATION SHEET

AIRMAIL

QAGNE 293

GRS Far East

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-3405-B,
AGRS Mausoleum Manila

Unknown X-727, USAF Cemetery Leyte #1, formerly X-4694,
AGRS Mausoleum Manila

Unknown X-728, USAF Cemetery Leyte #1, formerly Aegan, R.O.,
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, N. G.

AIRMAIL

293 Unknown Graves - X-3406 Mausoleum Manila

AIRMAIL

QIGMT 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 #8, 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. MEYER
Lt. Colonel, QMC
Memorial Division

RES

E. A. Kazup:dal
C. Salser
J. Windsor

TEC

Copy furnished CINCPAC, APO 500

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILOM ZONE

AFO 900
22 December 1949

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 QMGHU 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

AIRMAIL

Q44T 293

Unknown X-3406

AGWS Mausoleum, Manila, P.I.

7 September 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGWS, MAILBOX 208E

1. Proceedings of the Field Board of Review recommending the individual identification of Unknown X-3406, AGWS Mausoleum, Manila, P.I., (formerly unknown X-340 USAF Cemetery Leyte #1) as Varner, Merkel 1/lt. O-1291318 are returned herewith disapproved for the following reasons:

a. Although that remains were found in the general area, there is no definite clue that the Unknown is Merkel Varner.

b. The meager dental data and lack of physical characteristics for the unknown preclude the establishment of identity in this case.

2. It is requested that further investigation be conducted and the findings of the Field Board be forwarded to this Office.

FOR THE COMMANDING GENERAL:

1 Encl

3d Proceedings (Varner)

T. E. KAGZ
Lt. Colonel, QMC
Memorial Division

REB
22

REB

TEC

M. Donovan:lrc

Salser

JW

cc--Administrative Section

cc--Cincfe



BASIC: Ltr fr WD, OQMG, Wash. 25, D. C., file QMGMR 293, ~~Brecks, Norman F., SN 39 326 019, dtd 29 Nov. 1946~~, subject: Additional Information That May Lead to the Recovery and Identification of Remains Not Yet Accounted For.

GSGR 293

5th Ind

Brecks, Norman F.
39 326 019

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

26 AUG 1948

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

1. Pfc. Norman F. Brecks, 39 326 019, was killed in action at Lubi, Leyte, P. I., 22 December 1944. His organization was the 457th Precht., Field Artillery Battalion, 11th Airborne Division. The 457th Precht., Field Artillery Battalion Casualty Report No. 10, dated 25 December 1944 states "Body Found." However, attempt to identify unknown remains from the Lubi, Leyte, and other Leyte unknowns, have been negative. Dental chart comparison of X-3406 (Formerly X-340, USAF Cemetery Leyte No. 1) is not in agreement or favorable. RL4 and RL6 are present for X-3406. Form 79 dated 24 January 1944 shows RL4 and RL6 as extracted. A copy of the QMC Form No. 1044 is inclosed herewith to substantiate this comparison.

2. The body having been reported as found, but identification of any of the Leyte unknowns not being possible, the Board of Review, AGRS, PHILCOM, do not consider this case as a non-recoverable and therefore recommend that the remains of Pfc. Norman F. Brecks, 39 326 019, be considered as being a recovered "unknown." Unknown X-3406 was the only unknown from the Leyte area which indicated any possibility of identification.

FOR THE COMMANDING GENERAL:

4 Incls:

1 & 2 - n/c

Added:

Incl 3 - QMC Form 1044 for
Unknown X-3406.

Incl 4 - Casualty Report
No. 10, dtd 25 Dec 44.

NORMAN I. QUINN
CWO, USA
Asst. Adj. Gen.

BASIC: Ltr fr Dept of the Army, OCMG, Wash. 25, D. C., file AGMT 293, GRS Far East, dtd 11 May 1949, subj: Identification of World War II Deceased.

GSGR 293

1st Ind

HEADQUARTERS, PHILIPPINES COMMAND, APO 707 27 JUN 1949

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

Forwarded herewith is a corrected OMC Form 1044-A for UNKNOWN X-3406, AGRS Mausoleum, accomplished after the reprocessing of subject remains.

FOR THE COMMANDING GENERAL:

John A. Marszal
JOHN A. MARSZAL

1st Lt., AGD
Asst Adj Gen

1 Incl:

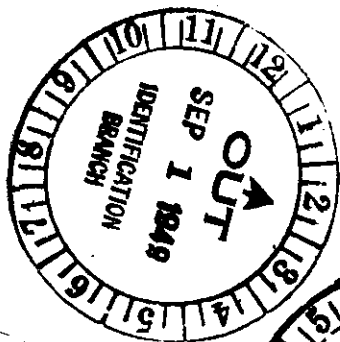
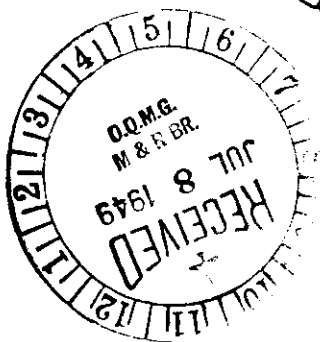
MC Form 1044-A

*Incl: w/d.
Joint Sect.*

*X
P
3
40*

293 Link X 3406 P. S. (Hayter)

*File
Aug 1949
AGMT 293
X-3406
Joint Sect.*



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMT 293
GRS Far East


11 May 1949

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. Reference is made to the recommendation dated 7 April 1949 for the identification of Unknown X-3406 (formerly X-340, USAF Cemetery Leyte #1, P.I.,) as 1/Lt. Merkel Varner, O-1291918.
2. As QMC Form 1044A accompanying X-3406 indicates conflicting information between dental chart and remarks section, request this Office be furnished a corrected Form 1044A.
3. Subject case is being held in suspense until a reply is received in this Office.

FOR THE QUARTERMASTER GENERAL:


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

OMGT 202
GMS Far East

11 May 1949

293 unk P.I. X-3406 Leyte #1

SUBJECT: Identification of World War II Deceased

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

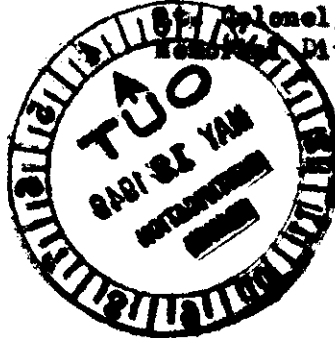
1. Reference is made to the recommendation dated 7 April 1949 for the identification of Unknown X-3406 (formerly X-340, USAF Cemetery Leyte #1, P.I.,) as 1/Lt. Merkel Varner, O-129191B.

2. As GMS Form 1044A accompanying X-3406 indicates conflicting information between dental chart and remarks section, request this Office be furnished a corrected Form 1044A.

3. Subject case is being held in suspense until a reply is received in this Office.

FOR THE QUARTERMASTER GENERAL:

**T. H. METZ
Colonel, QMC
Headquarters, Division**



M. Donovan:irc
Salzer
JW *JW*

3
REB

NJS

4573 GMS Far East

4573 Varner, Merkel O-129191B

/frv

M.K.

1

rsc

Interred 30 January 1950
A-88 20 Ft. McKinley

DISINTERMENT DIRECTIVE

~~R-33~~ ~~Barcode mark~~
CASE R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00336

DATE
15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN		X-000340			Q	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
USAF CEMETERY (LEYTE NO 1)						0	7701	80
						CODE	DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH			
		5868	PHILIPPINE ISLANDS		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 (Maus No) Unk X-340 Unk X-3406 Unk X-338	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept. '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> 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 I
2 Identification tags show Unk X-3406 Maus No
1 Identification tag show Unk X-338

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.

RECORD OF CUSTODIAL TRANSFER

FROM				AGNS Mausoleum			
KIND OF CONVEYANCE				Truck			
SIGNATURE OF SHIPPER				<i>[Signature]</i>			
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
JAN 9, 0 1950		<i>[Signature]</i>				<i>[Signature]</i>	
FROM				TO			
KIND OF CONVEYANCE				Fort McKinley Military Cemetery			
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE		SIGNATURE OF RECEIVER		DATE		SIGNATURE OF RECEIVER	

(BY ADMINISTRATIVE ORDER)
 FORT MCKINLEY MILITARY CEMETERY
 FORT MCKINLEY MILITARY CEMETERY

160
FILE NUMBER NO. 293 - Unk. P.I. X- 340 (Leyte #1)

I N D E X S H E E T

RE: I.L.d

SYNOPSIS

3 Feb 47

FROM: COMG
TO: CO, AGRSAC, Pacific Theater, APO 707 San Francisco, Calif.

RE: Identification of Unkn. Deceased...

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

JW

CA
FILE UNDER NO. 293 - Unknown I-340 P.I. (Layte #1)

I N D E X S H E E T

SYNOPSIS

Letter

21 Aug. 1946

TO:
SO:

OCM
AGO, WW II Records Admin., St. Louis, Mo.

RE:

Request -- Dental Identification Record together with a list of all camps stationed in the U.S. prior to O/S service, including inclusive dates.

REQUEST FILED UNDER NO. 293 - Unknown (Misc) P.I. (Layte #1)

rtb

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

6 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

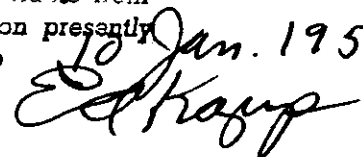
The records pertaining to Unknown X-340, Plot _____,
Row _____, Grave 2868, USMC USA Gen. Leyte, 1 have
been reviewed and it is the opinion of this Office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


A. B. McNEELAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Classified 4 Jan 1950 OQMG
Unidentifiable from
information presently
available 10 Jan 1950



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3406 (Formerly UNK X-340 Leyte #1)				2. DATE OF REPORT 15 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3329	7. DATE OF DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 11 5/8"	10. COLOR OF HAIR U T D	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? <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

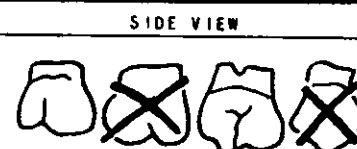
N O N E

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)

N O N E

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

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:



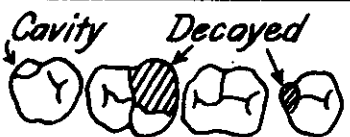
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



All upper teeth missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
LOWER															
Side Views															
See Remarks															
<div style="display: flex; justify-content: space-around;"> ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ ⊗ </div>															
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: Maxilla missing. No maxillary teeth are present with remains. Alveolar process shows that a supernumerary tooth existed between R9 and L9 and is now posthumously missing.

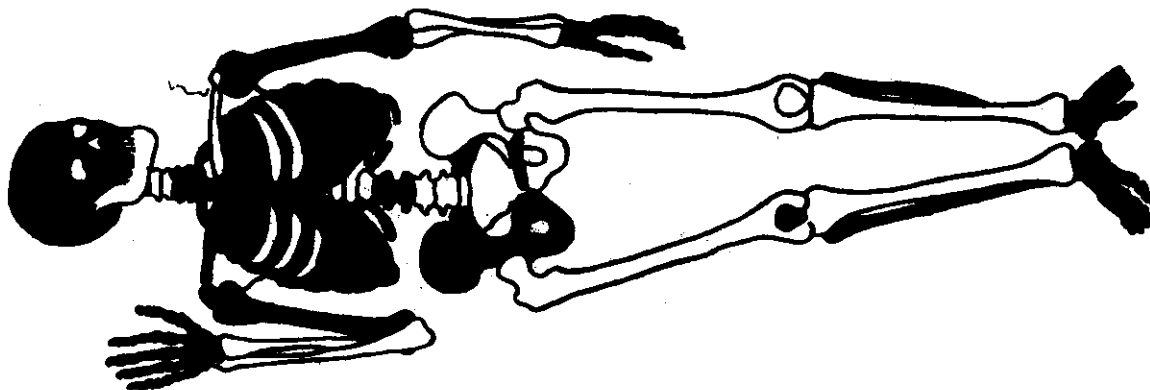
"UNIDENTIFIABLE"

Paul R. Nichols
PAUL R NICHOLS

Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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 - 4 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

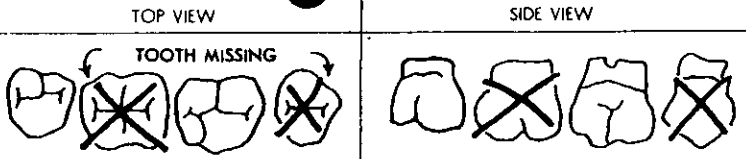
PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

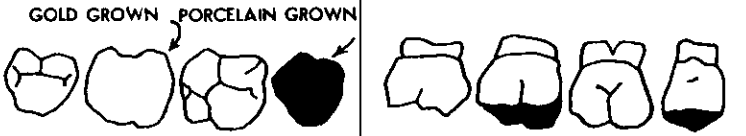
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3406			(Formerly UNK X-340 (USAF Cemetery 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 3329	7. DATE OF DISINTERMENT 21 Nov 44	
			HANGER BAY CRYPT			REINTERMENT STORAGE 14 Jan 48	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 11 5/8"		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 NONE							
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) NONE							

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



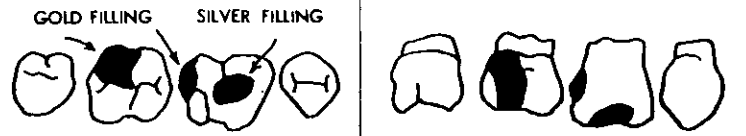
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



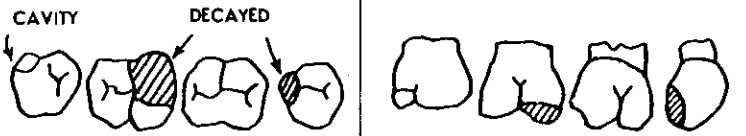
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



All upper teeth missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>maxilla</i>								<i>missing</i>							
				P		P	P	P	P	P		P		A/F	
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."

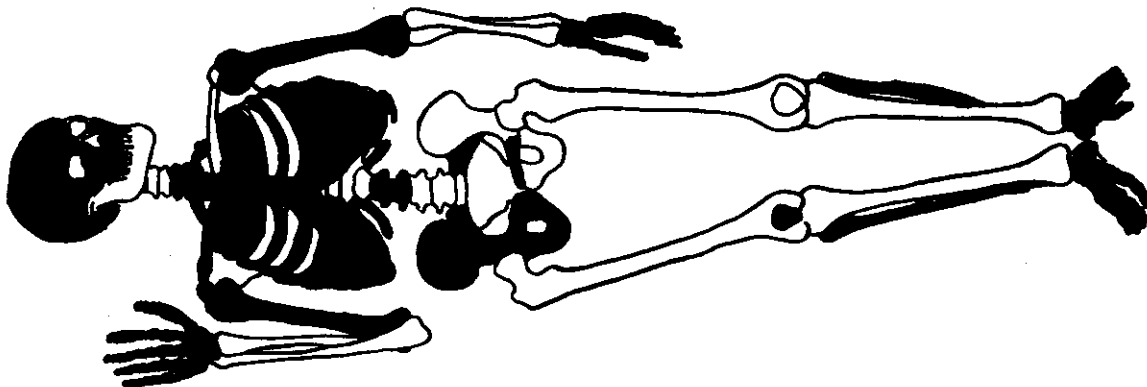
REMARKS: *Mandible missing. No mandibular teeth present with remains. Alveolar process shows that a supernumery tooth existed between R-0 and L-9 and is now P.*

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

See corrected ROS old 27 Jan 49

s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 bottle, no I. D. tags or other means of identification. Estimated circumference of skull-none. Estimated weight of remains 4 lbs.

CERTIFIED TRUE COPY:

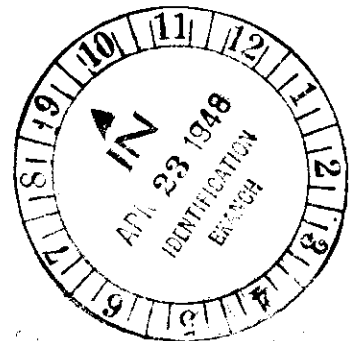
G. T. Gamboa

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/ **MERLE GORMLEY** Embalmer C-063005
CIP Laboratory, Mausoleum, Manila, PI

SIGNATURE
/s/ **Merle Gormley**



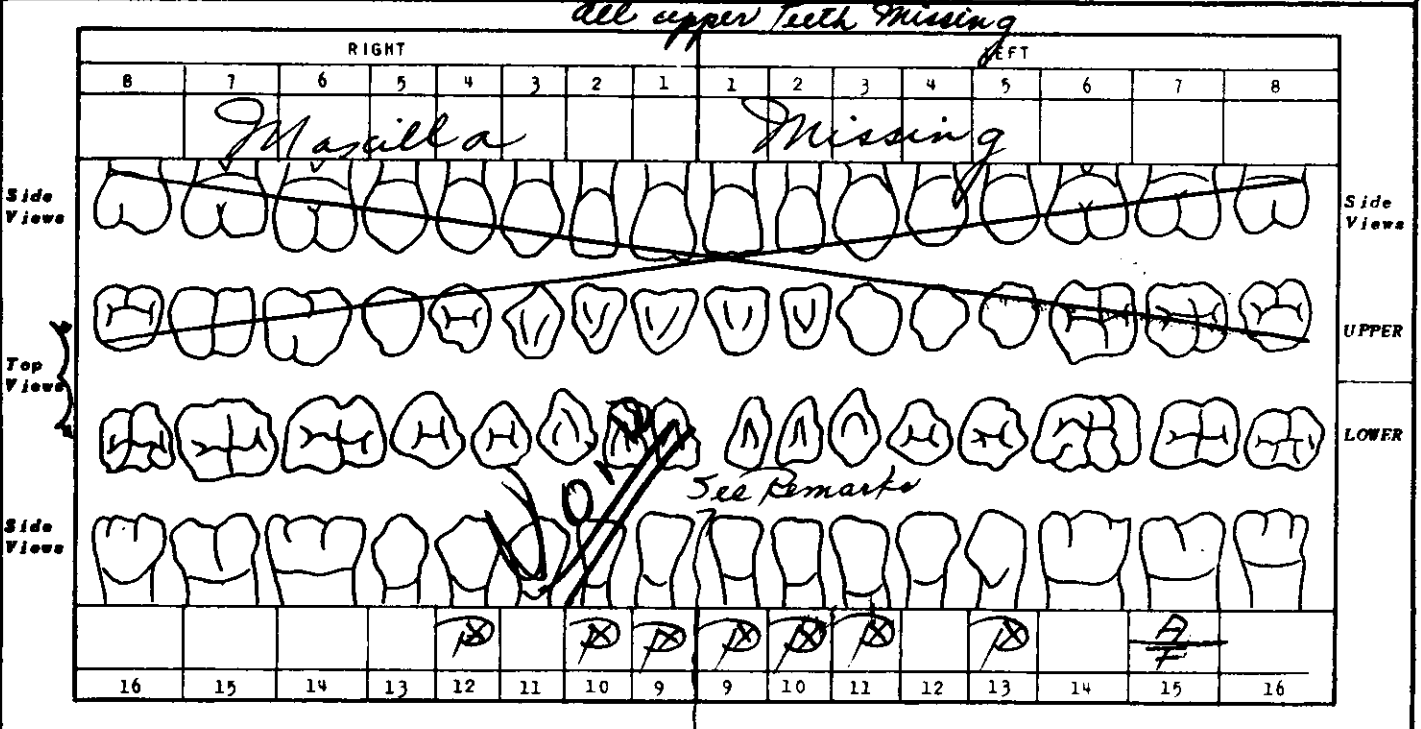
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-340 UNK X-3406 (USAF Cemetery Leyte #1, P.I.))				2. DATE OF REPORT 12 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT Hanger Bay Crypt 813	5. ROW J	6. GRAVE 3329	7. DATE OF DISINTERMENT 21 Nov 44	REINTERMENT Storage 14 Jan 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 11 5/8"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">N O N E</p>						
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 <p style="text-align: center;">N O N E</p>						
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) <p style="text-align: center;">N O N E</p>						

Incl #3

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
	<p><i>Tooth Missing</i></p>	
	<p><i>Gold Crown, Porcelain Crown</i></p>	
	<p><i>Gold Bridge</i></p>	
	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CRIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity Decayed</i></p>	



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: *Mandible missing. No mandibular teeth present with remains. Alveolar process shows that a supernumerary tooth existed between R-0 and L-9 and is now P.*

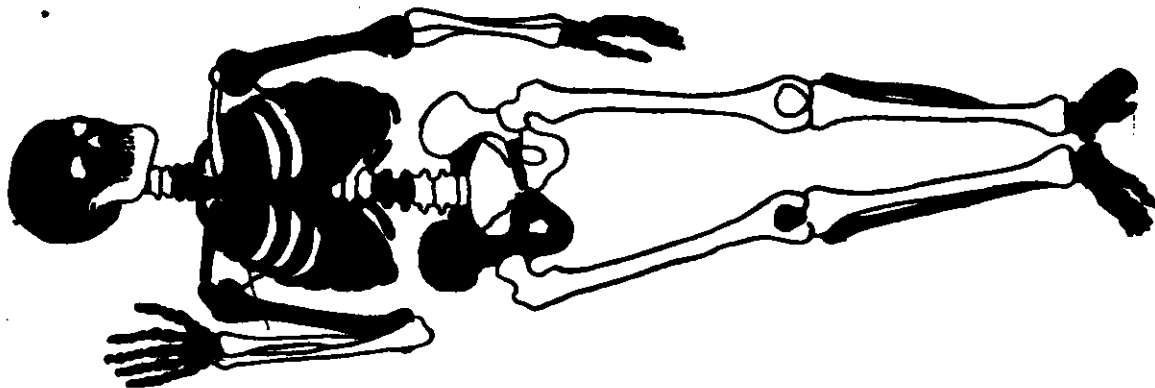
CERTIFIED TRUE COPY:

/s/ G. T. Garboda
/t/ G. T. Garboda
2d Lt., MSC

*See Comments
RCS dtd
27 June 49*

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 bottle, no I.D. tags or other means of identification.
Estimated circumference of skull-none. Estimated weight of remains 4 lbs.

CERTIFIED TRUE COPY:

/s/ G. T. Gamboa
/w/ G. T. GAMBOA
2d Lt., MSC

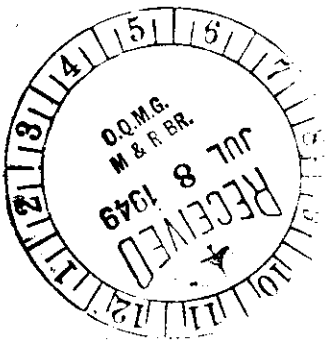
A TRUE COPY:

[Handwritten Signature]
ELKE L. TYLER
Major, INF

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/ MERLE CORMLEY Embalmer C-063005
CIP Laboratory, Mausoleum, Manila, PI.

SIGNATURE
/s/ Merle Cormley



NSR

APR 23 1948

RESTRICTED

U-778

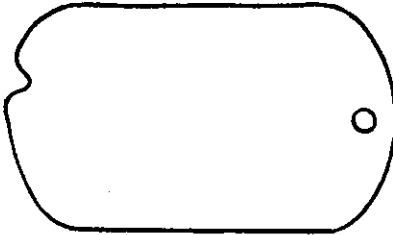
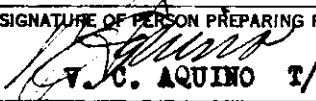
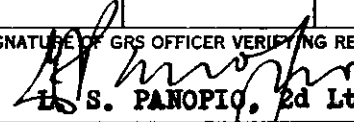
U 778

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

20 Jan 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X- 3408 (Formerly UNK X- 340 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 Lubi, Leyte, P.I.		CAUSE OF DEATH Unknown				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 MAUSOLEUM, MANILA, P. I.									
DATE OF BURIAL STORAGE 14 Jan 48		HOUR 1500		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. HANGER BAY CRYPT 813	ROW NO. J	GRAVE No. 3329
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.							
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							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X- 3408				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3331		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STC. UNKNOWN X- 3405-A				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3327		
SIGNATURE OF PERSON PREPARING REPORT  T. C. AQUINO T/5 QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 2d Lt., INF					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.									

RESTRICTED

Final 1544

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


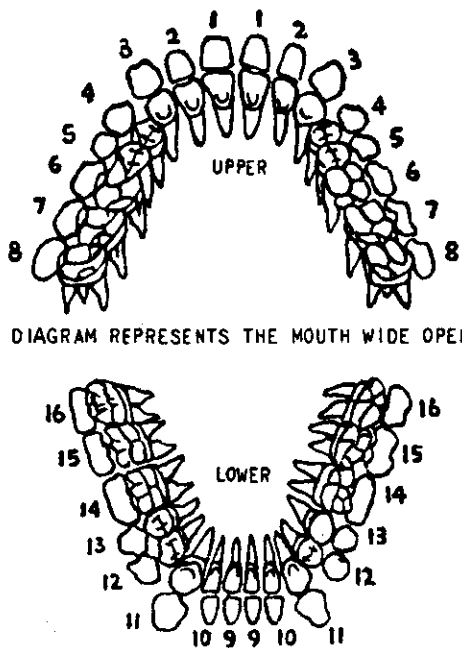




RIGHT
THUMB

RIGHT
INDEX FINGER

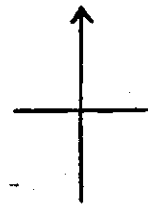
RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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>	

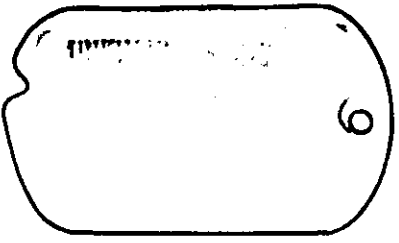
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

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

© MAR 1949

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		RE REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 31 Dec 45			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-340				SERIAL No. -			
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH 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 None Incl 764									
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 27 Dec 45		HOUR 1600		BURIED IN (Shroud, Mound, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5868
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.	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, identification tag buried in bottle.					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-339				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5867		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-341				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5869		
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 Office. Copies for retention in theater as prescribed by theater commander.									

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.


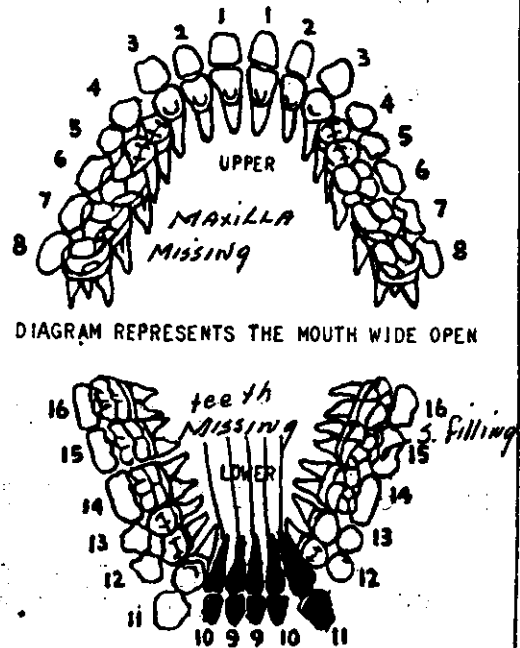




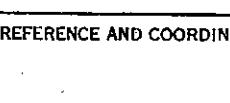
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

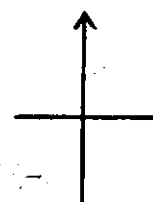
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial Lubi, Leyte, P.I.
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

None

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER MAXILLA MISSING</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>teeth missing</p> <p>LOWER</p> <p>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>	
FILLINGS	 <p>FILLING</p>	

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 MISSING.