

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Unk keyte #1 X-341
SUBJECT	also manila maner X-3407

QMC FORM 1121  
1 Aug 45

QMGMT 293  
GRS 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: AGES, PHILCOM ZONE

1. Reference is made to the following Unknown remains now stored at AGRS 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-3407 (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, OMC  
Memorial Division

REB

T.A.Fields:jdk  
Salser  
JW

NJS

cc: Administrative Section

ONLY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

AGC 297.9

AGC 707

SUBJECT: Unidentifiable Remains

16 May 1949

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

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

UNKNOWN 1-26	UNKNOWN 1-3404
" 1-60	" 1-3407
" 1-104	" 1-3601
" 1-485	" 1-3747
" 1-2227	" 1-4577
" 1-2300	" 1-4898
" 1-2321	" 1-5067

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

BY THE COMMANDING GENERAL:

J. H. T. LAISSE  
1st Lt., AGI  
(Asst Adj Gen)

14 Encls:  
GCS Forms 1044 w/certificates  
of Unidentifiability.

QUARTER 293  
Unknowns  
(Loyte #1) P. I.

4th Ind

WD, OQMG, Washington 25, D. C., 3 February 1947

TO: Commanding Officer, American Graves Registration Service Area  
Command, Pacific Theater, APO 787, c/o Postmaster  
San Francisco, California

1. Reference is made to preceding Indorsement.
2. Comparisons of tooth charts for Unknowns X-228, 328, 332, 335, 337, 340, 362 and 364, Loyte #1, P. I., have been made with negative results with WD dental records for the following:

Norris, Robert	1st Lt	0-444574
Verner, Herbert	1st Lt	0-1291918
Samura, Victor V.	Pfc	39556160
Pickens, Myron D.	Pvt	35584454
Swiger, Charles M.	Pfc	35748929
Graves, Carlton L.	Pfc	12280179
Righfield, Jessie J.	Pfc	6271454
Terry, Newton S.	Pfc	39854891
Chaney, Harry A.	Sgt	39284996
Pile, Henninger	1st Sgt	6262287

Unknown X-326 was identified as Pvt Myron A. Truett.

FOR THE QUARTERMASTER GENERAL:

1 Incl:  
Incl #1 - r/s  
Incls #2, 3 & 4 - w/d

JAMES G. MacPARLAND  
Major, MC  
Assistant

QMCME 293

3rd W/Ind.

Wallick, John E., 39161478  
Walters, Paul B., 35548681

WD, QMCB, Washington 25, D. C., 31 January 1947

TO: Commanding Officer, American Graves Registration Service Area  
Command, Pacific Theater, APO 707, c/o Postmaster, San Francisco,  
California

1. In compliance with preceding 2rd W/Ind, comparisons of tooth  
charts for Unknowns I-228, 328, 332, 335, 337, 340, 362 and 364, USAF  
Cemetery Layte #1, have been made with WD dental records for the fol-  
lowing:

Pfc. Paul B. Walters, 35548681  
Sgt. John E. Wallick, 39161478

but are not favorable enough to establish identity.

FOR THE QUARTERMASTER GENERAL:

2 Incls: n/c

JAMES C. McFARLAND  
Major, QMC  
Assistant

1/rv

M.K.

1  
/drs

Interred 28 October 1949  
D 13 87 Ft. McKinley  
*Carer's mark*  
**DISINTERMENT DIRECTIVE**  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
7740 00337  
DATE  
15 05 48  
DAY MONTH YEAR

NAME  
SERIAL NUMBER  
RANK  
ARM  
DATE OF DEATH  
UNKNOWN X-000341  
Q  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY (LEYTE NO 1)  
DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT  
ROW  
GRAVE  
COUNTRY  
5869 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  
SERIAL NUMBER  
RANK  
DATE OF DEATH  
DATE DISINTERRED  
Unk X-341  
(Maus) Unk X-3407  
UNKNOW  
27 Sept. '48  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION  
RELIGION  
IDENTIFICATION VERIFIED BY  
GEORGE L. MIX  
Embalmers NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
CONDITION OF REMAINS  
Shelter half  
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
Mausoleum tags show Unknown X-3407

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

CASKET SEALED BY  
EMBALMER (Signature)  
GEORGE L. MIX  
*George L. Mix*  
GEORGE L. MIX

CASKET BOXED AND MARKED  
SHIPPING ADDRESS VERIFIED BY  
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF. CORSINE C. KAYANAN, 1st Lt., INF.

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

*Corsine C. Kayanan*  
CORSINE C. KAYANAN, 1st Lt., INF.  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS Mausoleum

TO

Fort McKimley Military Cemetery

KIND OF CONVEYANCE

Truck

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

28 OCT 1949

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

(BY ADMINISTRATIVE ORDER)  
 PORT MCKIMLEY ISLANDS  
 PORT MCKIMLEY CEMETERY

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

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-341, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 5869, 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. McEMAR*  
H. B. McEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

*Encl. #9*

Received 31 May 49  
Not identifiable from  
information presently  
available



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3407 (Formerly UNK X-341 Leyte #1)</b>				2. DATE OF REPORT <b>3 May 1949</b>	
3. NAME OF CEMETERY  <i>Inc.</i>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3330	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'7"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  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**

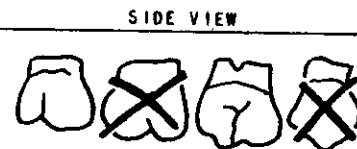
**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Incl #92*

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:



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



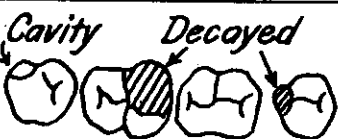
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
MAXILLA								MISSING							
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side Views</del>															
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.

NO IDENTIFYING DATA

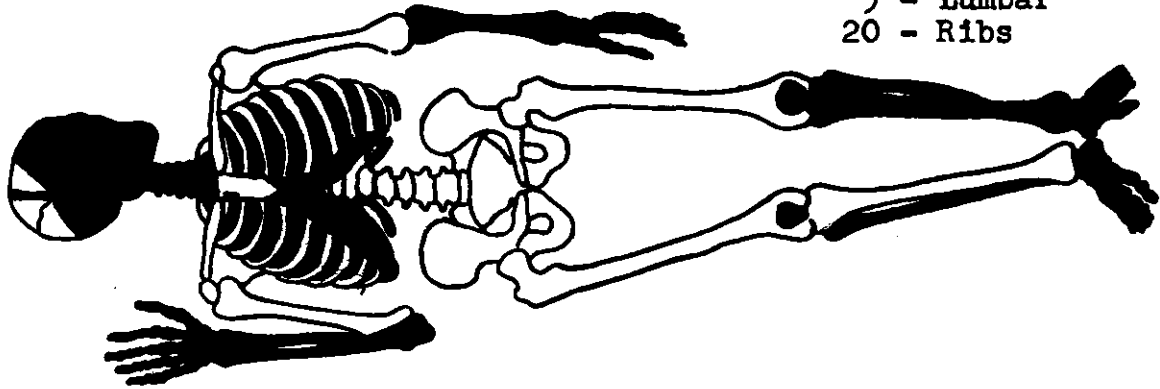
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

19. BLACK OUT PARTS OF BODY NOT REQUIRED

Received:

- 6 - Thoracic Vertebrae
- 5 - Lumbar "
- 20 - Ribs



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 - 5½ 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

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

SIGNATURE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3407 (Formerly UNK X-341 USAF Cem 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 3330	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT 21 Nov 47	REINTERMENT 14 Jan 48

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 7"	10. COLOR OF HAIR U. T. D.	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

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

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
<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>TOOTH MISSING</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 GROWN PORCELAIN GROWN</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	
	M	A	X	I	L	L	A			M	I	S	S	I	N	S	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	M	A	N	D	I	B	L	E		M	I	S	S	I	N	S	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

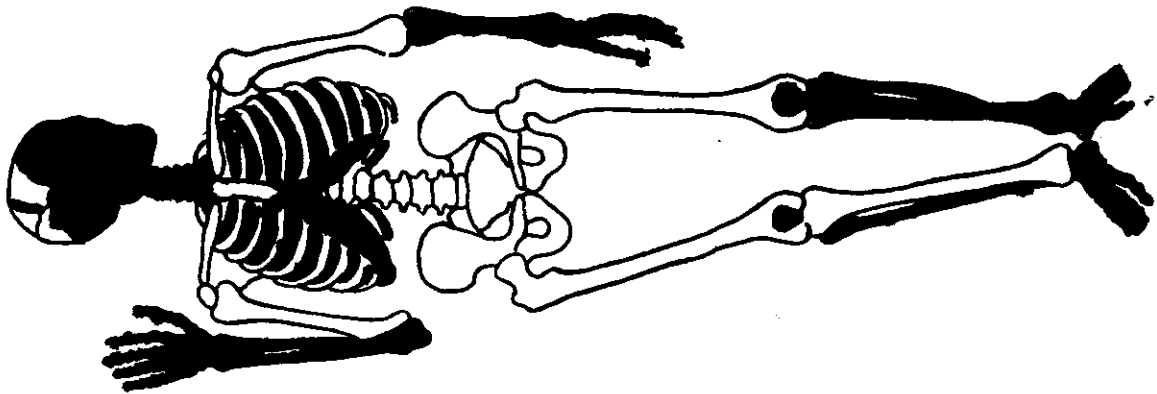
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: No maxillary and mandibular teeth found with remains.

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

/s/ John H. Bennett Jr.

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

6 - Thoracic )  
                   ) Vertebrae  
 5 - Lumbar    )

20 - Ribs

Estimated weight of remains is 5½ - lbs.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
 G. T. GAMBOA

2d Lt., MSC

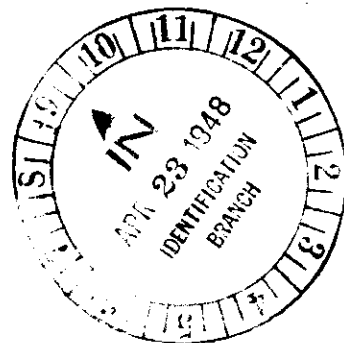
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

SIGNATURE

/s/ Edward F. Moriarty



/vel

APR 27 1948

RESTRICTED

U-777

U 777

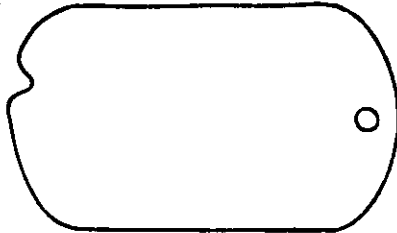
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-3407 (Formerly UNK X-341 USAF Cemetery 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>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 <b>STORAGE 14 Jan 48</b>	HOUR <b>1300</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 3330</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>5869</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>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>UNKNOWN X-3410</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3332</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-3405-B</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3328</b>
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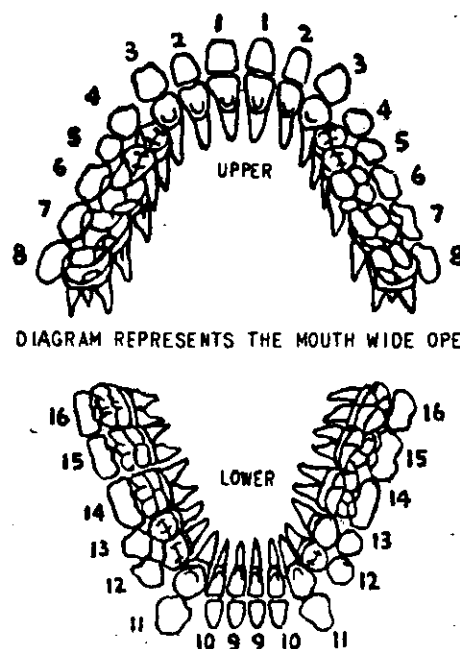





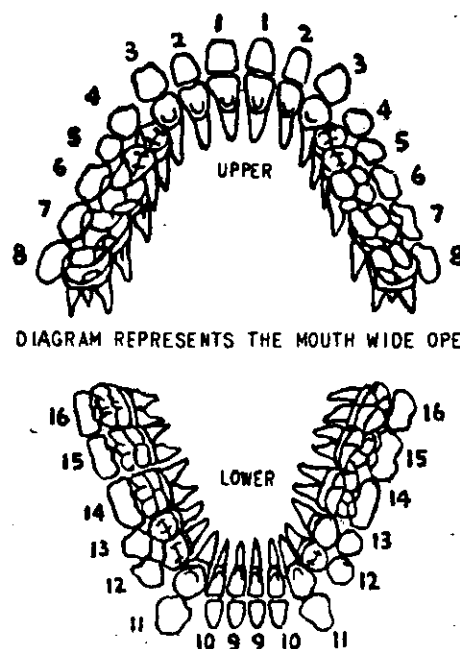





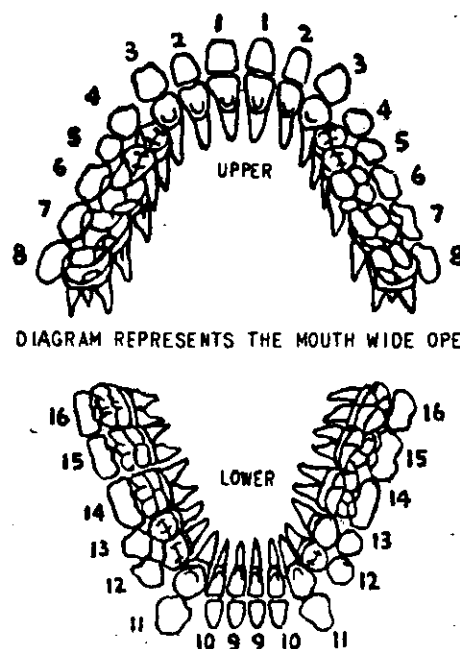




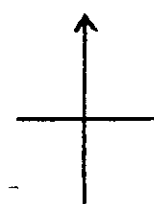
SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> <b>V. C. AQUINO, T/5 QMC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> <b>D. S. PANOPLO, 2d Lt., INF</b>
--	--

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

1545



LEFT LITTLE FINGER	Section 3 UNIDENTIFIED REMAINS.																
LEFT RING FINGER	<b>INSTRUCTIONS:</b> (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.																
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES														
LEFT INDEX FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS														
LEFT THUMB	WHERE BODY WAS BURIED OR FOUND																
RIGHT THUMB	OTHER IDENTIFICATION CLUES																
RIGHT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="3" style="text-align: center;">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY             </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	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		
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RIGHT MIDDLE FINGER																	
RIGHT RING FINGER	REMARKS:																
RIGHT LITTLE FINGER	QMC Form 1044, 1044-A and 1044-B accomplished.																

9 MAR 1948

RESTRICTED

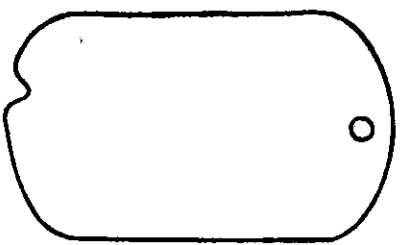
5869 U- 777

WD GRS 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. <b>DO NOT TYPE</b> 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>UNKNOWN X-341</b>				SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Lubi, Leyte, P.I.</b>		CAUSE OF DEATH -			DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
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</b>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>None Ind 763</b>							
<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  <b>USAF Cemetery Leyte #1, P.I.</b>							
DATE OF BURIAL <b>27 Dec 45</b>	HOUR <b>1600</b>	BURIED IN (Shroud, blanket, or name of other) <b>shelter halve</b>		TYPE OF GRAVE MARKER <b>Reg Cross</b>	PLOT No. 	ROW No. 	GRAVE No. <b>5869</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Phil. Polyconic Grid System-scale 1:63360</b> <b>Coord: 1332.2-1324.8</b>			PLOT No. 	ROW No. 	GRAVE No. <b>Isolated burial</b>	
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  <b>Report of Reinterment, identification          tag buried in bottle.</b>				
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) <b>UNKNOWN X-340</b>			RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. <b>5868</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hadlock</i> <b>T/5 Charles W. Hadlock, GRS</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William D. Rogers</i> <b>WILLIAM D ROGERS, 1st 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

**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**

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


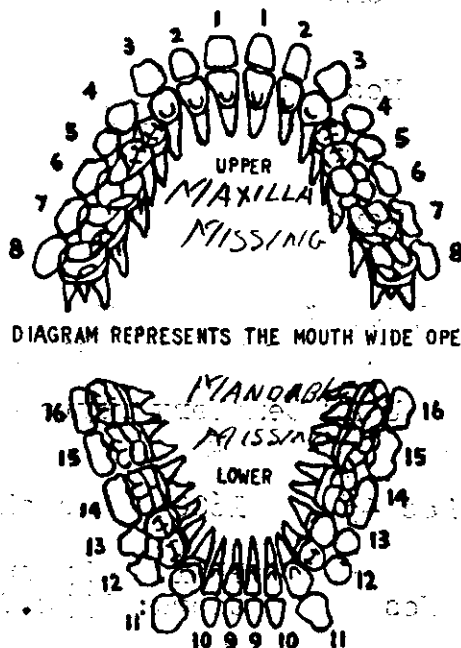




RIGHT  
LITTLE FINGER

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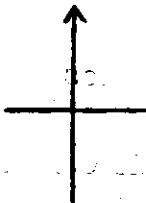
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND <b>Isolated burial Lubi, Leyte, P.I.</b>
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**OTHER IDENTIFICATION CLUES**

None

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER MAXILLA MISSING</p> <p>MANDIBLE MISSING LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

CONDITION OF BODY PRECLUDED FINGERPRINTING AND DENTAL CHARTING.

MAXILLA AND MANDIBLE MISSING.