

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk Leyte #1 X-344

SUBJECT

also manila manila X-3455

Formerly Cebu #2 X-21

QMC FORM 1121
1 Aug 45

MSGT 293
GERS Far East

28 October 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 following remains now stored at AGRS Mausoleum, Manila, P.I.:

Unknown X-2239 (formerly X-561, USAF Cemetery Leyte #1, P.I.)
Unknown X-3455 (formerly X-344, USAF Cemetery Leyte #1, P.I.)
~~Unknown X-3971 (formerly X-234, USAF Cemetery Leyte #1, P.I.)~~
Unknown X-4192

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

FOR THE QUARTERMASTER GENERAL:

R. Little:jdk
Salser
JW
cc: Admin. Sec.
cc: Cincfe

T. H. NETZ
Lt. Colonel, GSC
Memorial Division

REB

YEC

COPY

OSCR 293.9

APD 707
10 OCT 1949

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 QMANU 293, OIS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGFS 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-1159	AGFS	Manila	UNKNOWN X-3371	AGFS	Manila
" X-1192	"	"	XXXXXXXXXX X-3455	"	"
" X-1398	"	"	" X-3836	"	"
" X-1514	"	"	" X-4192	"	"
" X-1551	"	"	" X-4674	"	"
" X-1672	"	"	" X-4724	"	"
" X-2239	"	"	" X-4755	"	"
" X-2350	"	"	" X-4779	"	"
" X-2413	"	"	" X-4791	"	"
" X-2452	"	"	" X-4928	"	"
" X-2749	"	"	" X-4932	"	"
" X-3320	"	"	" X-4933	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LEBURANCE
2nd Lt., AGF
Asst. Adj. Gen

24 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

COPY

157-2
1

Interred 20 Oct 49
A 5 8 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00340

DATE

15 05 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000340

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

1701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

5934 PHILIPPINE ISLANDS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

Unk X-344

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

(Maus No) Unk X-3455

27 Sept. '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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-3455 Maus No.

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

1. SHIPPED		FROM	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
2. SHIPPED						
3. SHIPPED						
4. SHIPPED						
5. SHIPPED						
6. SHIPPED						
7. SHIPPED						

DATE 20 OCT 1949

Handwritten signature and notes

M.K.

DISINTERMENT DIRECTIVE

293 *Mark 8-344 P.I. (Sept)*

6

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00340

DATE

15 05 48
DAY MONTH YEAR

NAME

UNKNOWN - 000344

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

3934

PHILIPPINE ISLANDS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF GRS INSPECTOR

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


HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

21 Sept. 1949
Date

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

The records pertaining to Unknown X- 344, Plot _____,
Row _____, Grave 5934, USMC USMC Cem. 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:


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

Atch: Form 1044

Received 10/21/49 OCMG
presently
available 10/21/49 Walter

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3455 (Formerly UNE X-344 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	K	3392	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 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)

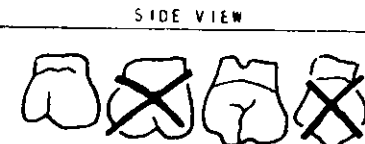
N O N E

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

18.

TOOTH CHART

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



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



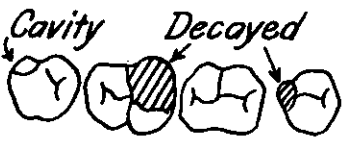
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
							X	X		X		A		cavity			
												o		o			
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
← 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 mandibular teeth found with remains.

"UNIDENTIFIABLE"

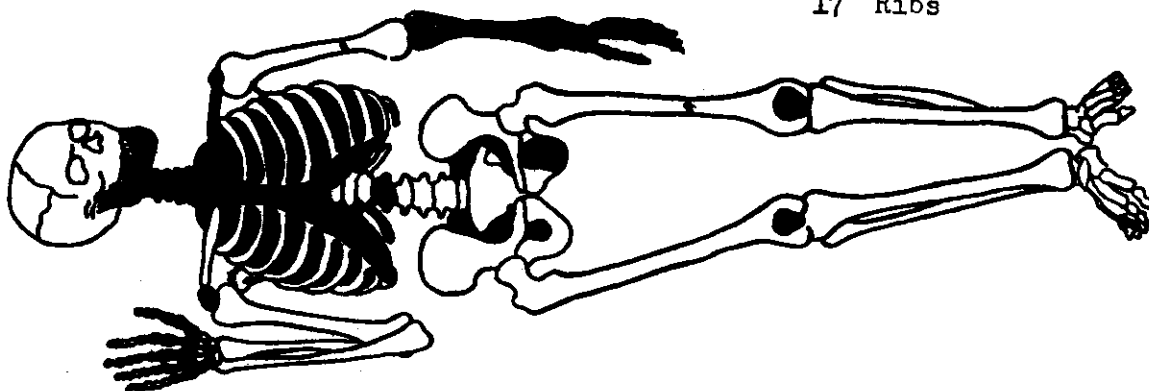
BY REASON OF LACK

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED

● Thoracic Vertebrae
4 Lumbar "
17 Ribs



Estimated height: 5'8"

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 - 9 lbs.

Circumference of skull - 21½ inches.

"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

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3455 (Formerly UNK X-344 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW K	6. GRAVE 3392	7. DATE OF DISINTERMENT 26 Nov 47
				REINTERMENT STORAGE 14 Jan 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 8"	10. COLOR OF HAIR U. T. D.	11. RACE UNK
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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 ?
 YES NO TO WHAT EXTENT ?15. WAS BODY MANGLED ?
 YES NO TO WHAT EXTENT ?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


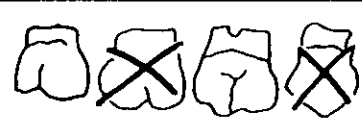
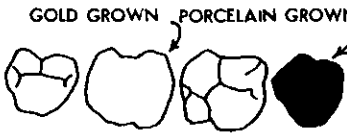



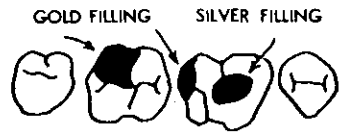

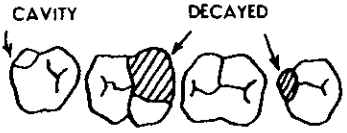

N O N E

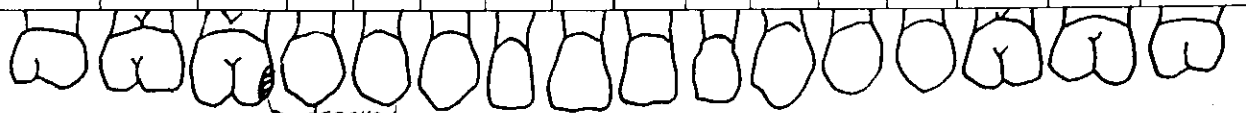


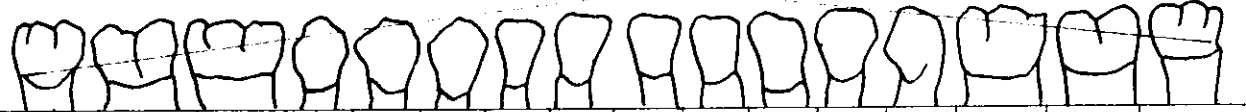
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area

No clothing nor personal effects found
with remains.

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
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	
								Ø	Ø		Ø		A		cavity		
								Ø	Ø		Ø		o		o		
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	

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

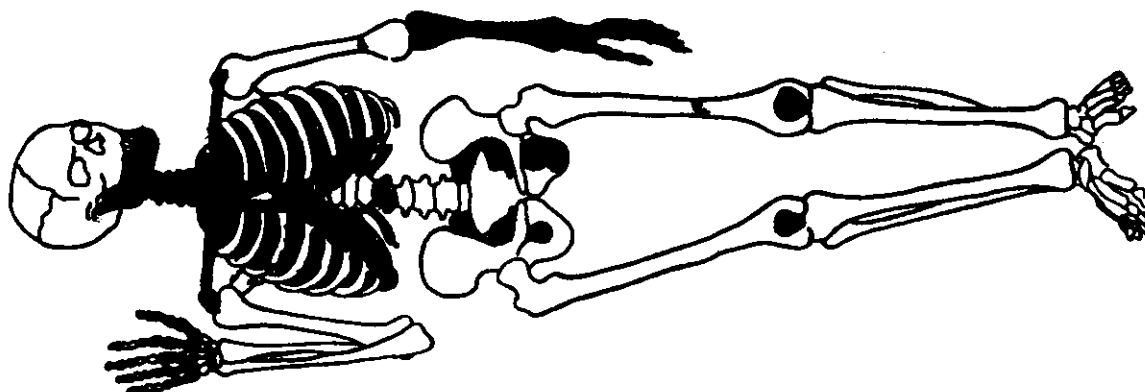
REMARKS: No mandibular teeth found with remains.

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

5 - Thoracic)
 4 - Lumbar) Vertebrae

17 - Ribs

Circumference of skull is 21½".

Estimated weight of remains is 9 - lbs.

CERTIFIED TRUE COPY:

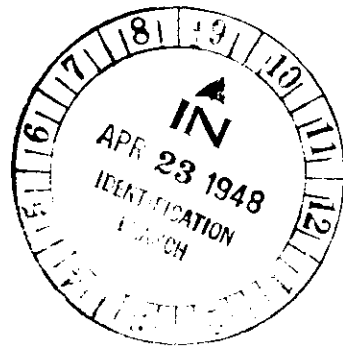
G. T. Gamboa

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



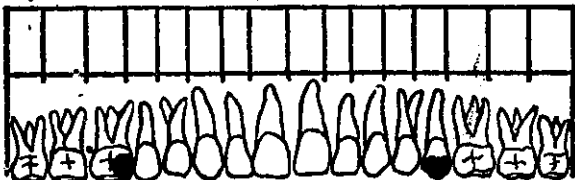
***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

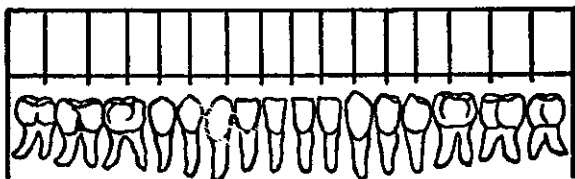


LOWER TEETH

Right

Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Unknown X-21

A TRUE COPY:

Set of teeth in very good condition

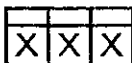
GEORGE D. REDDEN, JR.
Captain, Infantry

Date, 19.....

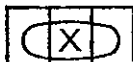
Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



REGISTER OF DENTAL PATIENTS AT

(1) SURNAME (2) CHRISTIAN NAME

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS
 (6) AGE YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

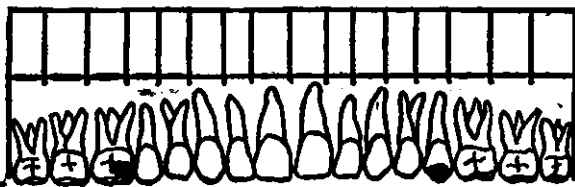
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
 (Revised Feb. 24, 1941)

REPORT OF DENTAL SURVEY

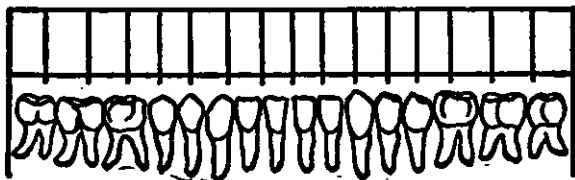
UPPER TEETH

Right
Left
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right
Left
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy.

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

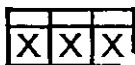
*Unknown x - 21
 set of teeth in very good
 condition*

Date _____, 19____

Dental Corps, U. S. A.

*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)



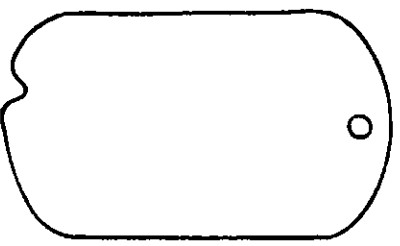
Teeth replaced by fixed bridge
 (oval to include abutments)



REGISTER OF DENTAL PATIENTS AT

(1) SURNAME				(2) CHRISTIAN NAME			
(3) RANK		(4) COMPANY		(5) REGIMENT OR STAFF CORPS			
(6) AGE, YEARS		(7) RACE		(8) NATIVITY		(9) SERVICE, YEARS	
							(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
							(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
							(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

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 21 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3455 (Formerly UNK X-344 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 Cebu, 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 an established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.1.						
DATE OF BURIAL STORAGE 14 Jan 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. MANAGER 813	ROW No. RAY K	GRAVE No. CRYPT 3392
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.			PLOT No.	ROW No.	GRAVE No. 5934
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3456-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3394
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3453			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3390
SIGNATURE OF PERSON PREPARING REPORT V C AQUINO, T/5 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPLO, 2d Lt., INF			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


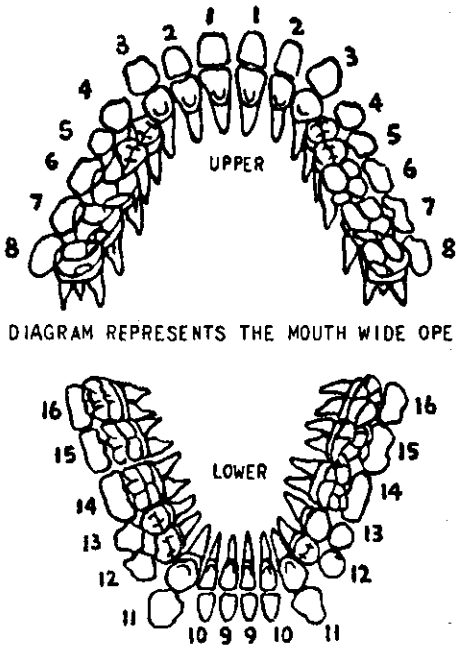




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

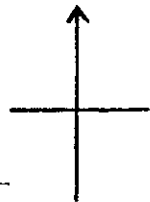
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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.

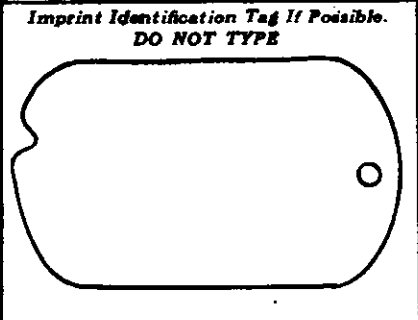
9 MAR 1948

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

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

DATE OF REPORT

23 Jan 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-344 (Formerly UNKNOWN X-21)
USAF CEM. CEBU, #2, P.I.

GRADE ORGANIZATION BRANCH OF SERVICE

RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH: Cebu, P.I.

CAUSE OF DEATH: unknown

DATE OF DEATH: 4 May 45
Unknown

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 2 on reverse): Unidentified

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no): Yes (Unknown tags)

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
USAF CEMETERY LEYTE, # 1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Dec 45	1500	Shelter half	Reg Cross			5934

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF CEMETERY CEBU # 2, P.I.	1	10	197

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BLACK, Clifford L.	Pfc	34 773 327	182 Inf Med Det	5933
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
CALLANAN, Vincent J.	S/Sgt.	31 019 144	Co H, 132 Inf.	5935

SIGNATURE OF PERSON PREPARING REPORT: Sgt. Charles W1 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.

Section 1. 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.


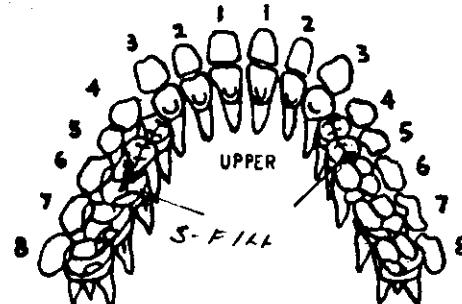




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

18 FEB 1946

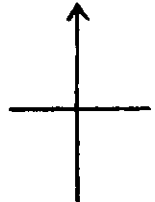
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

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

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



REMARKS:

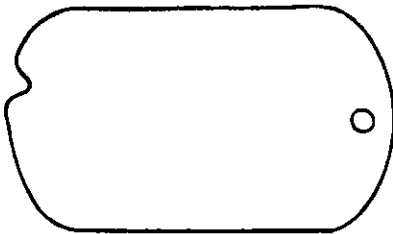
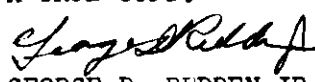
Investigation of the facts in this case have not disclosed the identity of this Unknown. A tooth chart was taken but did not prove a means of identification.


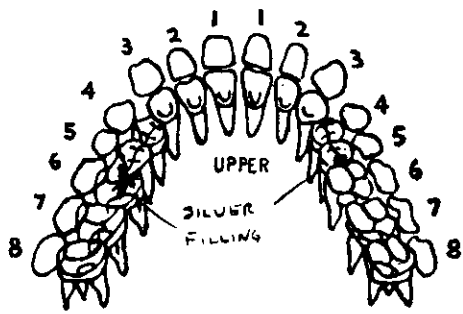




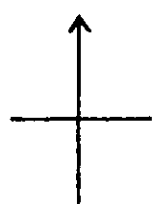
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

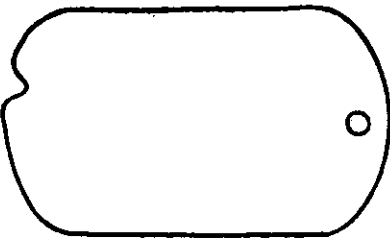
DATE OF REPORT

23 Jan 46

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (Formerly UNKNOWN X-21) UNKNOWN X-344 USAF CEM. CEBU #2, P.I.			SERIAL No.	
GRADE		ORGANIZATION		BRANCH OF SERVICE		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Cebu, P.I.		CAUSE OF DEATH Unknown		DATE OF DEATH 4 May 45 Huz Unknown		
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) Unidentified				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None				A TRUE COPY:  GEORGE D. REDDEN, JR. Captain, Infantry		
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 29 Dec 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5934
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF CEMETERY CEBU #2, P.I.			PLOT No. 1	ROW No. 10	GRAVE No. 197
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) BLACK, Clifford L.		RANK Pfc	SERIAL No. 34 773 327	ORGANIZATION 182 Inf Med Det.	GRAVE No. 5933	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CALLANAN, Vincent J.		RANK S/Sgt	SERIAL No. 31 019 144	ORGANIZATION Co H 132 Inf.	GRAVE No. 5935	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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.						

	Section UNIDENTIFIED REMAINS.				
LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER SILVER FILLING LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS: Investigation of the facts in this case have not disclosed the identity of this Unknown. A tooth chart was taken but did not prove a means of identification.					

WD CMC FORM 1942 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT 21 Dec 1945
REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) No list of possibilities UNKNOWN X-21		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 Cebu, P. I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)
 Unknown

IDENTIFICATION TAGS FOUND ON BODY (I, S, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse) Unidentified
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes(Unknown Tags)	

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
 U. S. A. F. Cemetery Cebu #2 Cebu, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 May 1945	1600	Percho	Cross	1	10	197

WAS THIS A REBURIAL? (Yes or no) No

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.	ROW No.	GRAVE No.
----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY Burial Service Faith Unknown	PERSON CONDUCTING BURIAL RITES Chap. L. O. Coleman	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment in wax sealed bottle.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes(Unknown tags)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes(Unknown tags)	BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Kienast, David I.	RANK Pvt	SERIAL No. 20423614	ORGANIZATION Co. A. 132 Inf.	GRAVE No. 196
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Hoskins, Wern H I	RANK Pfc	SERIAL No. 20919865	ORGANIZATION Co. A. 132 Inf.	GRAVE No. 198		

SIGNATURE OF PERSON PREPARING REPORT 	SIGNATURE OF GRS OFFICER VERIFYING REPORT 
--	---

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.

11 JAN 1946

Section UNIDENTIFIED REMAINS.


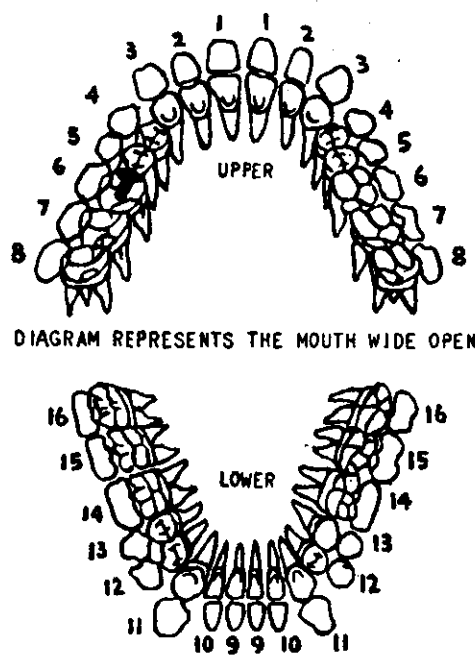




INSTRUCTIONS:

(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.

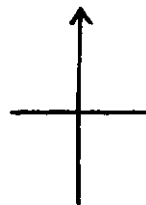
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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: Investigation of the facts in this case have not disclosed the identity of this Unknown. A tooth chart was taken but did not prove a means of identification.

RESTRICTED

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

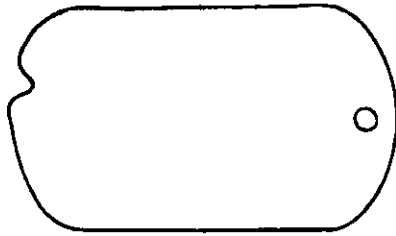
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

21 Dec 1945

CORRECTED

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-21		No list of possibilities	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 Cebu, 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) Unidentified
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

A TRUE COPY:
George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Infantry

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
U.S.A..F Cemetery Cebu #2, Cebu, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 May 1945	1600	Poncho	Cross	1	10	197

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> </table>	PLOT No.	ROW No.	GRAVE No.
PLOT No.	ROW No.	GRAVE No.		

TYPE OF RELIGIOUS CEREMONY Burial Service Faith Unknown	PERSON CONDUCTING BURIAL RITES Chap. L.O. Coleman	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment in wax sealed bottle.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes (Unknown Tags)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes (Unknown Tag)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Kienast, David L.	RANK Pvt	SERIAL No. 39423614	ORGANIZATION Co. A. 182 Inf.	GRAVE No. 196
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Hoskins, Evvern NMI	RANK Pfc	SERIAL No. 39919365	ORGANIZATION Co. A. 132 Inf	GRAVE No. 198
---	--------------------	-------------------------------	---------------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT /s/ John J. Tuffy, 1st Lt. Inf.	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ John J. Tuffy, 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 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


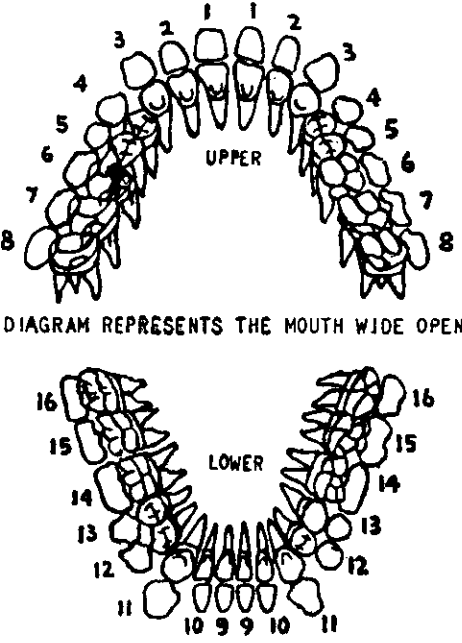




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

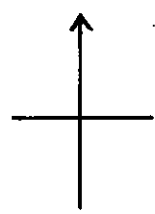
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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>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:

Investigation of the facts in this case have not disclosed the identity of this UNKNOWN. A tooth chart was taken but did not prove a means of identification.

RESTRICTED

"AMERICAN SECTION"

U 293

Graves Registration
Form No. 1
(Revised May 11, 1943)

REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

UNKNOWN X-21

(Last name) (First) (Initial) (Serial No.) (Rank) (Org)
 CEBU, P.I. Investigation pending KIA possible mortar burst, upper body
 (Place of death) (Date of death) (Cause of death) lac
 1600 Hours 4 May 1945 U.S.A.F. Cemetery Cebu No 2 P.I.
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)
 197 10 1 Cross
 (Grave number) (Row number) (Plot number) (Type of marker)
 Disp. of ident. tags: Buried w/body Yes No X Attached to marker Yes X No
 Religion:
 (If no identification tags, what means of identification are buried with body?)
 Report of interment buried with body
 (If no identification tags, but identity definitely established, give particulars)
 Body buried on RIGHT Hoskins, Evvern NMI 39919365 Pfc Co A 132 Inf 198
 (Name) (Serial No.) (Rank) (Org) (Grave No.)
 Body buried on LEFT Kienast, David L. 39423614 Pvt Co A 182 Inf 196
 (Name) (Serial No.) (Rank) (Org) (Grave No.)

UNKNOWN

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
 List only personal effects FOUND ON BODY and disposition of same: NONE

54

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:
 Weight:
 Color of eyes:
 Color of hair:
 Wear glasses?
 Is tooth chart attached?
 (If possible, have med. pers. take a tooth chart) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization or deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH REMAINMENT TARD-

MARKS.

(Sig. of officer or other person reporting burial)

SIGNED: *LARKINS*, 1st Lt., GNO GRS Officer
 Witnessed by Army GRS Officer

THUMB

1

2

3

LEFT HAND

THUMB

1

2

3

4

RIGHT HAND

RECEIVED
 12
 AUG 9 1945

George D. Redden, Jr.
 GEORGE D. REDDEN, JR.
 Captain, Infantry

Graves Registration
 Form No. 1
 (Revised May 11, 1943)

REPORT OF INTERMENT
 (TM 10-630 AND AR 30-1815)

UNKNOWN-X-21

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
 CEBU, P.I. Investigation pending KIA possible mortar burst, upper body lac
 (Place of death) (Date of death) (Cause of death)
 1600 hours 4 May 1945 U.S.A.F. Cemetery Cebu No 2 P.I.
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

197

10

1

Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion.....

(If no identification tags, what means of identification are buried with the body?)

Report of interment buried with body

(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT** Hoskins, Evvern NMI 39919365 Pfc Co A 132 Inf 198
 (Name) (Serial number) (Rank) (Organization) (Grave number)
 Body buried on **LEFT** Kienast, David L. 39423614 Pvt Co A 182 Inf 196
 (Name) (Serial number) (Rank) (Organization) (Grave number)

UNKNOWN

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: NONE

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

/s/

(Signature of officer or other person reporting burial)

/s/t/ SIMEON J. LARKINS, 1st Lt., OMC, GRS Officer
(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

UNKNOWN X-21

Investigation of the facts in this case have not disclosed the identity of this unknown. A tooth chart was taken but it did not prove a means of identification.

Tooth chart attached.

A TRUE COPY:

George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Infantry

UNKNOWN X-21

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Tooth chart attached.