

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Lector 1 X-35 (also available under X-36 87)

SUBJECT

QMC FORM 1121
1 Aug 45

QUART 205
QNS Far East

18 November 1949

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 the following Unknown remains now stored at AGRR Mausoleum, Manila, P.I.:

Unknown X-3752	formerly Unknown X-84	Leyte #1
* X-3882	* *	X-86 *
* X-3881	* *	X-87 *
* X-3880	* *	X-88 *
* X-3889	* *	X-85 *
* X-3888	* *	X-84 *

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

FOR THE QUARTMASTER GENERAL:

J.E. Balliro

T. B. SMYK
Lt. Colonel, GSC
Memorial Division

HEB

Salsor

TEC

JW

cc--Administrative Section
cc--CinCaf

*File
12 Aug 50
10 Aug 50
J. E. Balliro*

ORPZ 293

APO 900
25 October 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 QMCMU 293, GMS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGNS 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-729	Leyte #1	UNKNOWN	X-3691	GMS	Msln
"	X-3316	AGNS	"	X-3692	"	"
"	X-3427	"	"	X-3752	"	"
"	X-3688	"	"	X-4158	Manila #2	
"	X-3690-A	"	"	X-4790	AGNS	Msln

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

FOR THE QUARTERMASTER GENERAL:

11 Incls
QMC Form 1044 w/Certificates
of Unidentifiability

JOHN BRYPOLA
1st Lt., Infantry
Adjutant

QACMT 293
OPS Far East

19 September 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 Proceedings of the Field Board of Review recommending the following identifications:

Unknown X-3692, AGRS Mausoleum (Formerly X-38, Leyte) as
FAUCHENDER, Anthony E., 35 102 810

Unknown X-3752, AGRS Mausoleum (Formerly X-84, Leyte) as
GODALL, William F., 12 055 037

Unknowns X-3427, (Formerly X-197, Leyte), X-3316 (Formerly X-198, Leyte)
X-3688 (Formerly X-34, Leyte), X-3689 (Formerly X-35, Leyte), X-3690-A
(Formerly X-36, Leyte), X-3691 (Formerly X-37, Leyte) as the recoverable
remains of the remaining known deceased group:

BORTZ, Willard F.	36 170 269
CRAWFORD, Harvey	20 904 480
HUBBARD, John	39 383 388
ISHAM, Harry W.	36 516 680
KRYZANOWSKI, Anthony W.	35 170 424
McKINNEY, Howard A.	35 102 826
MULSKI, Joseph	12 055 237
PEACE, Billy J.	35 122 857
ROBERTS, Holland J.	31 078 240
SCHLAGEL, Carl W.	37 168 585
SILBY, John	20 525 342
SZCZESNY, Walter J.	36 333 190
TOOLEY, Bob	35 103 105
TOON, William T.	35 102 569

2. Results of investigations in this Office reveal that there is insufficient evidence to indicate that the Unknowns are conclusively established as being associated with subject decedents.

3. Lack of physical and dental information precludes any possibility of individual identifications.

QMCMT 293

19 September 1949

GRS Far East

SUBJECT: Identification of World War II Deceased

4. Proceedings referred to in paragraph 1, above, are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

3 Incls

1. Bd Proceedings
(Faughender)
2. Bd Proceedings (Godall)
3. Bc Proceedings (Group)

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

/drs Interred 27 October 1949
 A 13 12 Ft. McKinley
Care Report mark DISINTERMENT DIRECTIVE
 CARL R. H. MARK
 Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00056	DATE 15 05 48 DAY MONTH YEAR
NAME UNKNOWN		SERIAL NUMBER X-000035	RANK O
CEMETERY USAF CEMETERY (LEYTE NO 1)		ARM O	DATE OF DEATH DAY MONTH YEAR 7701 30 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY
		903	PHILIPPINE ISLANDS
CAUSE OF DEATH 6			

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-35 UNK X-3689 (Mans)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept. '48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 tags Mausoleum UNK X-3689

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON EMBALMER (Signature) ROBERT F. STEVENSON

CASKET BOXED AND MARKED DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF SHIPPING ADDRESS VERIFIED BY CELESTINO E. ABELLAR, 1st Lt., PA

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

CELESTINO E. ABELLAR, 1st Lt., PA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barrettmark</i>	DATE 27 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 <i>(A ...)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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 DEMONSTRATION SERVICE
PITTSBURGH ZONE

14 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 35, Plot _____,
Row _____, Grave 903, USMC USAF 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:



R. E. McNEEL
Captain, QMC
Chief, Records Branch

Atch: Form 1044

8 Nov 49 OQMG
- of identifiable from
information presently
available *15 Nov 49*
Base 1036

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3689 (Formerly UNK X-35 Leyte #1)						2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT 812	5. ROW U	6. GRAVE 5453	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	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? 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"

TOOTH CHART

<p>18.</p> <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p>Tooth Missing</p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): 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
Cavity								Missing							
A								Maxilla							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
B								Cavity							
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."

"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 3 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

SIGNATURE

PAUL R NICHOLS
Chief, Identification Section

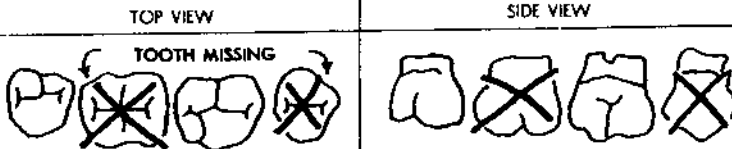
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3689 (Formerly UNK X-35 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5453	7. DATE OF DISINTERMENT 31 Dec 47
				REINTERMENT STORAGE 11 Feb 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD		11. RACE UTD	
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 - Skeletal Chart and Tooth Chart attached.					
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					

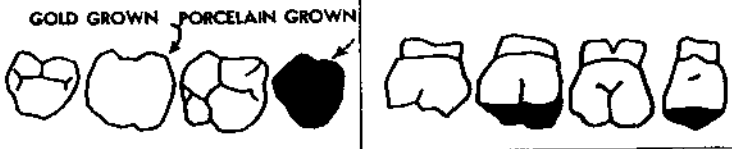
18.

TOOTH CHART

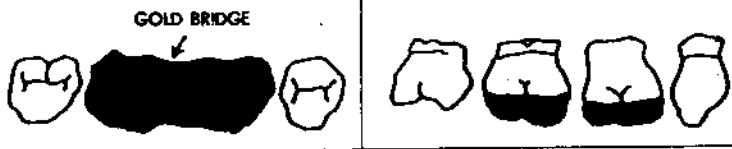
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



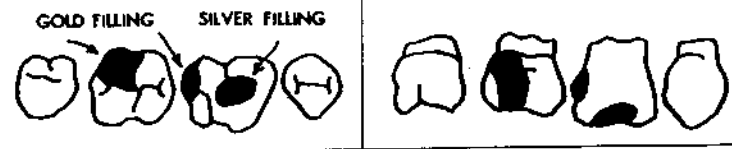
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



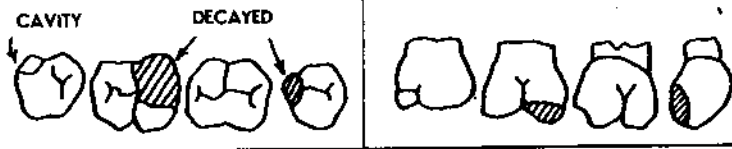
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
<i>Castling</i>								<i>Mandible Missing</i>							
<i>02</i>															
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
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 fractured.

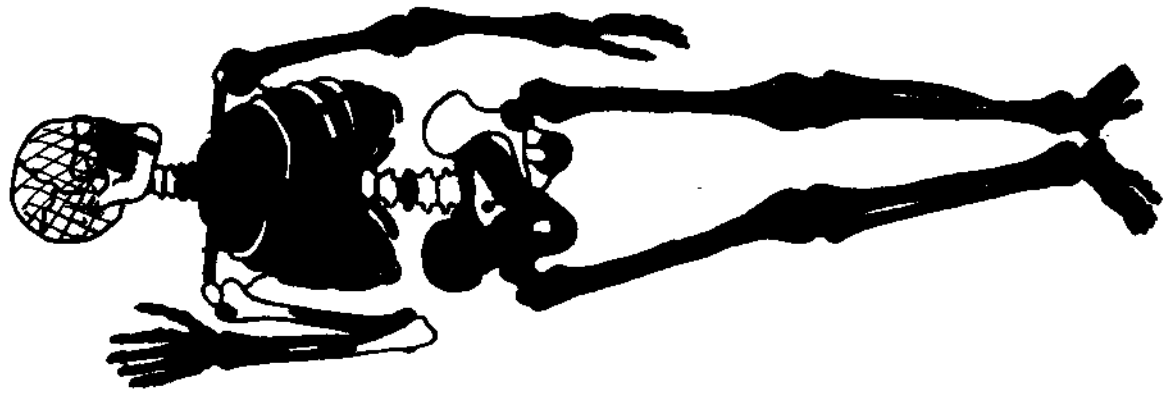
CERTIFIED TRUE COPY:

G. T. Galeboa

G T GALEBOA
2d Lt MSC

/s/ Joseph D Murphy, T/5

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

No ROI burial bottle, ID tags, personal effects, or other means of identification received with remains. Estimated weight of remains, 3 lbs. Skull fractured, unable to determine the physical height due to the condition of remains.

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/ CLEMENT G SWAN, Emb Sr Ung
CIP Laboratory, Manila, P.I.
C-064862

SIGNATURE

/s/ Clement G Swan

REPORT OF DISINTERMENT ~~AND IDENTIFICATION~~

13 Jan 48

1. Remains of (Name)

UNKNOWN X-35

Serial Number

Grade

Organization

149th Inf.

Name, Number and Location of Cemetery

US. F Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

903

2. Date of Disinterment

31 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in shelter halve burial. Skeletal remains. Tag on marker coincides with ROI on file.

4. What Identification Found at Time of Disinterment: On Marker

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer supervising disinterment and Reinterment.

PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)

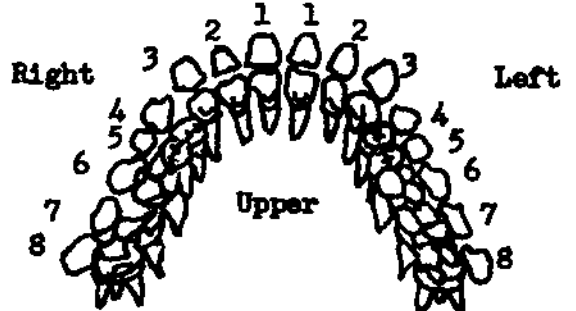
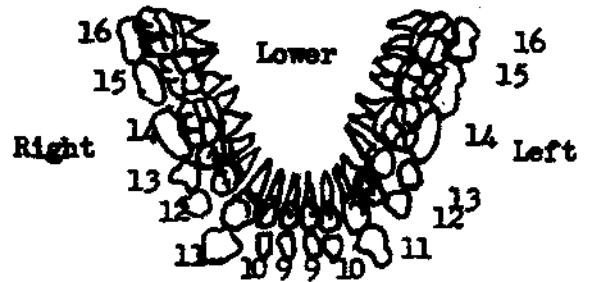
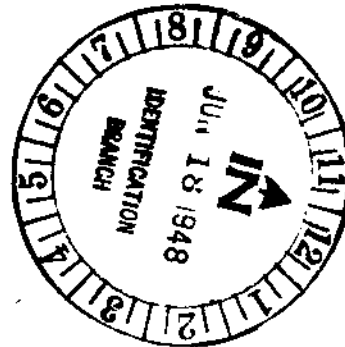


Diagram represents the mouth wide open



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



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IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

10 December 1946
DATE

UNKNOWN X-35
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
Dulag Area, Leyte P. I. USAF Cemetery Leyte #1 903
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE			A														TYPE						
LOCATION			O														LOCATION						

MISSING
INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	X		A	A	A	P	P								TYPE		
LOCATION					f	f	f										LOCATION		

MISSING

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCLUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		ORTHOPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

Incl 5

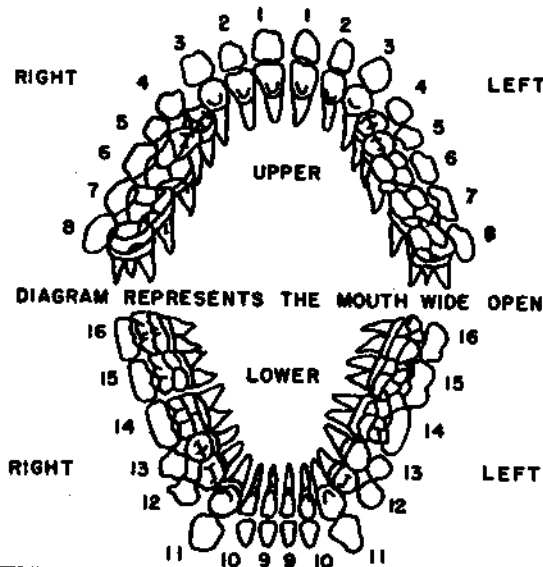
INSTRUCTIONS:

1. **ACCURACY** AND **ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph M. Phelan
VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

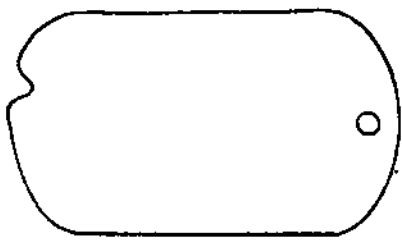

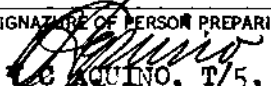
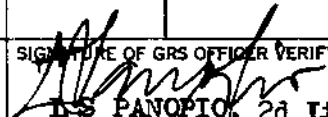
10 December 1946
DATE

/cbf

JUN 1948

RESTRICTED U-5347

U5347A

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		
Imprint Identification Tag If Possible. DO NOT TYPE 					Section 1.—IDENTIFICATION.			SERIAL NO.		
					NAME (Last, first, middle initial)			USAF Cem Leyte #1, P.I.)		Unknown
					GRADE	ORGANIZATION		BRANCH OF SERVICE		
					Unknown	149th Inf		Army		
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY							
Unknown		Unknown								
PLACE OF DEATH			CAUSE OF DEATH			DATE OF DEATH				
Dulag Area, Leyte, P.I.			KIA - multiple shrapnel, body completely burned.			Unknown				
EMERGENCY ADDRESSEE (Name, relationship, and address)										
Unknown										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)			IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
None										
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.				
11 Feb 48	1000	Casket	None	812	U	5453				
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 Leyte #1, P.I.					903				
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.						
UNKNOWN X-3691				5454						
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.						
UNKNOWN X-3687-B				5452						
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT							
 T. S. AQUINO, T/5, QMC			 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

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.

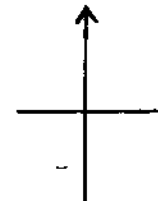
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

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

19 MAY 1948

RIGHT
LITTLE FINGER

RESTRICTED

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

9908 9908

UNKNOWN X-35 85 149th Inf.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Dulag Area, Leyte, P.I. Unknown KIA-mult shrapnel,
(Place of death) (Date of death) (Cause of death)
body completely burned.

0900 hrs 19 June 1945 USAF Cemetery Leyte #1, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

903 Reg. 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

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 622 (X-58)

Metal tag buried with remains and attached to marker.
(If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT UNKNOWN X-36 904
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-34 902
(Name) (Serial number) (Rank) (Organization) (Grave number)

(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

RESTRICTED

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? No, crushed skull.

(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.

John A. Bobis
 John A. Bobis, S/Sgt, GRS
 Signature of officer or other person reporting burial

Francis M. Simon
 FRANCIS M. SIMON, 1st Lt., OMC
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

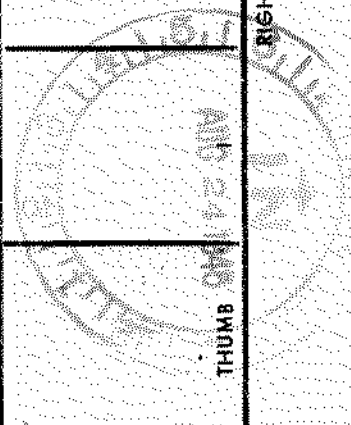
4

3

2

1

THUMB



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

CONFIDENTIAL 9308
1 Mar 44

UNKNOWN X-58 149th Inf. 38th Div.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Abuyog, Leyte, P.I. KIA Shrapnel wounds
(Place of death) (Date of death) multiple (Cause of death)

1400 hrs 9 December 1944 USAF CEMETERY, DULAG #1, DULAG, LEYTE, P.I.
(Time and date of burial) reburial (Name of cemetery) (Name or coordinates of location)

622 Cross regulation
(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

Embossed plate attached to marker

One copy Form GR #1 placed in sealed bottle and buried with body.
(If no identification tags, what means of identification are buried with the body?) 1:50:000

Disinterred from beach Abuyog; persons making burial unknown.
(If no identification tags, but identity definitely established, give particulars) G.C. 1360.2-1301.6 Spec. Map O.C.E. HQ

Body buried on RIGHT UNKNOWN X-58 149 Inf Regt. 623
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-57 149 Inf Regt. 621
(Name) (Serial number) (Rank) (Organization) (Grave number)

(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.

64A
//563

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 LAND MARKS.

Robert H. Greer. P.P.S.

ROBERT W. GREER 2nd Lt. INF
(Signature of official or other person reporting burial)

Roy F. Sulzbacher
ROY F. SULZBACHER 1st Lt. OMC

8075 85A

RECEIVED
15 FEB 1945

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

4
3
2
1
THUMB