FILE IDENTIFICATION TOPPER

| 393 unk Leyt #1 K-355 SUBJECT |
|-------------------------------|
| also maniles maus X-3767 |

QMC FORM | |2|

QMUMT 293 GRS Far East

11 July 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General

Philippine Command

APO 707, s/o Postmaster

San Francisco, California

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains now stored at AURS Mausoleum, Manile, P. I.:

Unknown X-1564 (formerly Unknown X-75 Finschhafen #2)
Unknown X-2330 (formerly Unknown X-629 Leyte #1)
Unknown X-2289 (formerly Unknown X-691 Leyte #1)
Unknown X-2331 (formerly Unknown X-501 Leyte #1)
Unknown X-2441 (formerly Unknown X-501 Leyte #1)
Unknown X-3288 (formerly Unknown X-157 Finschhafen #2)
Unknown X-3431 (formerly Unknown X-332 Leyte #1)
Unknown X-3767 (formerly Unknown X-355 Leyte #1)
Unknown X-4253

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

FOR THE QUARTERNASTER OFMERAL.

T. H. METZ Lt. Colonel, CMC Memorial Division KEB

IJS

J. Miller:lrc Salser JW uSui, **293.**9

SI BULCT: Unicentifiable Lemains

9 June, 1949

1

The quartermaster Ceneral Tepartment of the Army Washington 25, F. C. ATTN: Yemorial Division

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

```
UNPRODU Y-621
                   THENOMN X-3172
        3-625
                           7-3258
        Y-630
                           7-3288
        1-635
                           7-3422
        1-1322
                           7-3431
                           X-3767
        7-1564
        2-1914
                           1-4253
        7-2230
                           >-4096, Manila #2
        ) -2241.
                                    (Formerly Unk Y-1409, AGES Mslm)
                           Y-5141 (Formerly Unk Y-327-E, 10ES Malm)
        1-2286
        5-2289
                      Ħ
                           X-5142 (Formerly Unk )-327-F, AUPS Malm)
        ) -2/31
                           Y-5145 (Formerly Unk Y-327-I, FGIS Malm)
```

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

FOR THE COMMANIENG GENERAL:

23 Incls:
(FC Forms 1044 w/certificates of Unidentifiability

COPY

and

JCM

Unk. X-355 P.I. (Leyte#) lst Ind SUBJECT: Request for Information

Dept. of the Army, OUMG, Washington 25, D. C., 26 January 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster San Francisco, California, ATTN: AGRS, Philcom Zone

In compliance with request made in basic communication, a thorough search of records available to this office fails to associate a casualty with the partial social number, C-2592.

FOR THE QUARTERHASTER GENERAL:

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

HPB/rvs

MENUL WAR TO THE

HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Request for Information

1 8 NOV 1945

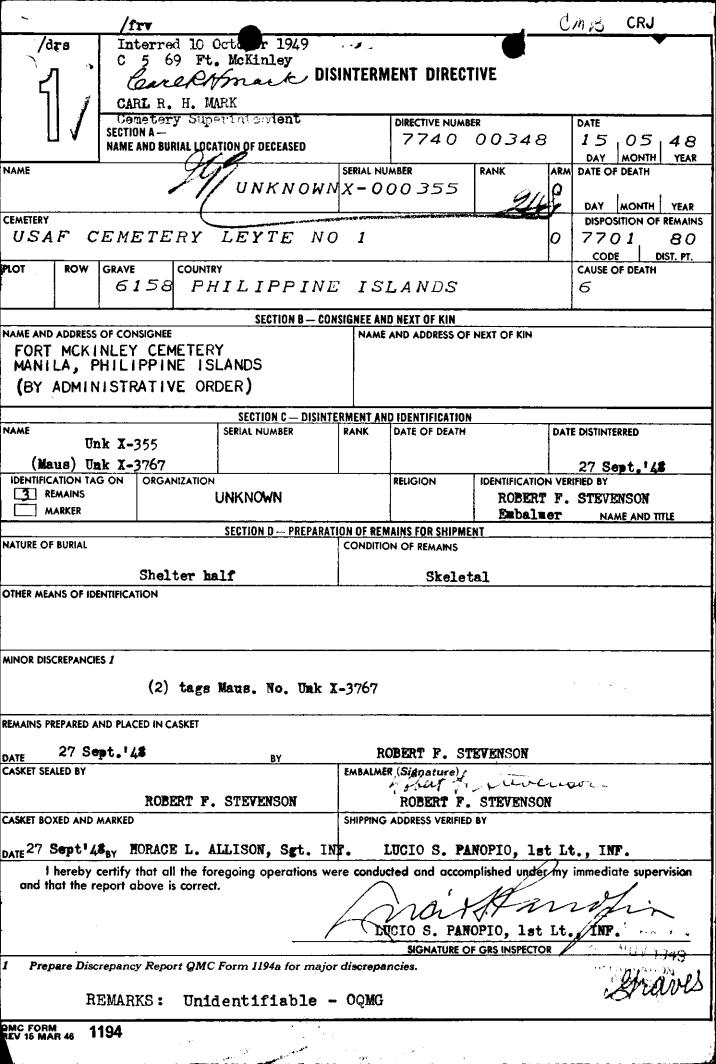
TO:

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

- 1. Report of Interment for Unknown X-355, USAF Constary Leyte No. 1, P. I. (currently designated as Unknown X-3767, AGRS Mausoleum, Manila, P. I.) indicates that a raincoat marked with the initial and partial serial number C-9592 was found near the remains when recovered from an isolated burial at Culasian, Leyte, P. I.
- 2. It is requested that an attempt be made to determine to whom the above partial serial number was assigned and information forwarded to this office, together with COMS Form 371 and any additional information that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG CWO, USA ∕**.s**st Act Gen



| | | »-· | |
|-------------------|--|---------|--|
| DATE | NATION OF ANY OF | 71140 | |
| 3170 | SIGNATURE OF RECEIVER | 3TAQ | SIGNATURE OF SHIPPER |
| · · · · · · · · · | NAME OF CONVOYER | | KIND OF CONVEYANCE |
| | 01 | 1110 | FROM |
| · · | Q3da | HS L | |
| ∃TAd | SIGNATURE OF RECEIVER | DATE | SIGNATURE OF SHIPPER |
| | ивме ое соилолев | | KIND OF CONVEYANCE |
| | 01 | 3 | MO87 |
| | | IHS '9 | WO03 |
| 3TAQ | SIGNATURE OF RECEIVER | atad | FORT MONTRIEY CERETELY admyindeological |
| | NAME OF CONVOYER | | (OY AEMINESTRATIVE CLUES) |
| | | | |
| | 01 1 | IHS 'S | FROM |
| | • | | |
| 3TAQ | SIGNATURE OF RECEIVER | 3TAQ | SIGNATURE OF SHIPPER |
| | NAME OF CONVOYER | | KIND OF CONVEYANCE |
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| | | ilH2 .≱ | MO94 |
| j | | | |
| JIAO | SIGNATURE OF RECEIVER | DATE | SIGNATURE OF SHIPPER |
| | ирме ое соилолев | ! | KIND OE CONNENANCE |
| | ,c. | | |
| | | 3. SHIF | FROM |
| 1 | · · | | |
| B TAQ | SIGNATURE OF RECEIVER | DATE | SIGNATURE OF SHIPPER • |
| | NAME OF CONVOYER | | KIND OF CONVEYANCE |
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| | | ILHS Z | FROM |
| 6 1 61 | Buckbank 1 0 007 | • | |
| DATE | SIGNATURE OF RECEIVER | 3TAQ | SIGNATURE OF SHIPPER |
| | иеме ое соилолев | | KIND OF CONVEYANCE |
| erery | or Fort LcKinley Militery Geme | | AGES Mausoleum |
| | | IHS :t | FROM |
| | DDIAL TRANSFER | OF CUST | ояоээя |

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCON ZONE APO 900

26 May 1949 Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General

Washington 25, D. C. Attn: Memorial Division

The records pertaining to Unknown X-355, Plot _____,

Row ____, Grave 6158, USMC __Levte #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. McNEMAR Captain, CMC

Chief, Records Branch

Attch: Form 1044

J. Trullen U July 1949

Frel # 18'

| A F. M. C. M. C. M. | IVENTIFI | CATION D | A 1 A | | Ta - 0.15 - 0.5 - 5- | | |
|--|---|-------------------------|-----------|------------|----------------------|-------------|--|
| . REMAINS OF UNKNOWN | 3767 (Formerly UNK X | -355 Levte | #1) | | 2. DATE OF RE | 7 1949 | |
| . NAME OF CEMETERY | <u> </u> | 4. PLOT 5. ROW 6. GRAVE | | | <u> </u> | | |
| | | | <u> </u> | | DISINTERMENT | REINTERMENT | |
| | | 812 | | 5010 | | | |
| | PHYSIC | AL DESCRIPTIO | <u> </u> | 5747 | | | |
| . ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. 0010 | | | 11. RACE | | |
| UTD | 517 5/8* | | UTD | | Unkno | WEL | |
| "GIVE DESCRIPTION OF ANY | OFFICIAL IDENTIFICATION FO | UND WITH REMA | INS | | | | |
| | | | | | | | |
| GIVE DESCRIPTION OF TAI | TTOOS OR SCARS ON BODY AND/O | R SUCH INFORM | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| 3.GIVE DESCRIPTION OF TAI | TTOOS OR SCARS ON BODY AND/O | R SUCH INFORM | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| | | R SUCH INFORM | ATION OBT | AINED FROM | OTHER SOURCES | | |
| 4. WAS BODY BURNED? | U T D | R SUCH INFORM | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES NO 5. WAS BODY MANGLED? | UTD | R SUCH INFORM | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES MODY NO. 5. WAS BODY MANGLED? YES NO. | U T D | | ATION OBT | AINED FROM | OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES MODY NO 5. WAS BODY MANGLED? YES NO | TO WHAT EXTENT? | | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES MODY NO. 5. WAS BODY MANGLED? YES NO. | T T D TO WHAT EXTENT? TO WHAT EXTENT? HEALED FRACTURES AND BONE MA | | ATION OBT | AINED FROM | OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES MODY NO. 5. WAS BODY MANGLED? YES NO. | TO WHAT EXTENT? | | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| 4. WAS BODY BURNED? YES NO NO YES NO | T T D TO WHAT EXTENT? TO WHAT EXTENT? HEALED FRACTURES AND BONE MA | | ATION OBT | AINED FROM | I OTHER SOURCES | | |
| L4. WAS BODY BURNED? YES NO 15. WAS BODY MANGLED? YES NO | T T D TO WHAT EXTENT? TO WHAT EXTENT? HEALED FRACTURES AND BONE MA | | ATION OBT | AINED FROM | I OTHER SOURCES | | |

NONE

"UNIDENTIABLE"
"BY REASON OF LACK OF SUFFICIENTIFYING DATA"

Inch. #182

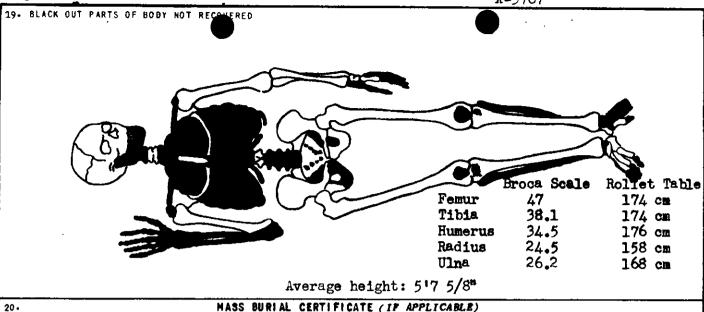
Side V jews LOVER Side Viewe D I E S S 12 10 10 13 16 15 9 12 15 16

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

Mandible and mandibular teeth are missing.

JAMES J. McDERMOTT Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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

! CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains. Estimated weight of remains - $5\frac{1}{2}$ lbs.

Circumference of skull - $20\frac{1}{4}$ ".

"UNIDERTIFIABLE"

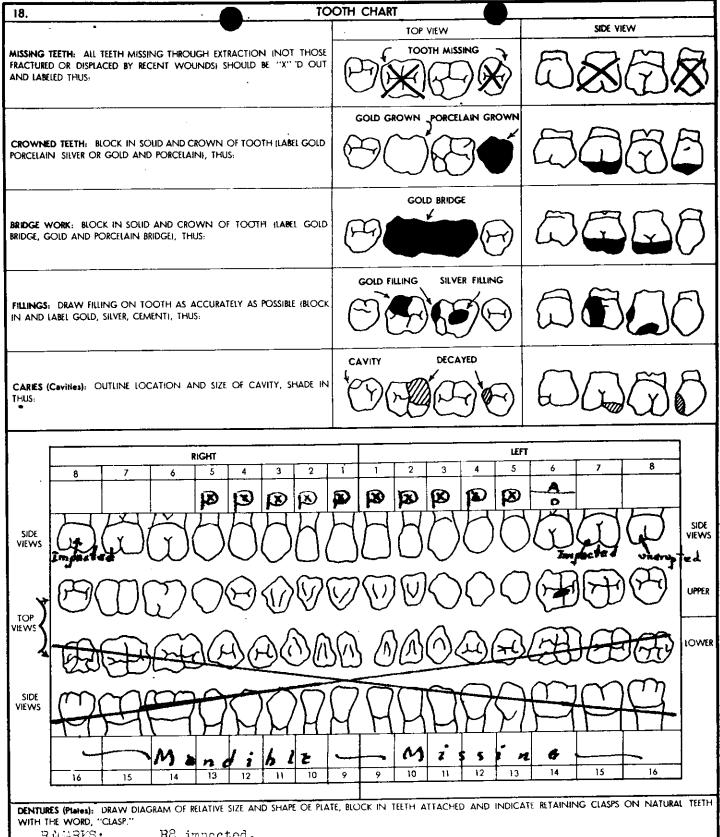
"BY REASON OF LACK OF SUFFICEINT IDENTIFYING DATA"

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 James J. McLennoll

| • | IDENTI | FICATION | DATA | , — | | |
|----------------------------|------------------------------------|-------------------|--|-------------|----------------------|-------------|
| EMAINS OF UNKNOWN | | | | | 2. DATE OF REPOR | Ţ |
| MICHOUN X-3767 (E | Formerly UNK X-355 USA | F Cem Leyte | #1. P. | I.) | 13 Feb | 5 h C |
| NAME OF CEMETERY | <u> </u> | 4. PLOT | | | | OF |
| | | | 1 | | 7. DATE DISINTERMENT | REINTERMENT |
| AGRS Exusole | ews, Manilo, P.T. | 812 | भ | 5747 | 22 Dec 47 | Li Feb 4 |
| | PHY | SICAL DESCRIPTION | N | | | l |
| STIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR | OF HAIR |) | II. RACE | D. |
| IVE DESCRIPTION OF ANY O | DEFICIAL IDENTIFICATION FOUND WITH | REMAINS | | | <u> </u> | |
| | | | | | | |
| | NONE | | | | | |
| | | | | | | |
| GIVE DESCRIPTION OF TATTO | OS OR SCARS ON BODY AND OR SUCH | H INFORMATION OBT | AINED FROM | OTHER SOUR | CES | |
| | U T D | | | | | |
| | (- 1 D | | | | | |
| | | | | | | |
| WAS BODY BURNED # | TO WHAT EXTENT \$ | | | | | |
| YES 🔀 N | 0 | | | | | |
| VAS BODY MANGLED # | TO WHAT EXTENT ! | | ······································ | | | |
| | Ю | | | | | |
| DESCRIBE EVIDENCE OF HEALE | D FRACTURES AND BONE MALFORMATI | IONS | | | | |
| • | | | | | | |
| _ | | | | | | |
| • | N O 11 7 | | | | | |
| | NONE | | | | | |
| | | | | | | |
| | | | | | | |



RAHARKS:

R8 impacted.

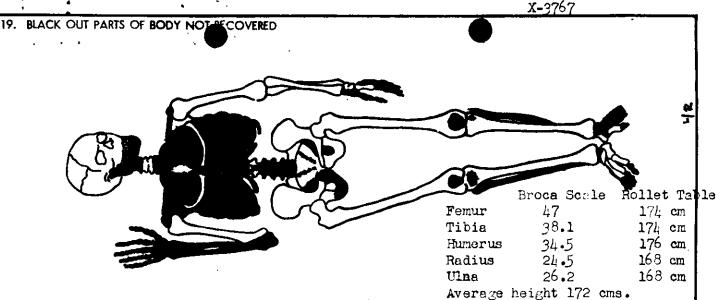
13 unerupted.

L7 impacted.

CARTIFIED TRUE CONY:

2d Lt MSC

/s/ John J Connors



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of NUMBER _Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, personal effects, burial bottle or other means of identification found with remains. Circumference of skull 201 inches. Estimated weight of remains, 52 lbs.

CERTIFIED TRUE COPY:

G T GALBOA 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 $/_{\rm D}/$ JOHN J CONNORS, SP-6

CIP Laboratory, Manila, P.I.

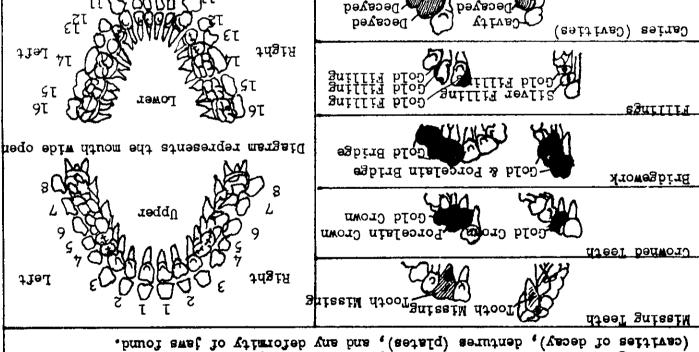
SIGNATURE

/s/ John J Connors

| T | | | | A | <u> </u> | | |
|--------------------------------|---|--|---------------|----------------|-------------|-------------|--|
| OMOForm 1044 Rev: I Apr. 19 | 145 | RESTRI | CTED | te | | | |
| REPORT | REPORT OF DISINTERMENT FOR IDENTIFICATION | | | 5 January 1943 | | | |
| 1. Remains of (Na | me) | | | Serial N | umber | | |
| UNKNOUN X-35 | 55 | • | | | | | |
| Grade | Organization | | , | | | | |
| | | | | | | | |
| .Name, Number | and Location of Ce | metery | | Plot | Row | Grave No. | |
| | r Leyrte /1, P. I. | | | | | 6158 | |
| 2.Date of Disin | iterment | | HA OF HAP: | | | | |
| 1600 hrs 22 | Dec. 1947 | | | - | | | |
| 3.Report as to | Nature of Original | Burial and | Condition or | Body upon | Disinter | ment. | |
| | Original made in Mendible missing. RCI on file. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |
| | • | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. What Identifi | cation Found at Ti | ime of Disint | erment: Un Me | ırker | | | |
| | Substitute tag | | | | | | |
| On Remains | | | | · | | | |
| i | Substitute tag | | | | | | |
| | | | | | | | |
| | · | | | | | | |
| What Identill | ication Used Upon R | (Ollowiand) | ON Marker | | | | |
| ļ | N o n e | | | | | | |
| | | | | | | | |
| On Remains | | | | | | | |
| | Held for concentre | ation | | | | | |
| | ^ ^ . | | | | | | |
| 5.Signature of | times V. Jakes | ing Disinterm Major, TO | ent and Reint | terment. | | | |
| | ್ಲೇಟ್ ಇಲ್ಲಾ . ಕಿಕ್ಕಾಟ್ ಬ್ಯಾಟ್ , | $-\alpha_{ij}$ α_{ij} α_{ij} | | | | | |

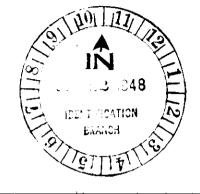
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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 ne 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 cipal manual pasic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cauties of decay), dentures (plates), and any deformative of laws found.



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth Dentures attached and indicate retaining clasps on matural teeth with the

word "clasp".



1134 BRICKA, JAN. 1340 Hd

-- 4

Кепатка

RESTRICTED

JUN 221948 758

| (Supersedes GRS Form 1) (AR 30-1 Imprint Identification Tag If Possible. Section 1.—IDENTIFI | RT OF INTERME | 1815) STORAC | iF I i | | | |
|---|---|-----------------------|----------------------|-------------------|--------------|--|
| DO NOT TYPE | | | 1 | Mar 4 | 8 | |
| | | - | | | | |
| NAME (Last, first, middl | | - INK Y OFF | SERIA | SERIAL No. | | |
| USAF Cemet | UNRIONN X-3767 (Formerly UNK X-355 USAF Cemetery Leyte #1, P.I.) | | | | | |
| GRADE | GRADE ORGANIZATION | | | BRANCH OF SERVICE | | |
| Un known | Unkn | Unknown | | | | |
| RACE | RELIGION | | IF OTHER TH | AN U.S. DE | AD, GIVE | |
| Unknown | Unkn | own | | | | |
| PLACE OF DEATH CAUSE OF DEATH | | | DATE | OF DEATH | | |
| Culasian, Leyte, P.I. Unknown | | | t | n known | , | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) | | | | | | |
| Unkatown | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) IF NO TAGS FOUND ON | BODY, DESCRIBE MEANS | <i>€.</i> ∴ | | in section S | ON TERSTOC) | |
| None | | | 2000 2000 2000 | | | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or 100) | | | င်းမှ | | | |
| | | | ő | | | |
| Yes (2) | <u> </u> | 1-4 | (7) (2) | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME | | N. FO | \$0 mg | | | |
| | | | () A | | | |
| None | | | ir | | | |
| 110116 | | | | | | |
| Section 2.—BURIAL. If other than in established cometery, furnis | sh sketch and man coo | rdinates on reverse. | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY | | | | | | |
| AGRS N:AUSOLEUM, | MANILA, P. L. | | | | | |
| DATE OF BURIAL HOUR BURIED IN (Shrowd, blan | mket, or name of other) | TYPE OF GRAVE | PLOT No. | ROW No. | GRAVE No. | |
| STORAGE STORAGE | | MARKER | 1 1 | ER BAY (, | | |
| 14 Feb 48 1300 Casket | | None | 812 | <u>IA</u> | 5747 | |
| WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER (Yes or no) (1931-1971) | R, COORDINATES OF PRE | VIOUS CEMETERY, AND I | PLOT No. | ROW NO. | GRAVE No. | |
| Yes USAF Cemetery Leyte # | 1, P.I. | | PLOT NO. | KOW NO. | 6158 | |
| TYPE OF RELIGIOUS PERSON CONDUCTING BURIAL RITES | IF IDENTIFICA | ATION TAGS NOT USED, | DESCRIBE IDE | NTIFICATIO | | |
| CEREMONY | CONTAINERS | BORIED WITH BOD! | | | | |
| INTERIOR TAR BURDED WITH A DEPARTMENT OF THE ATTACK | ED TO | | | | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACH MARKER (Yes or no) | ED 10 | | | | | |
| Yes Yes | | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRAV | VE No. | |
| unencin x-3769 | | | | 1 | 5748 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRA | VE No. | |
| unpaojn x_3765 | | | Ì | | 5746 | |
| SIGNATURE OF TRESON PREPARING REPORT | SIGNATURE O | F GRS OFFICER VERIFYI | NG REPORT | | | |
| V CAQUINO, T/5, QMC | Z P | MOPTO, 2d Lt | ., Inf | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied | dead, signed original a | nd one copy for enem | | Quarterma: | ster General | |

2 4 355

| | RÉS | TRICTED | | . , | | |
|------------------------|---|--------------------------------|--|----------------------------|--|--|
| | Section NIDENTIFIED REMAI | NS, | | | | |
| 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 | | | | | |
| RING | accomplished if one or more fin | gerprints are secured. | | · | | |
| RING FINGER | HEIGHT WEIGHT COLOR | OF EYES COLOR OF HA | AIR BIRTHMARKS, SCA | RS, OR TATTOOS | | |
| MIDDLE FINGER | WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS | BURIED OR FOUND | | |
| TAGER | OTHER IDENTIFICATION CLUES | | | * | | |
| LEFT INDEX FINGER | | | | | | |
| NGER | FILLINGS | SILVER FILLING GOLD FILLING | 8860 | \tilde{Q}_{O}^{3} | | |
| BWH. | CAVITIES | CAVITY DECAVED | 5 ON UPPER | | | |
| RIGHT THUMB | <u> </u> | TOOTH MISSING | DIAGRAM REPRESENTS THE | MOUTH WIDE OPEN | | |
| RIGHT (NDEX FINGER | 1 | GOLD BRIDGE | 15 LOWER 14 LOWER 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14 | 15 15 14 13 12 | | |
| RIGHT MIDDLE FINGER | FURNISH SKETCH AND MAP REFEREN | NCE AND COORDINATES FOR | BURIAL IN OTHER THAN ESTAB | LISHED CEMETERY | | |
| 21 6 R. I | - | | | | | |
| FINGER LITTLE FINGER | _ | 4, 1044-A and 10 | 044-B accomplished | 1. | | |

| | · | | 779 | - | | | |
|---|--------------------------------------|---|-------------------|-------------------------|-------------------|----------------------|---------------|
| WD ChAC FORM 1842 (Rev. 1 Apr. 1968) (Repairs) on GRS Parm 1) | • | REPORT OF (AR 30-1810 ar | | = | | of report 1 Dec | |
| Imprint Identification T | | Section 1.—IDENTIFICATION. | | | <u> </u> | | |
| (A) 101 111 | | NAME (Last, first, middle initial) | | | SERIA | L No. | |
| | \ | UNKNOWN X-355 | • | | | - | |
| | 1 | GRADE | ORGANIZATION | | BRANC | CH OF SERV | /ICE |
| () | 0) | | ļ | _ | | | |
| [] | - 1 | - | | | | | |
| ./. | | RACE | RELIGION | | IF OTHER TH | AN U.S. DE XUNTRY | AD, GIVE |
| | | _ | | 300 | | | |
| PLACE OF DEATH | | CAUSE OF DEATH | 1 | | DATE | OF DEATH | · |
| Cula sian, | | | | | | _ | |
| Leyte, P.I. | | | | | | | |
| EMERGENCY ADDRESSEE (Na | ne, relationahip, an | d address) | | • - | | | |
| - | • | | | | | | |
| IDENTIFICATION TAGS FOUND | ON BODY | IF NO TAGS FOUND ON BODY D | ESCRIBE MEANS (| F IDENTIFICATION (I) | unidentified, fil | in section (| f on reserve) |
| (1, s, er none) None | | | | | | | |
| | | · | | | | | |
| WERE SUBSTITUTE TAGS PRO | VIDED?(Yes or no) | | | | | | |
| Yes | | | | | | | |
| LIST PERSONAL EFFECTS FOU | ND ON BODY AND | DISPOSITION OF SAME | | | | | |
| Jul 74 | | | | | | | |
| None | 7 | | | | | - | |
| | | | | | | | |
| | | | | | | | |
| | | lished cometery, furnish sketch | h and wap coord | inates on reverse. | · | | |
| NAME, NUMBER, COORDINATI | es, and location | OF CEMETERY | | | | | |
| USAF Ce | metery I | eyte #1, P.I. | | | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or n | ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 31 Dec 45 | 1600 | shelter halve | , | Reg Cross | | | 6158 |
| | | INDICATE NAME, NUMBER, COORD | | | OCATION OF G | PAVE | |
| WAS THIS A REBURIAL? (Yes or no) | Man of | Cent Phil. scal | e 1:250, | OOO | | : | GRAVE No. |
| Yes | | of 5, Coord: 131 | | | Isolat | ed bu | TIEL NO. |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUC | TING BURIAL RITES | IF IDENTIFICAT | ION TAGS NOT USED. | DESCRIBE IDE | NTIFICATIO | ON DATA AND |
| GENEMON1 | | _ | | f reinterm | ent. id | entif | ication |
| IDENTIFICATION TAG BURIER | WITH LINEAU | TIFICATION TAG ATTACHED TO | tag bur | ied in bot | tle. | | |
| BODY (Yes or no) | MAF | RKER (Yes or no) | | | | | |
| Yes | | Yes | | | | | |
| BODY BURIED ON DECEASED | LEFT, NAME (Last | , first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | M GRA | VE No. |
| FORREST, Fra | nk | | _ | 34606291 | - | 61 | .5 7 |
| BODY BURIED ON DECEASED | | et first middle initial) | RANK | SERIAL NO. | ORGANIZATIO | ON GRA | VE No. |
| BOOT BOILED ON BEECHE | 11101111 1222 122 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | İ | |
| | <u> </u> | | | <u> </u> | | | |
| SIGNATURE OF PERSON PREF | / | 001 | SIGNATURE OF | GRŞ OFFICER YERIFYIN | | , , | |
| TIE Staile | W. Hallo | ello-le | WHITE | M D HOGERS | st I | ít., I | nf |
| | 77 | nal for U.S. and allied dead, ai | 4ned original an | d one copy for eneme | ·// | | |
| through Headquarters Gi | i. Signed origin RS Officer. Cop. | hal for U.S. and allied dead, 4; ies for retention in theater as ; | prescribed by the | ater commander. | | | |

RESTRICTED

| | | | <u> </u> | | | | |
|----------------------------|--|--------------------------------------|---|--|--|--|--|
| , | Section SEUNIDENTIFIED REMAIN | | | | | | |
| 22 JAN 1946 | 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 | | | | | | |
| 4// | every tooth will be indicated on the accomplished if one or more fing | he tooth chart in accordance wit | h diagram below. Tooth chart will not be | | | | |
| N 1946 | HEIGHT WEIGHT COLOR O | F EYES COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS ISOLADED TO THE TOTAL CULALLAB, Leyte, P.I. | | | | |
| Model | WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND ISOlated burial Culasian, Leyte, P.I. | | | | |
| LEFT MIDDLE FINGER { | OTHER IDENTIFICATION CLUES | - | | | | | |
| | Shoe size 9-D | | | | | | |
| INDEX FINGER | C-9592 found on : | raincoat near boo | iy. | | | | |
| MGER | FILLINGS SI | FILLINGS SILVER FILLING GOLD FILLING | | | | | |
| THUMB | CAVITIES | CAVITY DECAYED | Judgey 6 | | | | |
| | MISSING TEETH | OTH MISSING | MASING TEETH | | | | |
| THUMB | CROWNED TEETH | - I | REPRESENTS THE MOUTH WIDE OPEN | | | | |
| INDEX | POR | CELAIN CROWN IS | LOWER SIS | | | | |
| PINGER | BRIDGE WORK | GOLD BRIDGE | 12 0000 0 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | | | | |
| RIGHT* | FURNISH SKETCH AND MAP REFERENCE | AND COORDINATES FOR BURIAL IN | OTHER THAN ESTABLISHED CEMETERY | | | | |
| P. I. | | | <u> </u> | | | | |
| RIGHT RING FINGER | REMARKS: | | | | | | |
| RIGHT LITTLE FINGER | | | ERPRINTING AND OTHER | | | | |

FILE UNDER NO: 293 - Unknown X-355 P.I. (Leyte #1)

INDEX SHEET SYHOPSISI

Menyo

16 April 1946

FROM: TO:

CMCO, Momorial Div.
AGO, World War II Records Adm. AGO, St. Louis, No.

RE:

For mecessary action.

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