

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Ink Keyte #1 X-365
SUBJECT	also manila maues X-3781

GNC FORM 1121  
1 Aug 45

**AIRMAIL**

*(273 Mark Pl. (miss) ...)*  
*En*

QMGMT 293  
GRS Far East

2 February 1950

**SUBJECT: Identification of World War II Deceased**

**TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California**

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

UNKNOWN X-3246	(formerly X-30, Sta. Barbara #1)
" X-3770	( " X-367, Leyte #1)
" X-3779	( " X362, " #)
" X-3781	( " X-365, " #)

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

**FOR THE QUARTERMASTER GENERAL:**

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

R. Miller:lak  
Salser  
J. Windsor

cc: Administrative Section

CC: CINCPAC

*X 273 MARK PL. X-365 (10-17-50)*

REB  
TEB

**AIRMAIL**

OPZ 293

APO 900  
4 January 1950

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 OPZ 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-3183	AGRS Malm	UNKNOWN X-3770	AGRS Malm
X-3244		X-3779	
X-3246		X-3781	
X-3630		X-4157	Manila #2
X-3676		X-4159	AGRS Malm
X-3719			

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

FOR THE COMMANDING OFFICER:

11 Incls  
QMC Forms 1044 w/Certificates

JOHN SHYOLA  
1st Lt., Infantry  
Adjutant

BHR *mtv*

/ifj

1 /ebc

Interred 7 Feb 1950  
D 9 45 Ft. McKinley

**DISINTERMENT DIRECTIVE**

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00357

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
*[Signature]*  
UNKNOWNX-000365

SERIAL NUMBER  
UNKNOWNX-000365

RANK  
*[Signature]*

ARM  
0

DATE OF DEATH  
7701 80  
DAY MONTH YEAR  
CODE DIST. PT.

CEMETERY  
USAF CEMETERY LEYTE NO 1

PLOT  
ROW  
GRAVE  
6171

COUNTRY  
PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE  
FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME  
(Maus No.) UNK X-365  
UNK X-3781

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
27 Sept 48

IDENTIFICATION TAG ON  
 REMAINS  
 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

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
2 Tags Maus No. UNK X-3781

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY ROBERT F. STEVENSON

CASKET SEALED BY  
ROBERT F. STEVENSON

EMBALMER (Signature)  
*[Signature]*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED  
DATE 27 Sept 48 BY HORACE L. ALLISON  
Sgt., Inf

SHIPPING ADDRESS VERIFIED BY  
LUCIO S. PANOPIO, 1st Lt., Inf

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

*[Signature]*  
LUCIO S. PANOPIO, 1st Lt., Inf  
SIGNATURE OF GRS INSPECTOR

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

2 FEB 1950  
RECEIVED  
*[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS Mausoleum	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE			
Truck			
SIGNATURE OF SHIPPER			
<i>Fourmont</i>			
DATE		SIGNATURE OF RECEIVER	
FEB 7	1950		
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		SIGNATURE OF RECEIVER	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
NAME OF CONVOYER			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	

HEADQUARTERS  
FEDERAL BUREAU OF INVESTIGATION  
AMERICAN GRAVES REGISTRATION SERVICE

3 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 365, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 6171, USAC CAF Cem Lyle #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. MCNEEMAR  
Captain, OMC  
Chief, Records Branch

Attn: Form 1044

Received 20 Jan '50 OQMG  
Not identifiable from  
information presently  
available Robert W. Miller

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-365 UNKNOWN X-3781 (USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 3 January 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5762	7. DATE OF DISINTERMENT      REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 3½"	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) I.D. substitute tags with the following information:  
  
UNKNOWN X-365

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD - Due to condition of remains.

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

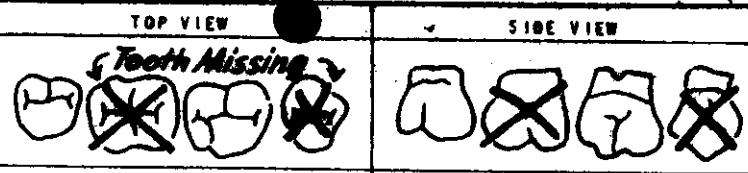
NONE

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

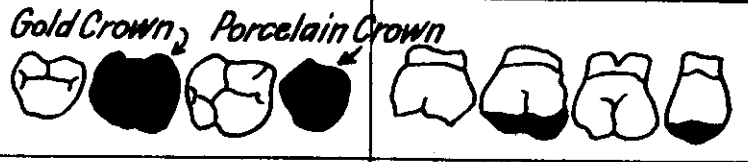
NONE

TOOTH CHART

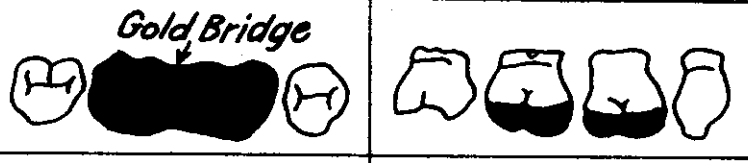
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



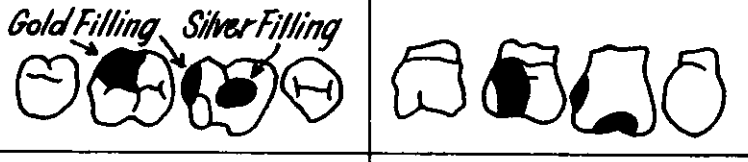
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



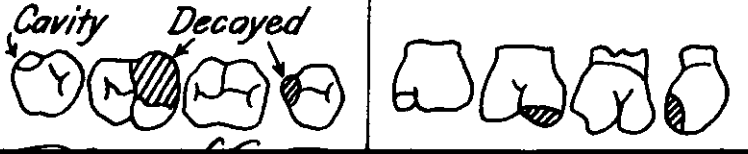
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



*Maxilla Missing*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
See Dental			P	P	P	P	P	S M	P	P	P	P	P	P	P
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
UPPER								LOWER							
	o	f		P		P	X	X	P		P	P	f		X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

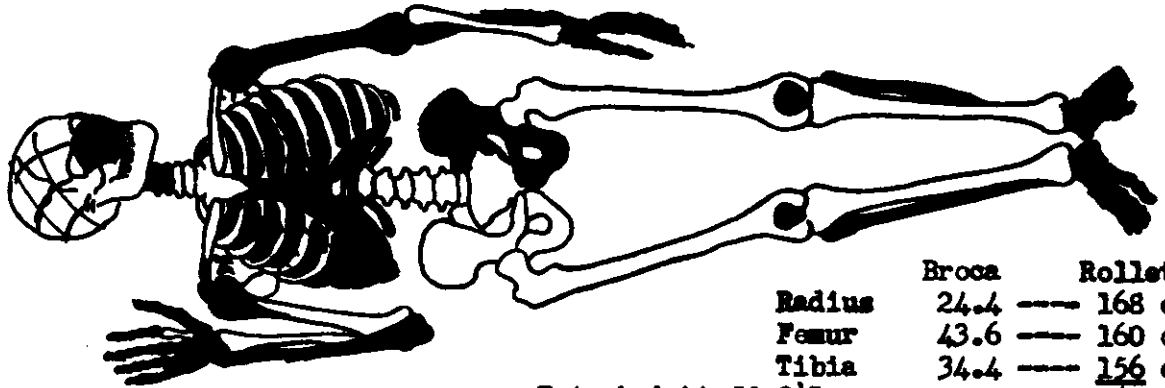
**REMARKS:** Maxilla missing from R-4 to L-8. R-8 impacted malposed. Mandible broken between R-9 and L-9. R-11 and L-11 shows sign of attrition.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT RECORDED

2 - Cranium  
4 - Skull  
4 - Ribs  
16 - Tibia



	Broca	Roller
Radius	24.4	168 cm
Femur	43.6	160 cm
Tibia	34.4	156 cm
Est. height	5' 3 1/2"	161 1/3 cms

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 official I.D. tags found with remains.  
Circumference of skull unable to determine fragmented.  
Estimated weight of remains is 4 1/2 lbs.

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

X-3781

1. REMAINS OF UNKNOWN UNKNOWN X-3781			(Formerly UNK X-365 (USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 13 Feb 48	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF			
	MANGER REY	CRYPT		DISINTERMENT	REINTERMENT STORAGE		
	812	W	5762	22 Dec 47	14 Feb 48		

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3 1/2"	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) I.D. substitute tags with the following information:  
  
UNKNOWN X-365

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD - Due to condition of remains.

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

18.

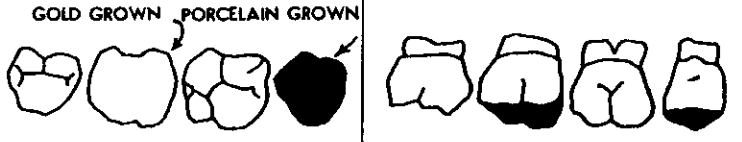
TOOTH CHART

X-3781

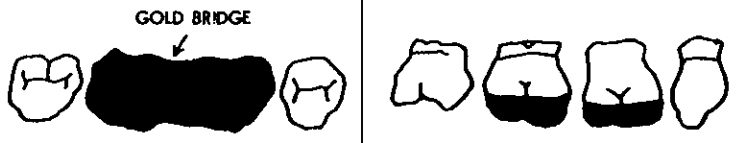
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



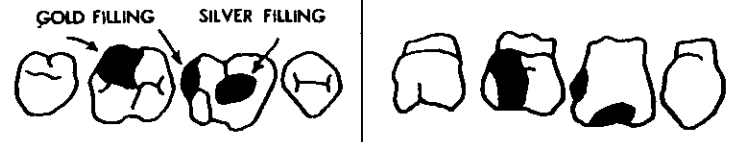
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



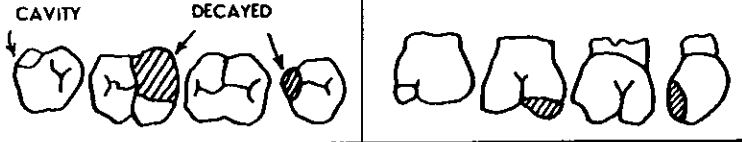
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



MAXILLA MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
JEL								S							
Remarks								M							
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								UPPER							
SIDE VIEWS								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*fractured*

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

REMARKS: Maxilla missing from R-4 to L-8. R-8 impacted malposed. Mandible broken between R-9 and L-9. R-11 and L-11 shows sign of attrition.

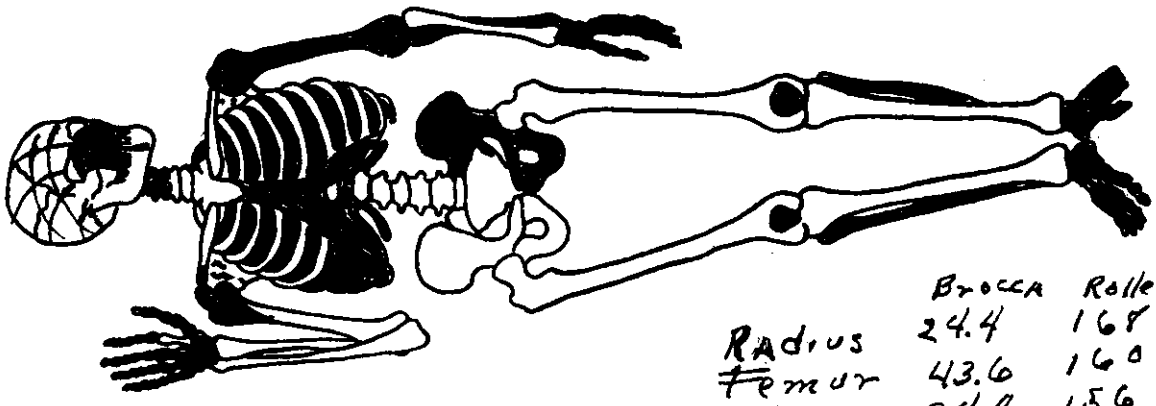
CERTIFIED TRUE COPY  
*G. P. Gamboa*  
G. P. GAMBOA  
2d Lt MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3781

2 - Cervical  
 4 - Vertebrae  
 4 - Ribs  
 16 - Ribs



	Brocca	Rallet
Radius	24.4	168
Femur	43.6	160
Tibia	34.9	156
EST Height	5'3 1/2"	161 1/3

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 official I.D. tags found with remains.  
 Circumference of skull unable to determine fragmented.  
 Estimated weight of remains is 4 1/2 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/ ROBERT F STEVENSON Ungraded  
 CIP Laboratory, Manila, P.I.

SIGNATURE  
 s/ Robert F Stevenson



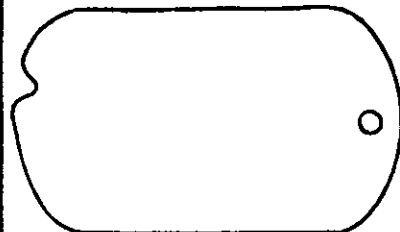
WD FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Mar 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3781 (Formerly UNK X-365  
USAF Cem 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

Vicinity of Lubi,  
Leyte, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL  
STORAGE

14 Feb

HOUR

1300

BURIED IN (Shroud, blanket, or name of other,  
STORED

Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

812

ROW No.

W

GRAVE No.

CRYPT  
5762

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

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

USAF Cemetery Leyte #1, P.I.

PLOT No.

ROW No.

GRAVE No.

CRYPT  
6171

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-3782

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

5763

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
STORED

UNKNOWN X-3780

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

5761

SIGNATURE OF PERSON PREPARING REPORT

*[Signature]*  
C. C. MOINO 195 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*[Signature]*  
CALVIN F FINN Major, FA

TRIBUTION 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.

2-358

**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	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

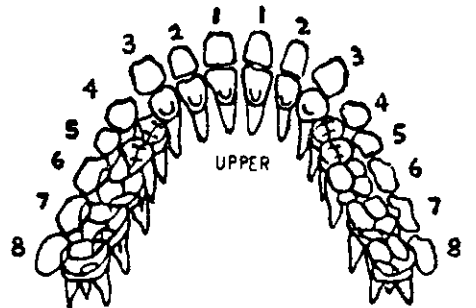
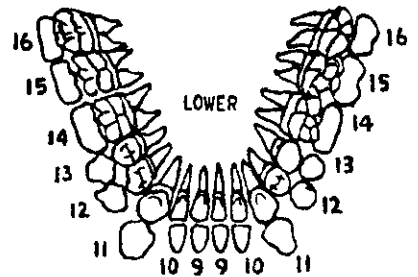
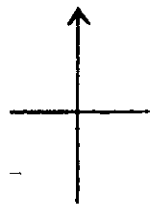


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

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

26 MAY 1948

**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.

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42 JAN 1946

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

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

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND <b>Isolated burial 1 mi N Lubi, Leyte, P.I.</b>
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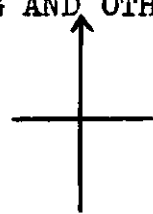
**OTHER IDENTIFICATION CLUES**

None

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

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

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION**



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.**

**MAXILLA AND MANDIBLE MISSING.**



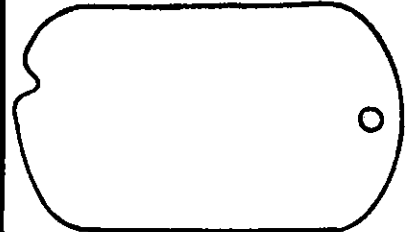
RESTRICTED

6171 U-267

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

DATE OF REPORT

5 Jan 46

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-365

SERIAL No.

-

GRADE

-

ORGANIZATION

-

BRANCH OF SERVICE

-

RACE

-

RELIGION

-

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

PLACE OF DEATH

Vicinity of  
Lubi, Leyte, P.I.

CAUSE OF DEATH

-

DATE OF DEATH

-

EMERGENCY ADDRESSEE (Name, relationship, and address)

-

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None Incl. 953

## 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.
4 Jan 46	1030	shelter halve	Reg Cross			6171

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

Map Cent Phil., sheet 3 of 5 sheets  
scale 1:250,000 Coord: 1330.2-1320.8

PLOT No.

ROW No.

GRAVE No.

Isolated burial

TYPE OF RELIGIOUS  
CEREMONY

-

PERSON CONDUCTING BURIAL RITES

-

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYReport of Reinterment, identification  
tag buried in bottle.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)

BEGINNING OF ROW

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

Charles W. Hallock  
T/5 Charles W. Hallock, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

William D. Rogers  
WILLIAM D. ROGERS, 1st Lt.

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