

FILE IDENTIFICATION TOPPER

FILE NUMBER

292 Wnk Keyte #1 X-3 Tales from Manila X-369

SUBJECT

QMC FORM 1121
1 Aug 45

293-Unk. P. I. (Wisc) (Maus. Manila) X-3688 thru X-3692

X-3752

QMCMT293
GRS Far East

15 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 AGRS Mausoleum, Manila, P.I.:

Unknown	Formerly Unknown	X-84	Legto #3
X-3752	"	"	"
" X-3692	"	"	"
" X-3691	"	"	"
" X-3690	"	"	"
" X-3689	"	"	"
" X-3688	"	"	"

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. WETZ
Lt. Colonel, QMC
Memorial Division

C O P Y

38

X293 Work, P.I. X-37 Legto #1

GRPZ 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 #MGMU 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-729	Leyte #1	UNKNOWN	X-3691	AGRS Malm
"	X-3316	AGRS Malm	X-3692		
"	X-3427	" "	"	X-3752	" "
"	X-3688	" "	"	X-4158	Manila #2
"	X-3690-A	" "	"	X-4790	AGRS Malm

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
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

QMOMT 293
GRS 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
FAUGHENDER, 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	20 904 460
HEBMAN, John	39 383 388
ISHAM, Harry W.	36 516 680
KRYZANAUCKAS, Anthony W.	33 170 424
McKINNEY, Howard A.	35 102 826
MULASKI, Joseph	12 055 237
PEACE, Billy J.	35 122 857
ROBERTS, Holland J.	31 078 240
SCHLEGEL, Earl N.	37 163 585
SIRCY, 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.

QMOMT 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. Be Proceedings (Group)

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

/ebc		Interred 16 . . . 1950 H 3 127 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00058		DATE 15 DAY 05 MONTH 48 YEAR	
NAME UNKNOWN		SERIAL NUMBER UNKNOWN X = 000037 0		RANK 0	
CEMETERY USAF CEMETERY (LEYTE NO 1)		DISPOSITION OF REMAINS 7701 CODE 80 DIST. PT.		DATE OF DEATH 1 DAY 05 MONTH 48 YEAR	
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
		915	PHILIPPINE ISLANDS	6	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY NATIONAL CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME UNK X-37 UNK X-3691 (Maus)		SERIAL NUMBER		RANK	
DATE DISTINTERRED 27 Sept. '48		DATE OF DEATH		DATE DISTINTERRED	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF		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 Mausoleum UNK X-3691					
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., FA			
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 <i>Celestino E. Abellar</i> CELESTINO E. ABELLAR, 1st Lt., FA					
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>Carroll H. Mark</i>	DATE JAN 16 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
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

10
INDEX SHEET NO. 219 - Unknown P.I. X-37 (Layte #1)

INDEX SHEET

SYNOPSIS

6th Ind.

17 Feb. 1947

FROM:

OSIC
CO, Amer. GRS Area Command, Pac. Theater, APO 707, c/o FM
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

INDEX SHEET FILED UNDER NO. 293 - Unknown P.I. (Misc) (Layte #1)

rtb

FILE UNDER NO: 293 - Unknown X-37 ~~File~~ ^{P.I.} (Leyte #1)

INDEX SHEET
SUMMARY

Memorandum

14 May 1946

FROM:

CGO, Memorial Div.
TO: AGO, World War II Records Adm., St. Louis, Mo.

RE:

Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) ~~File~~ ^{P.I.} (Leyte #1)

ba

293 Unknown X-37 P.I. (Leyte #1)

7-26-46

Letter

From:

WD, OJEG

TO:

CO, Gp. Upton, N.Y.

Re:

Identification of Unknown Deceased.....

293 Unknown (Misc.) P. I. Leyte #1

v1

293 Unk X -39 P. I. (Loyte #1)

Letter

20 Jun 46

FROM: ASF, OCM
TO: CO, Ft. Jay, N. Y.
ATTN: Post Surgeon

SUBJ: Identification of Unk. D.C.

Jan 293 Unk. (Misc) P.I. (Loyte #1)

FILE UNDER NO. 293 - Unk. X-37, P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

21 June 1946

FROM: OCMG
TO: CGAF Western Pac. Area, APO 707, c/o FM, Calif.
FOR: Chief, American Gr. Reg. Service.

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc.) P. I. (Leyte #1)

t.h

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

14 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 37, Plot _____,
Row _____, Grave 915, USMC USAF Gen. Layte #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. McENEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

8 Nov 49 OQMG
information from
information presently
available 15 Nov 49
Ball 10 SW

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3691 (Formerly UNK X-37 Leyte #1)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5454	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 4 3/8"	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		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		
M A X I L L A								M I S S I N G									
Side View																	Side View
Top View																	UPPER
																	LOWER
Side View																	Side View
M A N D I B L E								M I S S I N G									
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."

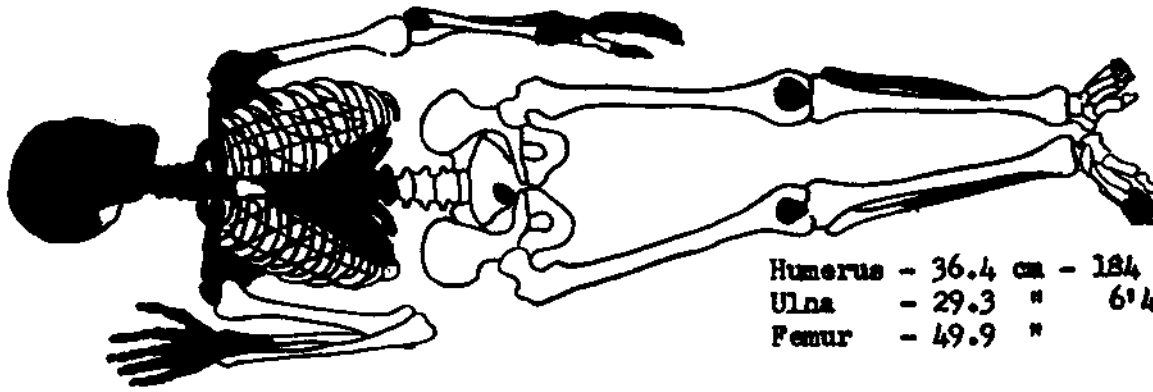
REMARKS: Both maxilla and mandible missing. No maxillary and mandibular teeth present with remains.

"UNIDENTIFIABLE"

Paul R. Nichols
PAUL R NICHOLS
 Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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, identification tags or personal effects found with remains.

Estimated weight of remains - 9 1/2 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



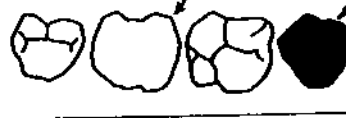







PAUL R NICHOLS
 Chief, Identification Section

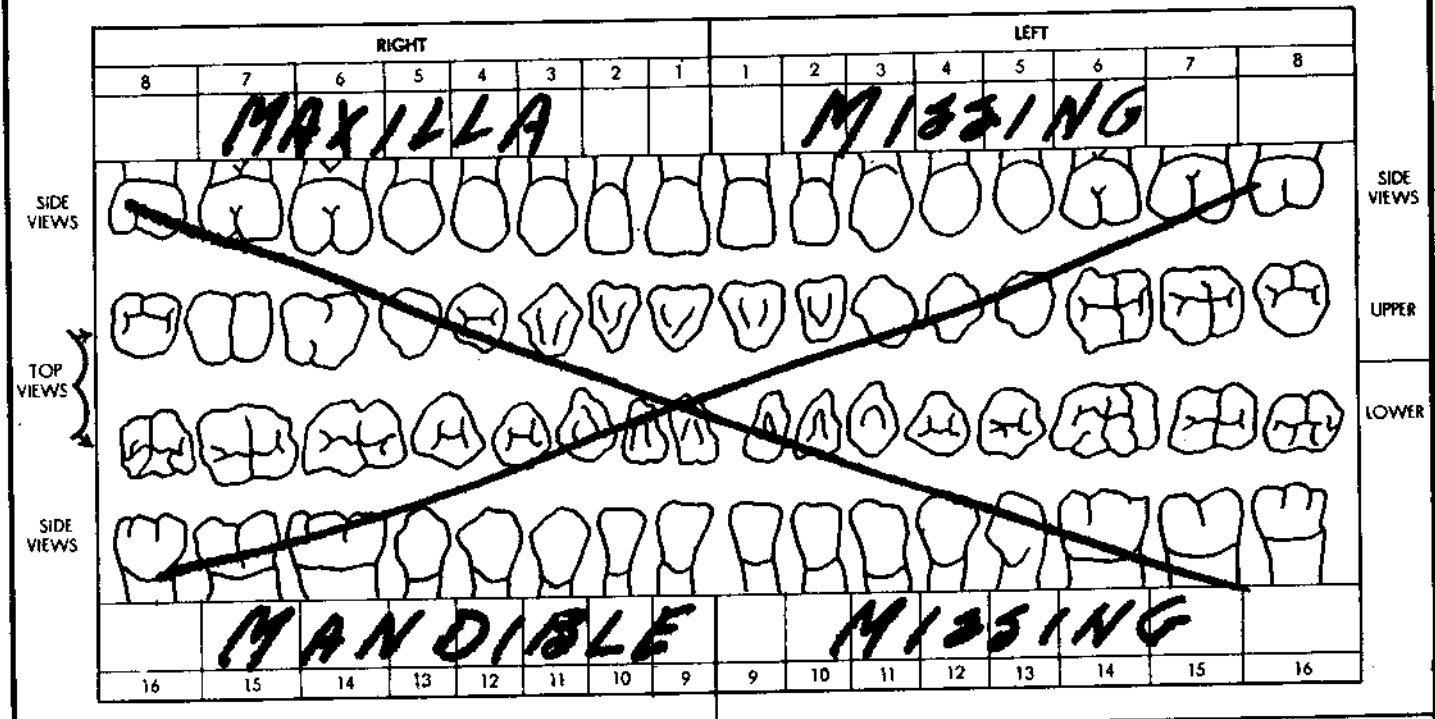
SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3691 (Formerly UNK X-37, 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 HYF 5454	7. DATE OF DISINTERMENT 31 Dec 47	
						REINTERMENT 11 Feb 48	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6' 4 3/8"		10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD - 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 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

<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> 	



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: Both maxilla and mandible missing. No maxillary and mandibular teeth present with remains.

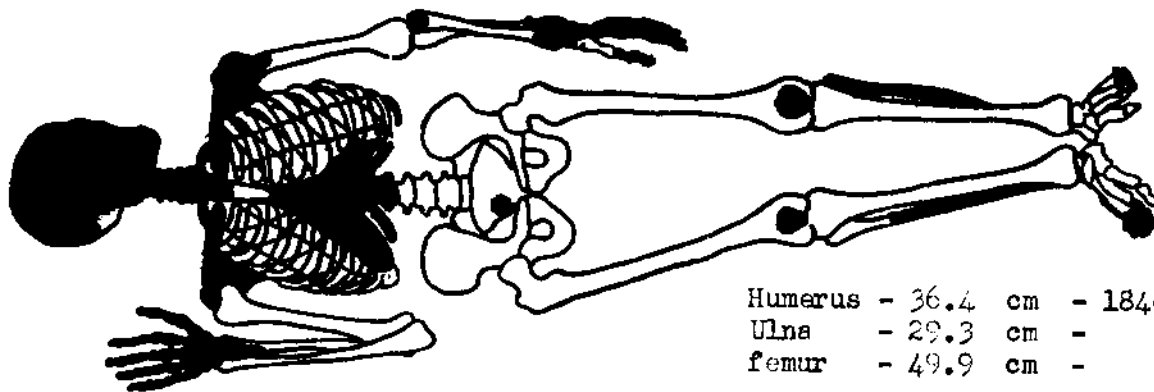
CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

/s/ John H. Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus - 36.4 cm - 184-cm or 6'
 Ulna - 29.3 cm - and 4 3/8"
 femur - 49.9 cm -

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, I. D. tags, personal effects or other means of identification received with remains. Estimated weight $\frac{1}{2}$ lbs. No skull nor teeth received. The physical height is approximately 6 ft and $\frac{3}{8}$ " inches.

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA

2d Lt NSC

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 -C-064862
 CIP LAB, Manila, P.I.

SIGNATURE

/s/ Clement G. Swan

REPORT OF DISINTERMENT FOR IDENTIFICATION

31 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-37

Grade

Organization

149th Inf.

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, I.I.

015

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 ROT 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

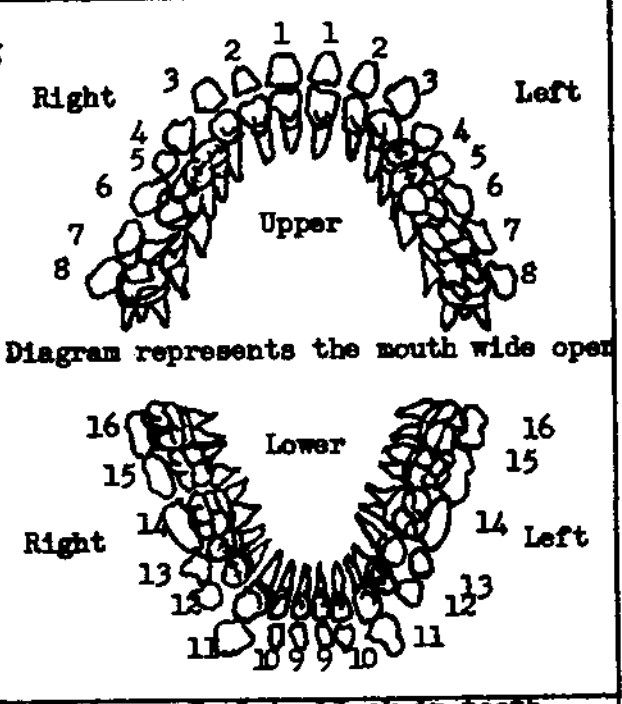
PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

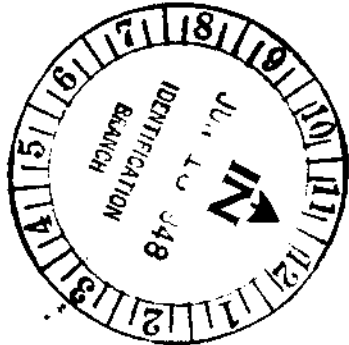
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side 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	 Tooth Missing	 Tooth Missing
Crowned Teeth	 Gold Crown	 Porcelain Crown
Bridgework	 Gold & Porcelain Bridge	 Gold Bridge
Fillings	 Silver Filling	 Gold Filling
Caries (Cavities)	 Cavity	 Decayed



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



5-34880-4M

RESTRICTED

U 1785 A

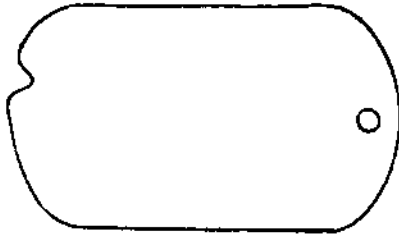
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Feb. 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3691 (Formerly UNK X-37, USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION 149th Inf Regt	BRANCH OF SERVICE Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Dulag, Leyte, P.I.	CAUSE OF DEATH KIA - shrapnel wounds, multiple	DATE OF DEATH Unknown
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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 11 Feb. 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. 5454
------------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No. 915	ROW No.	GRAVE No.
--	---	-----------------	---------	-----------

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) UNKNOWN X-3692	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5455
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3689	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5453

SIGNATURE OF PERSON PREPARING REPORT
V. C. AQUINO T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
L. S. PANOPYO, 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:


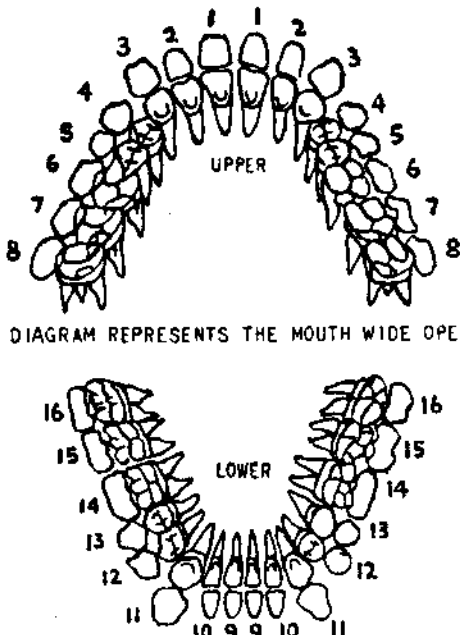




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

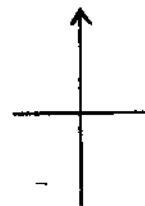
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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:

QMC Form No 1044, 1044-A and 1044-B accomplished.

19 MAY 1948

UNKNOWN X-37

(Last name) (First) (Initial) (Serial number) (Rank) 149 Inf Regt (Organization)

Dulag Area, Leyte, P.I.

Unknown

KIA-shrapnel wounds, mult.

(Place of death) (Date of death) (Cause of death)

0900 hrs 19 June 1945 USAF Cemetery Leyte #1, P.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

915

(Grave number) (Row number) (Plot Number) Reg. Cross (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 610 (X-53)

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 AMERICAN SOLDIER X-38

149 Inf Regt 916

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT ROBERTSON, James F. 20 525 336 Pfc

149 Inf 914

(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, skull missing.

(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 E. Bobis
John E. 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

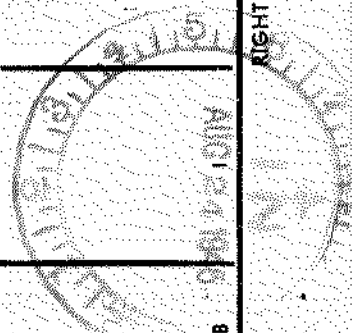
4

3

2

RIGHT HAND

THUMB



1 marks

149th Inf Regt.
38th Div.

UNKNOWN X-53

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Abuyog, Leyte, p.i.

(Place of death)

KIA Shrapnel wounds multiple

(Date of death)

(Cause of death)

1100 hrs 9 December 1944

(Time and date of burial) reburial

USAF CEMETERY DULAG #1, DULAG, LEYTE, P.I.

(Name of cemetery)

(Name or coordinates of location)

610

(Grave number)

(Row number)

(Plot number)

Cross, regulation

(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?)

Disinterred from beach at Abuyog; persons making burial unknown.

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

Body buried on RIGHT ROBERTSON, James F. 20 525 336 Pvt 1cl 149 Inf Regt. 38th Div. 611

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT UNKNOWN X-52

(Name)

(Serial number)

(Rank)

149 Inf. Regt. 609

(Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

84A

List only personal effects FOUND ON BODY and disposition of same: None.

H558

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 W. Greer *mu 4 Post*
ROBERT W. GREER, 2nd Lt., INF.
(Signature of officer or other person reporting burial)

Roy F. ...
ROY F. ...
QMC

8075 65A

LEFT HAND

4

3

2

1

THUMB

RECEIVED
13 FEB 24 1945

RIGHT HAND

4

3

1

THUMB