

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unkl Leyte #1 X-388

SUBJECT

also manila maus X-3338

GNC FORM 1121
1 Aug 45

1007 228
228 War Dept

3 February 1960

SUBJECT: Identification of World War II Unknowns

TO: Commanding Officer
American Graves Registration Service
Philippine Zone
APO 907, c/o Postmaster
San Francisco, California

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

- 3260*
- Unknown X-3420 (formerly X-110, Loyte #1)
 - " X-3421 " X-180 " "
 - " X-3422 " X-182 " "
 - " X-3418 " X-202 " "
 - " X-3421 " X-205 " "
 - " X-3428 " X-215 " "
 - " X-3429 " X-228 " "
 - " X-3439 " X-230 " "
 - " X-3439 " X-227 " "
 - " X-3400 " X-230 " "
 - " X-3422 " X-269 " "
 - " X-3422 " X-268 " "
 - " X-735, Loyte #1 (formerly LYON, A.)
 - " X-4640, APOB Mausoleum, Manila, P.I.
 - " X-4654, APOB Mausoleum, Manila, P.I.
 - " X-6100
 - " X-3408- (formerly X-536, Loyte #1)

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

Very truly yours,
[Signature]

cc--Administrative Section
cc--info

Y. H. [Signature]
Lt. Colonel, AGC
Memorial Division

AIRMAIL

DD Form 298

Form 298
5 January 1950

1. Unidentifiable remains

The Quartermaster General
Department of the Army
Washington 25, D. C.
Adjutant General Division

1. In accordance with the provisions of your letter, file DD Form 298, No. (ear east), dated 17 September 1948, subject: Resolution of Cases of unidentified deceased, the following unknown remains, presently stored at the US Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

X-3260	Boys	Al	X-3406-A	Al	Al
X-3269	"	"	X-3418	"	"
X-3313	"	"	X-3431	"	"
X-3338	"	"	X-3782	"	"
X-3339	"	"	X-4106	"	"
X-3361	"	"	X-4440	"	"
X-3365	"	"	X-4964	"	"
X-3392	"	"	X-5001	"	"
X-3400	"	"	X-5100	"	"

2. Forwarded herewith, for your consideration, are now Form 1044 for the above mentioned unknowns.

Very truly yours,
[Signature]

18 Encs
Form 1044 x/ certificates
of non-identifiability

W. L. Y. SA
1st Lt., Infantry
Adjutant

/bpm		Interred 16 1950 D 6 18 Ft. McKinley <i>Carer Mark</i>		DISINTERMENT DIRECTIVE	
1 ✓ /fbp		Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00197	
NAME		SERIAL NUMBER		RANK	
UNKNOWN		X-000 <u>388</u>		8	
CEMETERY		DATE OF DEATH		DATE	
USAF CEMETERY (LEYTE NO 1)		7701 80		15 05 48 DAY MONTH YEAR	
PLOT		ROW		GRAVE	
				3881	
COUNTRY		CAUSE OF DEATH		6	
PHILIPPINE ISLANDS					

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN	
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)			

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED	
UNK X-388 UNK X-3338 (Maus)								28 Sept '48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		UNKNOWN				ALEXANDER P. PETTICE Embalmer NAME AND TITLE			

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
Shelter Half		Skeletal	

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES
2 Tags UNKNOWN X-3338, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
DATE 28 Sept '48 BY ALEXANDER P. PETTICE

CASKET SEALED BY	EMBALMER (Signature)
ALEXANDER P. PETTICE	<i>Alexander P. Pettice</i> ALEXANDER P. PETTICE

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
28 Sept '48 HORACE L ALLISON DATE BY SGT INF	CORSINE C. KAYANAN, 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.

Corsine C. Kayanan
CORCINE C. KAYANAN, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

31 MAR 1948
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>David Thomas</i>	
DATE				DATE		FEB 1 1969	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

(BY ADMINISTRATIVE ORDER)
 NAME OF SHIPPER (OPTIONAL)
 FORT MCKINLEY CEMETERY

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

4 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-388, Plot _____, Row _____, Grave 3881, USMC _____ Leyte #1, P.I. _____, 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. P. McNEELAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 20 Jan 1950 OQMS
Not identifiable from
information presently
available Robert W. Miller

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3338 (Formerly X-388 Leyte #1)				2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION				AGE: 18 to 21 years	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">N O N E</p>					
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 <p align="center">N O N E</p>					
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) <p align="center">N O N E</p>					

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
←								MISSING								→							
Side Views																							
UPPER																							
LOWER																							
Side Views																							
	X	X	⊗	⊙					⊗		a	a	X	X									
	f	o									f	o											
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								

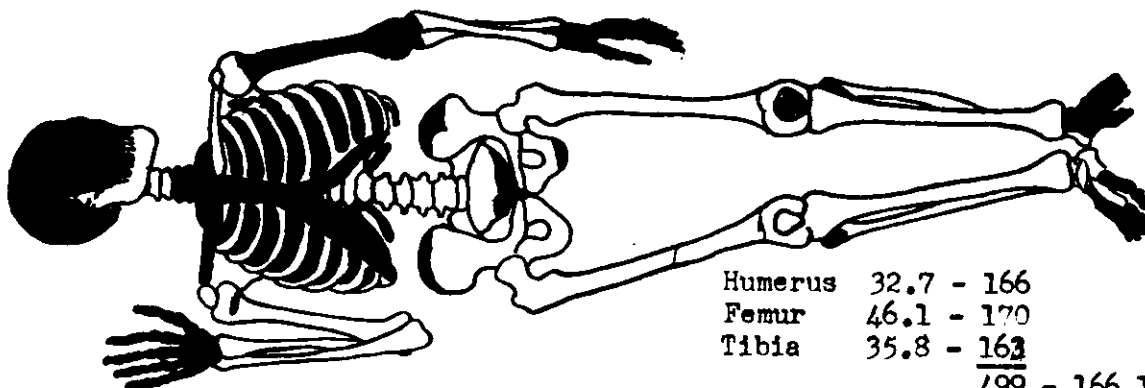
partially impacted partially impacted

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."

No loose maxillary teeth present with remains.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Iden. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	32.7	-	166
Femur	46.1	-	170
Tibia	35.8	-	<u>163</u>
			<u>499</u> - 166 1/3
			3

Estimated height: 5'5 5/8"

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification is present with remains.

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, Iden. Section

SIGNATURE

Paul R. Nichols

8/19/47

Called A. G. numerical
files to determine name
of person with serial no.

33 339 140.

A. G. called back 8/19/47.

33 339 140 is

Irwin W. Solomon.

Return Receipt
26 March 1976

cancel from
Boyle & Blum C
in Jan 46 ATWESTPA
for \$100MM 2/23/76
at 17 Jan 76

cancel
near 7 am Jan 7 #1
for 3881 (roy #5)

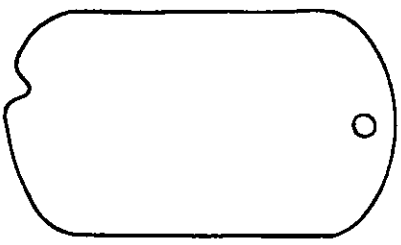
cancel
Return from in Jan 46
X 388 family Boyle, Blum C

CORRECTED 22 Jan 46

RESTRICTED

ljt 3881

WD GMC FORM 1042
(Rev. 1 Apr. 45)
(Supersedes GRS Form 1)RE
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) *Sup*DATE OF REPORT
CORRECTED
22 Jan 46

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		UNKNOWN X-388, Formerly Doyle, Glenn C		--		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
--	--	--		--		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
--	--	--				
PLACE OF DEATH	CAUSE OF DEATH			DATE OF DEATH		
--	KIA					
EMERGENCY ADDRESSEE (Name, relationship, and address)						
--						
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		Changed from DOYLE, Glenn C., per ltr Hqs, AFWESPAC file CGSILL 293/1204, dtd 17 Jan 46.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None			A TRUE COPY: <i>George D. Redden Jr.</i> GEORGE D. REDDEN JR. Capt., Infantry			
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Leyte #1, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Aug 45	1100	Shelter Half	Reg Cross			3881
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	Disinterred fr USAF Cem. Tacloban #1, Leyte, P.I.			PLOT No.	ROW No.	GRAVE No.
						185
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
--	Ep		Corr'd Report of Reinterment buried in bottle with body, metal tag (corr'd buried with body and attached to marker.			
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.
WEICHL, Kenneth B.			T/5	35064022	Hq Co 5209 Engr	3880
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
NEUER, Erwin R						3882
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
s/ Charles W. Hallock, t/ Sgt CHARLES W. HALLOCK, GRS			s/ William D. Rogers, t/ WILLIAM D. ROGERS, 1st Lt., INF.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

16-43997-1

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB


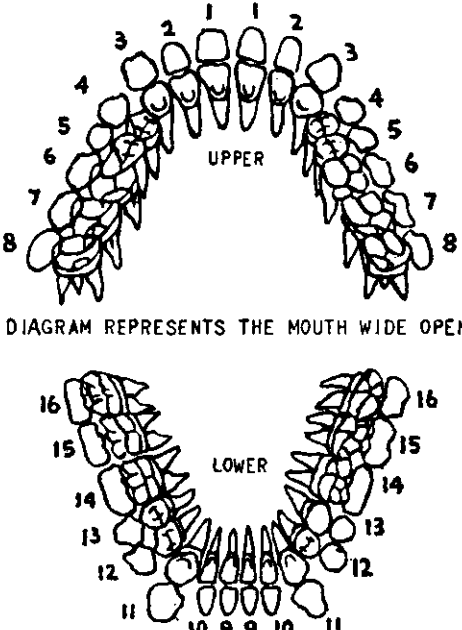




RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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

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



REMARKS:

CORRECTED 22 Jan 46

RESTRICTED

new file
W-61

3881

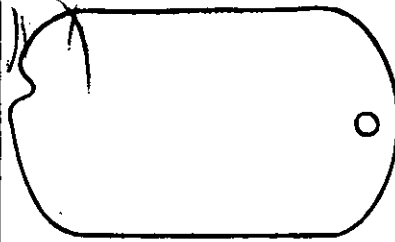
U-61

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

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

DATE OF REPORT
CORRECTED
22 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-388, formerly Doyle, Glenn C		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	-

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
-	KIA	

EMERGENCY ADDRESSEE (Name, relationship, and address)
-

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	Changed from DOYLE, Glenn C., per ltr Hqs, AFWESPAC, file GSQMM 293/1204, dtd 17 Jan 46.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Inc 562
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Aug 45	1100	shelter halve	Reg Cross			3881

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Disinterred fr USAF Cemetery Tacloban #1, Leyte, Plot No. ROW No. GRAVE No. 185

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
-	-	Corr'd Report of Reinterment buried in bottle with body, metal tag (corr'd) buried with body and attached to marker.
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.
WEICHEL, Kenneth D	T/5	35064022	Hq Co 5209 Engr	3880

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
NEUER, Erwin R				3882

SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hallock</i> Sgt Charles W. Hallock, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William D. Rogers</i> WILLIAM D ROGERS, 1st Lt, Inf
--	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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 teeth chart in accordance with diagram below. Teeth chart will not be accomplished if one or more fingerprints are secured.

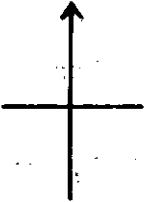
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
										<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p> <p>TOOTH MISSING</p>											
<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>											
<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>											

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



REMARKS:

18 FEB 1948

RESTRICTED

RE-
REPORT OF INTERMENT

9481 9421

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

34
Trp E,
7th Cav Regt

DOYLE, Glenn C. 33 339 140 Tec 5 (Organization)

(Last Name) (First) (Initial) (Serial No.) (Rank)

White Beach, Leyte, P.I. 21 Oct 1944 KIA

(Place of Death) (Date of Death) (Cause of Death)

1100 hrs 2 Aug 1945 USAF Cemetery Leyte #1, P.I.

(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

3881 Reg. Cross Buried with body Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Protestant
Catholic
Hebrew

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 185

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

Icie McCracken (L) Rt 1, Woodruff, W. Va. (Name and address of legal next of kin)

(Name and address of Emergency Addressee)

Incl 703

July 21/1944

Fingerprints (right hand) if right hand missing furnish prints of left hand.

(Required when positive identity cannot otherwise be established). (Par. 25e (2)

TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb

1

2

3

4

List of personal effects and disposition of same

None

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— NEUER, Erwin R. 36 732 824 3882

On Left— WEICHEL, Kenneth D. 35 064 022 Tec 5 5209 Engr En 3880

John E. Robis
John E. Robis, S/Sgt, GRS

Francis M. Silton
FRANCIS M. SILTON, 1st Lt., Q.C.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1876)

17 FEB 1945 9421

CONFIDENTIAL

Unknown Soldier X 4.

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
USS DEADY, Taoloban Leyte, P.I. 3 Nov. 1944. KIA. 3rd degree burns.

(Place of death) (Date of death) (Cause of death)
0930 4 Nov. 1944. USAF. Cemetery Tacloban #1. Leyte, P.I.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

185

5

2

Reg. V-Marker.

(Grave number)

(Row number)

(Plot number)

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

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

Religion

*REPORT of interment buried w/ body. Info. printed on marker
Fingerprints and tooth charts unavailable.*

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

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

Body buried on RIGHT Weichel, Kenneth D. 35064022 T/5. Hq, Co 5209 Engr Bn. 186

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT Neuer, Erwin R. 36732824 T/Sgt. Hq Co. 5209th Engr 184

(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.

(a1)

Inc 21

Inc 59

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 :
 Weight :
 Color of eyes :
 Color of hair :
 Race :
 (If possible, have medical personnel take a tooth chart)
 Is tooth chart attached ?
 Wear glasses ?
 Number of rifle :
 Laundry marks :
 Apparent nationality :
 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.

Otto H. Kaufmann
 Otto H. KAUFMANN Sgts. 48th GRS.

(Name of officer or other person reporting burial)

MILITARY G. JOHNSON 1ST GMS.

(Verified by Army GRS Officer)

THUMB 1 2 3 4

LEFT HAND

THUMB 1 2 3 4

RIGHT HAND

RECEIVED
 31 JAN 1945