

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Sub. Leyte #1 X-413

SUBJECT

Leo Maria Maus. X-2849-B ✓

Family Sub. Zamboanga X-2 ✓

QMC FORM 1121
1 AUG 45

OMGMT 293
GRS Far East

26 April 1949

SUBJECT: Resolution of Unidentified Remains

TO: Philcom, APO 707

1. Reference is made to the following Unknown remains, formerly interred in USAF Cemetery, Leyte #1, P.I., now stored at AGRS Mausoleum, Manila, P.I.:

X-2849 B	(formerly X-413)
X-3715	(formerly X-63)
X-3726 A	(formerly X-33)

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

DEGAN

TYPIST: Make an extra copy for each Unknown file -- (3 extra copies)

71.14.

1 ✓

Interred 10 Oct 1949
J 12 12 Ft. McKinley

DISINTERMENT DIRECTIVE

CARETAKER
CARL R. H. MARK

Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00391

DATE
15 05 48
DAY MONTH YEAR

NAME
99
UNKNOWN

SERIAL NUMBER
X-000413

RANK
0

ARM
0

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
ROW
GRAVE
7472

COUNTRY
PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B -- CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME
Unknown X-413

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
7 June 49

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
RICHARD HOYT
EMBALMER NAME AND TITLE

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
SHELTER HALF

CONDITION OF REMAINS
SKELETAL

OTHER MEANS OF IDENTIFICATION
2849 MsIm

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET
DATE 7 June 49 BY RICHARD HOYT

CASKET SEALED BY
RICHARD HOYT

EMBALMER (Signature)
Richard Hoyt
RICHARD HOYT

CASKET BOXED AND MARKED
DATE 7 June 49 BY WEYMAN L. MCGUIRE, SGT, MC

SHIPPING ADDRESS VERIFIED BY
GERARD A. BRICK

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

Gerard A. Brick
GERARD A. BRICK

SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Conover</i>
DATE		DATE	10 OCT 1949

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	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	FORFT MCKINLEY CEMETERY	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	

5/12

Capt. Sleane
brought these letters
from St. Louis.
They will not be
able to get the
answers. WAC

SPTAE-SCS/OD

2d Ind.

ASF, SFPE, CAMP STONEMAN, PITTSBURG, CALIFORNIA,

10 March 1946

TO: Commanding Officer, Organizational Records Branch, Building 102,
Records Administration Center, 4300 Goodfellow Blvd., St. Louis,
Missouri.

For your information.

FOR THE COMMANDING OFFICER:

Richard H. Perkins
RICHARD H PERKINS
2d Lt, TC
Correspondence O
Operations Div
Debarkee Pers Br

Get per

243 Unk. Cont. 7-413

293

✓



NAME Boyd, Leonard R.

RANK Gen ASN 0-004811

CODE or ORG. 1 Feb 46 Shanks I

SEC or APO Cp Beale, Calif

REMARKS _____ LOC EC

TC-7-Form No 4659

B

HEADQUARTERS
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE COMMANDING GENERAL

GSQMM 293

AFPO 707
S: 5 Feb 46

SUBJECT: Report of Interment

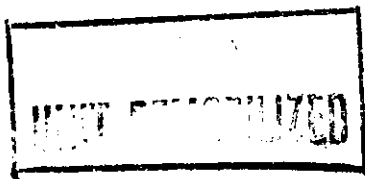
7 JAN 1946

TO : Commanding General, 93rd Infantry Division, APO 93

1. Reference is made to Unknown X-2, X-3 and X-4 at present interred in grave 237-7-1, USAF Cemetery Zamboanga.

2. Records indicate that Report of Interment for Unknown X-2 has been received. Desire separate Report of Reinterments for X-3 and X-4 be submitted.

BY COMMAND OF LIEUTENANT GENERAL STYER:



John G. Grimes
JOHN G. GRIMES
ASST ADJ GEN

SPQYG 293

Unks. X-2, 3 and X-4
USAF Cemetery Zamboanga

P. J. S. T. H. 2-8-46

ASF, OQMG, Washington 25, D. C.

1 March 1946

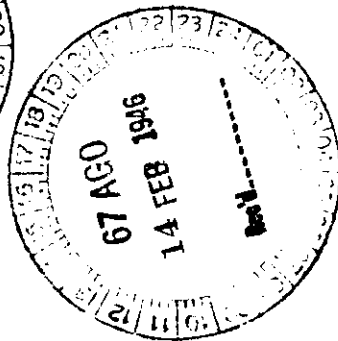
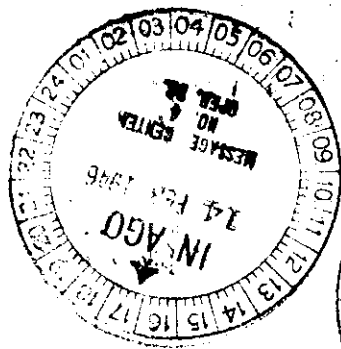
TO: Commanding Officer, 93rd Infantry Division
Camp Stoneman, California

Forwarded as a matter pertaining to your command.

FOR THE QUARTERMASTER GENERAL:

Arthur S. Rosengard
ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

(94-103-1-750-76)



213 Yanks (Misc) Zamboanga

SPQYG 293
Units. X-2, 3 and X-4 1st Ind.
USAF Cemetery Zamboanga

ASF, OQMD, Washington 25, D. C.

1 March 1946

TO: Commanding Officer, 93rd Infantry Division
Camp Stoneman, California

Forwarded as a matter pertaining to your command.

FOR THE QUARTERMASTER GENERAL:

mb

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

REC-11
MAR 1 2 3 PM '46

RECORDS SECTION

Handwritten signature and notes at the bottom of the page.

HEADQUARTERS
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE COMMANDING GENERAL

USGWA 292

AFPO 707
S: 5 Feb 46

SUBJECT: Report of Interment

TO : Commanding General, 93rd Infantry Division, AFPO 93

1. Reference is made to Unknown X-2, X-3 and X-4 at present interred in grave 232-2-1, USAF Cemetery Zamboanga.

2. Records indicate that report of Interment for Unknown X-2 has been received. Desire separate Report of Reinterments for X-3 and X-4 be submitted.

BY COMMAND OF LIEUTENANT GENERAL STYER:

Handwritten notes on the right margin, including a vertical line and some illegible markings.

Handwritten notes at the bottom right corner, including the word "AD" and other illegible markings.

ARMY SERVICE FORCES
TRANSMITTAL SHEET

SECURITY CLASSIFICATION (If any)

FILE No. AG 311.18 (OB-1)	SUBJECT Disposition of Official Mail Addressed to Inactive Units.
TO—The Quartermaster General	FROM— Orgn & Dir Section DATE Adjutant General's Office 16 FEB 1946 COMMENT No. 1 Room 1C 882, The Pentagon

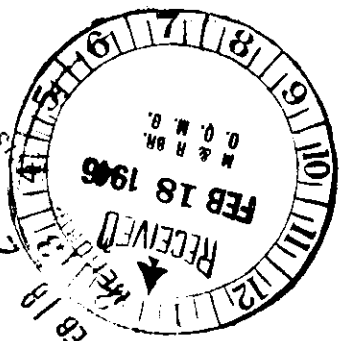
1. Referred to your office for disposition.
2. The units to which the attached papers are addressed or to which the individuals concerned were assigned have been inactivated and unit directory service, therefor, cannot be furnished.
- 3.

J. C. Adams
Adjutant General.

311.18 (Quartermaster 2015)

*File
16 FEB 1946
mt*
25-65425 100

GRAVES REGISTRATION SECTION
FEB 18 2 45 PM '46



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2849-B (Formerly UNK X-413 Leyte #1)				2. DATE OF REPORT 21 March 1949		
3. NAME OF CEMETERY ACE		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE Unknown
-------------------------------------	-------------------------------------	-----------------------------------	----------------------------

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

N O N E

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

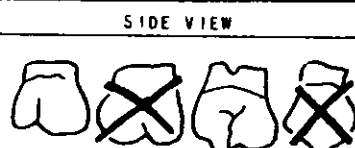
Received 20 April 1949
 Not identifiable from
 information presently
 available Logan - 25 Apr 49

Received _____
Not identifiable from
information presently
available

18.

TOOTH CHART

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



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



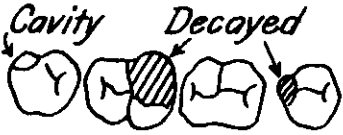
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Side Views															
UPPER															
Broken & Missing															
LOWER															
Side Views															
X	A/O	A/O	P	P	P	P	P	P	P	P	P	P	P	P	P
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

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."

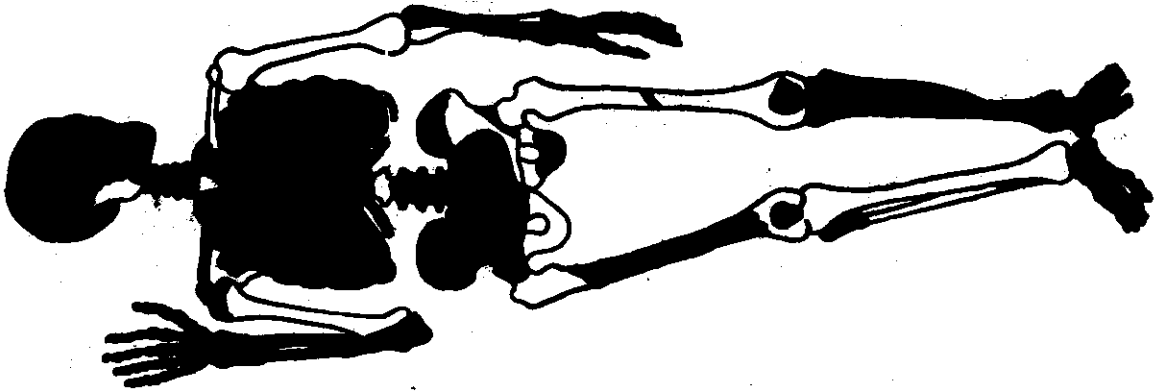
Maxilla and maxillary teeth are missing. Mandible and mandibular teeth from R13 - L16 are missing. R14 is chipped on the lingual surface and crown broken.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
 J. McDermott
 J. McDERMOTT

19. BLACK OUT PARTS OF BODY NOT RECOVERED

1 thoracic received.



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 bottle, identification tags or personal effects found with remains.
Estimated weight of remains - $4\frac{1}{2}$ 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2849-B (Formerly Unk X-413
 USAF Cemetery Leyte #1, P.I.)

~~UNKNOWN X~~

Cemetery AGRS, Mausoleum, Manila, P.I.

Plot 802 Row G Grave 2039

AGRS Mausoleum, Manila, P.I.

1. Arrived at Cemetery 9 Dec 47

(Hour) Leloy, Sindangan (Date)

2. Place of death Zamboanga, Mindanao, P.I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~removed~~ or disinterred by USAF Cem. Leyte #1, P.I.

(Name and organization)

4. Evacuated to Cemetery by _____

(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes N Q (type)
 Overshoes N E
 Web Equipment (type)
 (Other item)
 (Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Skeletal chart attached.

Age / Height UTD Weight UTD Description of wounds

Bandages or dressings Scars
 (Length, width, location)

..... Tattoos
 (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks
 (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build U P D (Large, fat, thin, muscular)

Hair
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache / Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape/straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth **Tooth chart attached.** (White, size/unevenness, spacing, noticeable browns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) **skull** Circumference of ~~head~~ in inches **No skull** (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks No ROI bottle, I.D. tags, personal effects or other means of identification received with remains. While processing the remains we found two, segregated them and assign new case as X-2849-A and 2849-B. Estimated weight of remains 4½ lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ Clement G. Swan
(Officer's Name)

Emb. SR. Ung. C-064862
Rank Service

CIP, Laboratory, Manila, P.I.
(Organization)

9 Dec 47

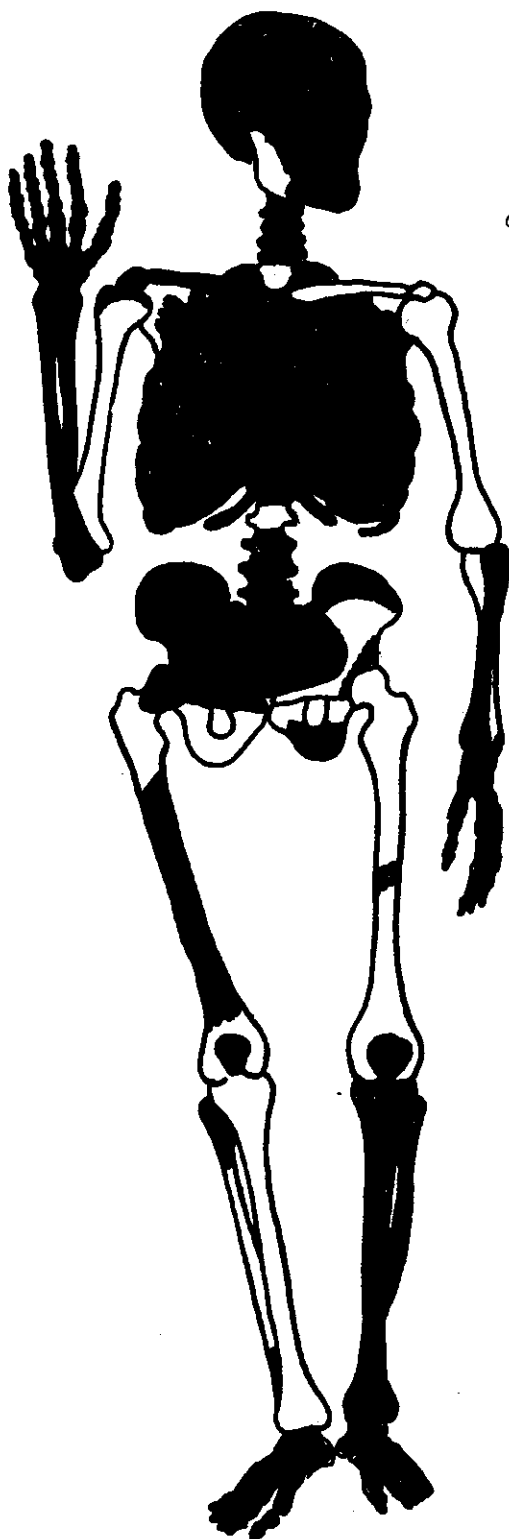
CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2nd Lt., NAC

SKELETAL CHART

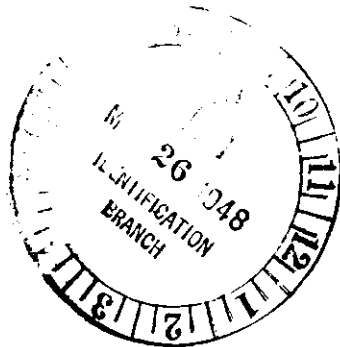
X-2849-B

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*no cervical vertebrae
no lumbar " "
no ribs
1-thoracic received*

CHART "A"



26 1948

X-2849-B

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2849-B (Formerly Unk X-413)

9 Dec 47
DATE

USAF Cemetery Leyte #1, Luzon, P.I.)

Unknown
RANK

Unknown
SERIAL NO.

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Leloy, Sindangan,
Zamboanga, Mindanao, P.I.

AGRS MAUSOLEUM
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

802
PLOT

G
ROW

2039
GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

See Remarks

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

chipped on lingual side & crown broken
INSIDE — LOOKING OUT
See Remarks

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

G. T. GAMBOA
2nd Lt., MAC

G. T. Gamboa
CERTIFIED TRUE COPY

CIP, Laboratory, Manila, P.I.
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

S/ Hilarión V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

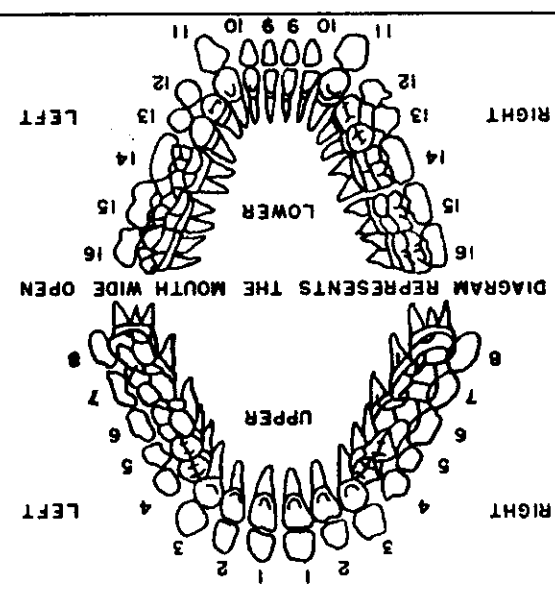
P/ Hilarión V. Castillo Emb's Aide
NAME AND RANK TYPED OR PRINTED

S/ Melvin S. Mittenenthal
VERIFIED BY GRS OFFICER

P/ Melvin S. Mittenenthal
NAME AND RANK TYPED OR PRINTED

9 Dec 47
DATE

REMARKS: Maxilla missing no teeth found and mandible missing from R 13; thru L 16; unable to determine whether P X or X. But found R 14; chipped on the lingual side and crown broken.



4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

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

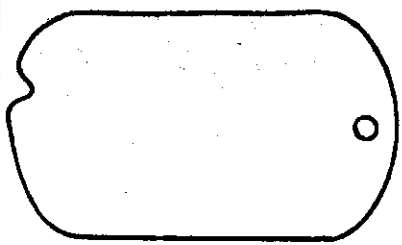
REPORT OF INTERMENT
(AR 30-140 and AR 30-1815)

STORAGE

DATE OF REPORT

20 Dec 47

Imprint Identification Tag If Possible
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial)

UNKNOWN X-2849-B (Formerly Unk X-413
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

Leloy, Sindangan,
Zamboanga, Mindanao, P.I.

CAUSE OF DEATH

KIA Drowned

DATE OF DEATH

7 Sept 44

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 8 on reverse)

See remarks.

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
10 Dec 47

HOUR

1100

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

STORED
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

HAMMER
802

ROW No.

BAY
G

GRAVE No.

CRYPT
2039

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

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

USAF Cemetery Leyte #1, P.I.

PLOT No.

ROW No.

GRAVE No.

7472

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-2851

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
2041

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

UNKNOWN X-2848

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
2037


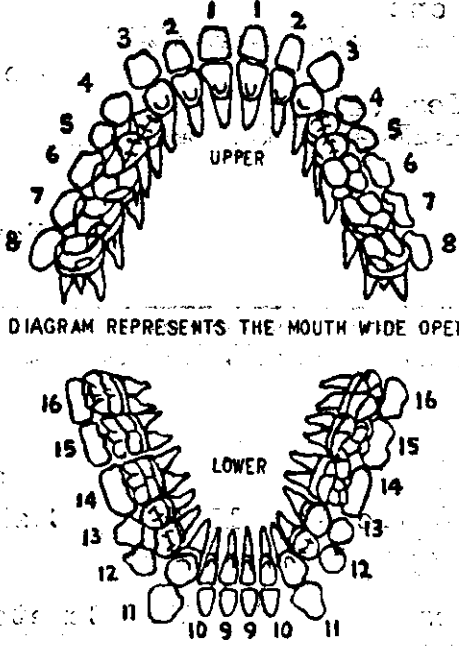





SIGNATURE OF PERSON PREPARING REPORT

R. R. ACIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPLO, 2nd 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.

LEFT LITTLE FINGER	<p>Section UNIDENTIFIED REMAINS</p> <p>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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>					
REMARKS: Parts of an additional body was found while processing UNK X-413 (USAF Cem Leyte #1) at CIP, AGRS Mausoleum, Manila, P.I. hence segregated and numbered X-2849-A and X-2849-B. Refer to UNK X-2849-A for original papers. Identification Check List and Dental Chart accomplished.					

10 FEB 1948