

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Leyte # 1 X-471

SUBJECT

Also Manila News X-2215

Formerly unk. Samar Cem # 1 X-71

QMC FORM 1121
1 Aug 45

OMONT 293
CYS Far East

13 June 1949

SUBJECT: Identification of World War II Unknowns

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGES, PHILIPPINE COM

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

Unknown X-1582	(Formerly Unknown X-74, USAF Com. #2, Finsch., N.G.)
" X-2214	(Formerly Unknown X-471, USAF Com., Leyte #1, P.I.)
" X-2232	(Formerly Unknown X-483, USAF Com., Leyte #1, P.I.)
" X-3104	(Formerly Unknown X-128, USAF Com. #2, Finsch., N.G.)

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

FOR THE QUARTERMASTER GENERAL:

T. F. WHITE
Lt. Colonel, (MC)
Memorial Division

REB

C. Triplett:jck
Salsar
JW

NJB

cc: Administrative Section

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 3 707
20 MAY 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 QMGMU 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-414	UNKNOWN X-1685
" X-441	" X-1923
" X-702	" X-1939
" X-719	" X-1965
" X-720	" X-2215
" X-802	" X-2232
" X-1306	" X-2750
" X-1582	" X-3104

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

FOR THE QUARTERMASTER GENERAL:

16 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt, AGD
Asst Adj Gen

AIRMAIL

*att
1st and
12/16/48*

~~WIGGS 293 3rd Ind
Unk, X-7 P.I. (Samar Com. #1)
SUBJECT: Request for Information~~

Dept. of the Army, O-AMG, Washington 25, D. C., 2 February 1949

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

In compliance with request made in basic communication, a thorough search of records this office reveals that the name W. E. Seifert cannot be associated with any known casualty in the Philippine Command area.

FOR THE QUARTERMASTER GENERAL:

JAB/rvs

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

JAB
GWR
THM

*may
#293 Seifert, W. E.*

AIRMAIL

1st Ind

QMGMS 293

Unknown X-7 P.I. (Samar Cem #1)

SUBJECT: Request for Information

Dept. of the Army, OCMG, Washington 25, D. C., 16 December 1948

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

1. A thorough search of records this office reveal laundry mark S-1104, belonged to Sgt. John E. Sweeney, SN 32 531 104, who was killed in a plane crash 12 August 1943 in Little San Bernardino Mountains, 10 miles N.W. of Indio, California.

2. No record found of W.E. Seibert.

FOR THE QUARTERMASTER GENERAL:

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

GSGR 293

2nd Ind

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

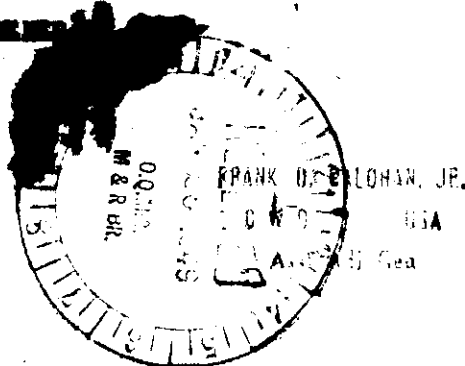
11 JAN 1949

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

1. Information requested in basic letter was for a W. E. SEIBERT and not W. E. SEIBERT as given in preceding indorsement.

2. It is therefore requested that this office be furnished information requested in basic letter on W. E. SEIBERT.

FOR THE COMMANDING GENERAL:



Handwritten note: X-7 P.I. (Samar Cem #1)

OSGR 293

APO 707

SUBJECT: Request for Information

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

1. Certificate of Death for Unknown X-7, USAF Cemetery #1, Samar, Philippine Islands, (currently designated as Unknown X-2215, AGRS Mausoleum, Manila, P.I.) indicates that when the remains were discovered on 26 October 1945 on the beach about 2 miles north of USAF Cemetery #1, Samar, the following were among articles of clothing found with it:

Pair of G.I. shorts with name "W.E. Seifert"
stenciled thereon.

Pair of G.I. green pants with number "S-1104"
stenciled on right hip pocket.

2. There is no record in this office of a casualty by the above-mentioned name. It is, therefore, requested that an attempt be made to associate the foregoing data with a casualty, and this office be furnished OQMG Form 371 together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Request for Information

25 OCT 1948

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

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FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen

2930/AB X-7 P.S. (Don't know #11)

MLH

1 ✓

Interred 1 July 1949
L 7 48 Ft. Kinley

DISINTERMENT DIRECTIVE

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00431

DATE
15 05 48
DAY MONTH YEAR

NAME
UNKNOWNX-000471

SERIAL NUMBER

RANK

ARM
8
DATE OF DEATH

CEMETERY
USAF CEMETERY LITTLE NO 1

DISPOSITION OF REMAINS
0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
BR 108 30 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
**UNK X-471
UNK X-2215 (Maus)
UNK X-7**

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
24 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
**GEORGE SIMONEAU
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 1
**Two (2) Identification Tags show - UNK X-2215 (Maus)
One (1) EMB Tag shows - - - - - UNK X-7 & Grave 31**

REMAINS PREPARED AND PLACED IN CASKET
DATE **24 Sept 1948** BY **GEORGE SIMONEAU**

CASKET SEALED BY
GEORGE SIMONEAU

EMBALMER (Signature)
George Simoneau
GEORGE SIMONEAU

CASKET BOXED AND MARKED
DATE **24 Sept 48** BY **HORACE L. ALLISON
Sgt., Inf.**

SHIPPING ADDRESS VERIFIED BY
CHARLES R. BATES, 1st Lt., USAFR

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

MLH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: AGRS Mausoleum

KIND OF CONVEYANCE

Truck

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

1 JUL 1949

TO: Fort McKinley Military Cemetery

NAME OF CONVOYER

[Handwritten signature]

2. SHIPPED

3. SHIPPED

4. SHIPPED

5. SHIPPED

6. SHIPPED

7. SHIPPED

(BY ADMINISTRATIVE ORDER)
SIGNATURE OF SHIPPER
DATE

FORT MCKINLEY CEMETERY
SIGNATURE OF SHIPPER
DATE

SIGNATURE OF SHIPPER
DATE

SIGNATURE OF SHIPPER
DATE

SIGNATURE OF SHIPPER
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SIGNATURE OF SHIPPER
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SIGNATURE OF SHIPPER
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HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 471 , Plot _____,
Row _____, Grave 8188 , USMC Leyte #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:

A. B. McNemar
A. B. McNemar
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 3 June 49 OQMG
Not identifiable from
information presently
available

*1 report
21 June 49*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2215 (Formerly Unk X-471 Leyte # 1)				2. DATE OF REPORT 6 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P. I.		4. PLOT 810	5. ROW K	6. GRAVE 3637	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

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

UNRECOVERABLE
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incls. 13^a

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	
	MAXILLA								MISSING								
Side View																	Side View
Top View																	
Side View																	
	MANDIBLE								MISSING								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

FEATURES (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 teeth present with remains.

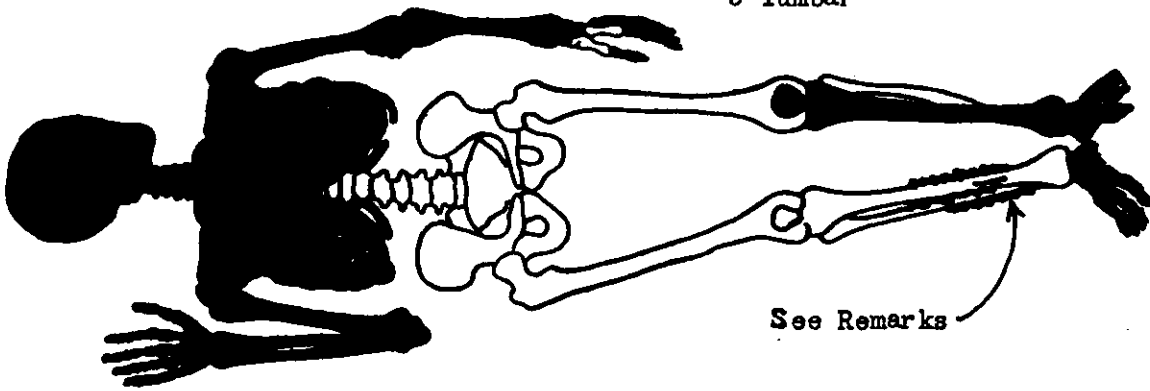
J.J. McDermott
 J.J. MODERMOTT
 Laboratory Officer, CIP

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED

RECEIVED:
7 thoracic vertebrae
5 lumbar "



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

Tibia and fibula of the right leg show old fracture.

No RDI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 1/4 lbs.

"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)

(Formerly UNK X-471
 (USAF Cem Leyte #1,
 P.I.)

Unknown X - 2215
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row UNSER K 9A7 Grave CRYPT 3637

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 28 Nov 47
(Hour) (Date)

2. Place of death UNKNOWN
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd Q. M. AGRS
(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	/		
Sweater	/		
Jacket, HBT		N	
* Shirt, Wool OD		O	
Undershirt, Wool		N	
Undershirt, Cotton		E	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type)

Overshoes _____

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 _____ Weight _____ 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, poeks, freckles)

Build _____
 (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 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches (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 condition of remains.

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

9. Remarks No ROI bottle nor I. D. tags received with remains . No personal effects found. The remains was recovered by the searching party 2 miles North of USAF Cem Samar #1. Tibia and Fibula of the right leg show old fracture . Estimated weight of remains five and one fourth (5 $\frac{1}{4}$) 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.

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

/s/ Gerald M. Holtz
(Officer's Name)

Emb. Senior C-063008
Rank Service

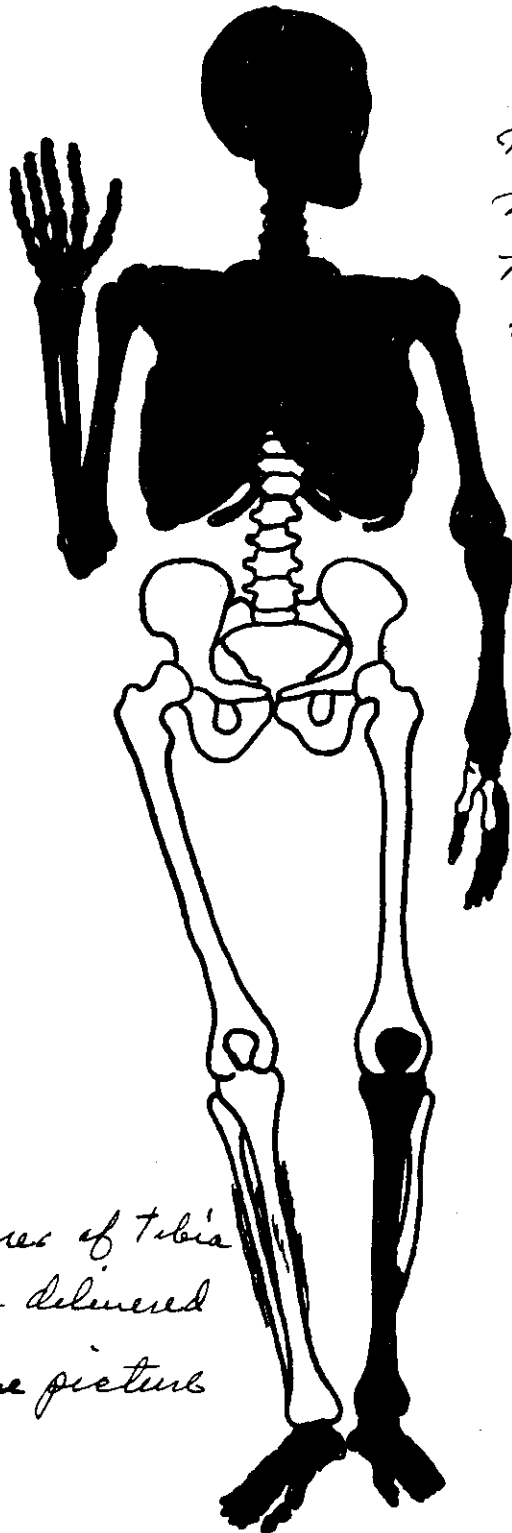
CIP, Laboratory, Manila, P.I.
(Organization)

28 Nov 47

SKELETAL CHART

X- 9915

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



no cervical vertebrae
no ribs
7- Thoracic vertebrae
5- Lumbar " } Present

Possible fractures of tibia
and fibula to be delineated
by fluoroscope picture

Q

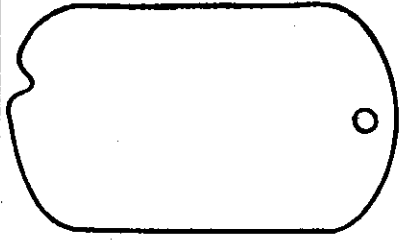
WD FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

2 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



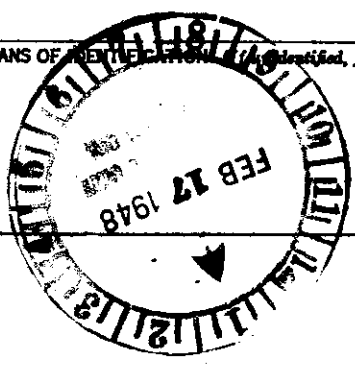
Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2215 (Formerly UNK X-471 USAF Cemetery 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 Unknown	CAUSE OF DEATH Unknown	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 identified, 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 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. BAY K	GRAVE No. CRYPT 3637
--	--------------	---	---------------------------------	-----------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 8188
--	---	----------	---------	-------------------

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	file B. Walker 2/27/48 WAN
---	---	-------------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2217	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3639
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2213	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3635
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt.	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 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.

file 981

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


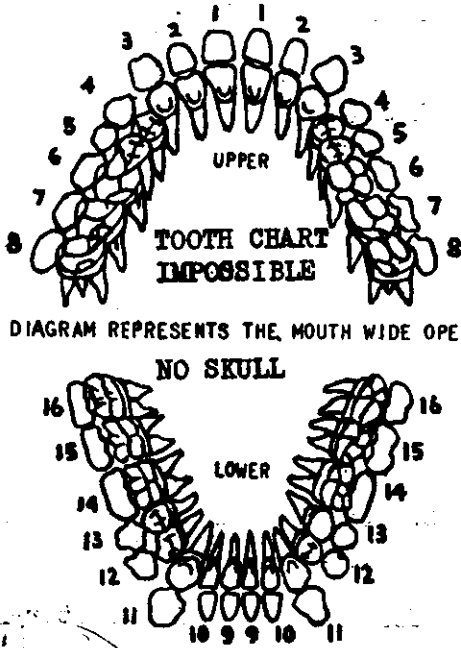




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

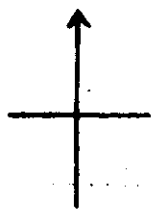
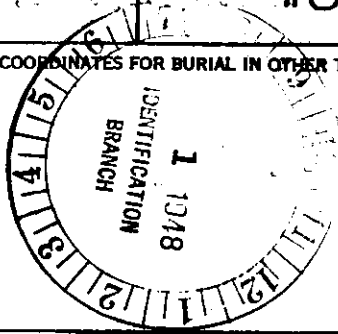
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN NO SKULL</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:

Identification Check List accomplished.

20 JAN 1948

RESTRICTED

U-586

fvs-8188

U-586

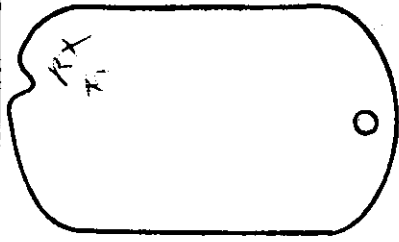
WD G/MC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Mar 46

Imprint Identification, Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-471 (Formerly X-7)
Samar # 1, P.I.

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

----- UNKNOWN

CAUSE OF DEATH

----- UNKNOWN

DATE OF DEATH

----- UNKNOWN

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)

UNIDENTIFIED..

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

YES

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Del 597 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 # I, P.I.

DATE OF BURIAL

11 Feb 46

HOUR

1000

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

Shelter half

TYPE OF GRAVE
MARKER

Reg Cross

PLOT No.

ROW No.

GRAVE No.

8188

WAS THIS A REBURIAL?
(Yes or no)

YES

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

USAF CEMETERY SAMAR # I, D.I.

PLOT No.

ROW No.

GRAVE No.

2

31

TYPE OF RELIGIOUS
CEREMONY

NONE

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)

KAY, JOHN H.

RANK

Pfc

SERIAL No.

32 445 930

ORGANIZATION

42 Bomb Grp
APO 719

GRAVE No.

8187

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

BRADLEY, GEORGE WILLIAM JR.

RANK

SC3c

SERIAL No.

671 52 21

ORGANIZATION

Navy 3864

GRAVE No.

8189

SIGNATURE OF PERSON PREPARING REPORT

Charles W. Hallock
S. SGT. CHARLES W. HALLOCK, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Cecil G. Carter
CECIL G. CARTER, 1st Lt. OMC

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:


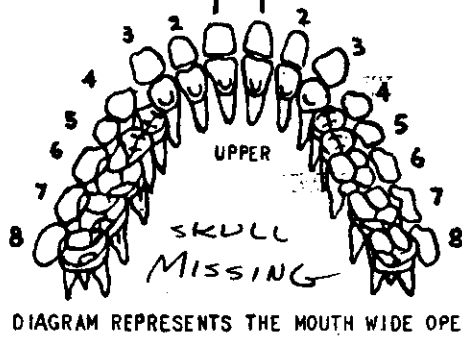




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

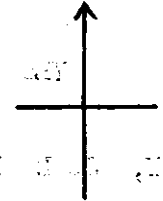
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

6 MAY 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

REPORT OF BURIAL
NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION UNKNOWN DATE REPORT FILLED OUT 28 October 1945
ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) UNKNOWN X-7 (First) (Middle)
	FILE OR SERVICE NO. RANK OR RATE BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION RACE

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--	---

DATE OF DEATH UNKNOWN	DATE OF BURIAL 27 October 1945
---------------------------------	--

NAME OF CEMETERY U.S.A.F. Cemetery, Samar #1, Samar, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
---	--

GRAVE MARKER TYPE Wedge-Unknown marker	PLOT NO. One	ROW NO. Two	GRAVE NO. Thirty-one
--	------------------------	-----------------------	--------------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Mass Burial (General)	RELIGION OF DECEASED UNKNOWN
--	--

IDENTIFICATION TAGS FOUND ON BODY
 1 2 NONE
 COMPLETE DENTAL CHART ON REVERSE
 Yes No
 COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE
 Yes No
 LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
The following described portion of body was found 26 October 1945, two (2) miles north of U.S.A.F. Cemetery, Samar #1, P.I. The entire pelvis and right lower extremity, with parts of viscera attached, round puckered scars two in. in diameter on Rt. knee

IDENTIFICATION TAG BURIED WITH BODY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Copy of Form "N" buried in Identification Bottle near head of body.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) HALL, Alex (n)	RANK OR RATE Slt	FILE OR SERVICE NO. 955 67 58	GRAVE NO. Thirty
BODY ON RIGHT. NAME (Last, first, middle) EKLUND, Brynolf F.	RANK OR RATE S/Sgt.	FILE OR SERVICE NO. 37272881	GRAVE NO. Thirty-two
PERSON REPORTING BURIAL (Name) Walter A Kasmieraki	(Rank or rate) CPLM	PERSON CONDUCTING BURIAL RITES Mass Burial (General)	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED Charles H. Wagers Charles H. Wagers Lt. O.I.C. (Name) (Rank) (Title)	

INSTRUCTIONS FOR BU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
- -	- -	- -	- -

BIRTHMARKS, SCARS, OR TATTOOS

Round puckered scar about (2) inches in diameter on right knee

LAUNDRY MARKS

WEAPON AND SERIAL NO.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

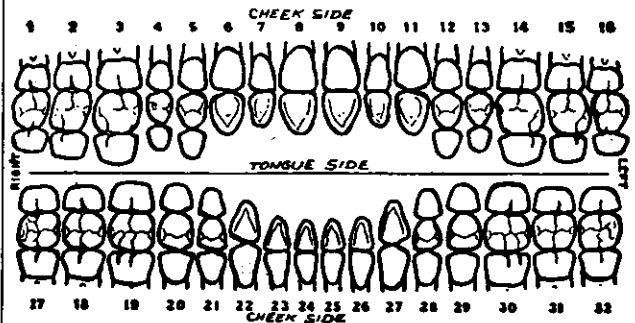
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

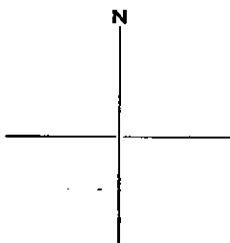
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



REPORT OF BURIAL
NAVFORM-801 (2-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **UNKNOWN** DATE REPORT **28 October 1945**
ATTACHED AT TIME OF DEATH _____ FILLED OUT _____

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) (First) (Middle) UNKNOWN 1-1
	FILE OR SERVICE NO. RANK OR RATE BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION RACE

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--	---

DATE OF DEATH UNKNOWN	DATE OF BURIAL 27 October 1945
---------------------------------	--

NAME OF CEMETERY U.S.A.F. Cemetery, Samar Is., Samar, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
--	--

GRAVE MARKER TYPE Badge-Unknown number	PLOT NO. One	ROW NO. Two	GRAVE NO. Thirty-one
--	------------------------	-----------------------	--------------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Mass Burial (General)	RELIGION OF DECEASED UNKNOWN
--	--

IDENTIFICATION TAGS FOUND ON BODY
 1 2 NONE

COMPLETE DENTAL CHART ON REVERSE
 Yes No

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE
 Yes No

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

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
The following described portion of body was found 26 October 1945, two (2) miles north of U.S.A.F. Cemetery, Samar Is., P.I. The entire pubic and right lower extremity, with parts of viscera attached, round peduncled two in. in diameter on H. base

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Copy of Form "N" buried in Identification Bottle near head of body.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT. NAME (Last, first, middle) HALL, Alvin (sn)	RANK OR RATE Sgt	FILE OR SERVICE NO. 925 67 28	GRAVE NO. Thirty
BODY ON RIGHT. NAME (Last, first, middle) HELAND, Raymond F.	RANK OR RATE S/Plt.	FILE OR SERVICE NO. 3872821	GRAVE NO. Thirty-one
PERSON REPORTING BURIAL (Name) Walter A. Karaminski	(Rank or rate) CPT	PERSON CONDUCTING BURIAL RITES Mass Burial (General)	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED Charles H. Weyers Charles H. Weyers Lt. P.I.S.	
		(Name)	(Rank) (Title)

INSTRUCTIONS FOR SURVIVORS

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR

BIRTHMARKS, SCARS, OR TATTOOS

~~None~~ ~~found on right knee~~

LAUNDRY MARKS WEAPON AND SERIAL NO.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

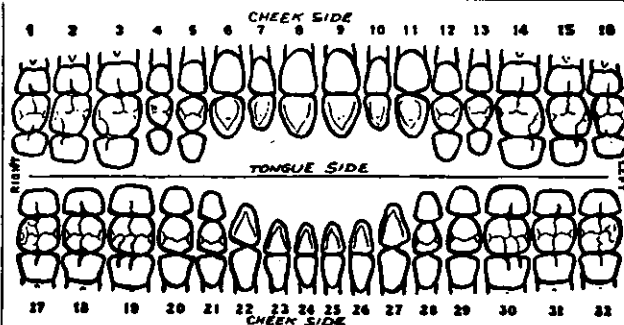
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

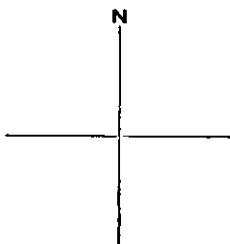


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.
If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix—"X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN DATE REPORT FILLED OUT 26 October 1945

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN X-7	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION	RACE	

CAUSE OF DEATH	PLACE OF DEATH
-	-

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
UNKNOWN	UNKNOWN

DATE OF DEATH	DATE OF BURIAL
UNKNOWN	27 October 1945

NAME OF CEMETERY	LOCATION OF CEMETERY
U.S.A.F. Cemetery, Samar #1, P.I.	

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Wedge Unknown Marker	One	Two	Thirty-one

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Mass Burial	UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	The following described portion of body was found 26 October 1945, Two (2) miles north of U.S.A.F. Cemetery, Samar #1, P.I. The entire pelvis and right lower extremity with parts of viscera attached, round puckered scar two in. in diameter on right knee
COMPLETE DENTAL CHART ON REVERSE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
HALL, Alex (n)	Slc	955 67 58	Thirty
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
EKLUND, Brynolf F.	S/Sgt.	37272881	Thirty-two

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
Walter A. Kazmieraki CPHM USNR	Mass Burial (General)
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED
	Charles H. Wagers Lt. CdrC.

U.S. A.F. Cemetery, Samar #, P.I.

Incl 719

file
3-53-46
Ersharp
mem

(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-	-	-	-

BIRTHMARKS, SCARS, OR TATTOOS

Round puckered scar about two (2) inches in diameter on rt. Knee

LAUNDRY MARKS	WEAPON AND SERIAL No.
-	-

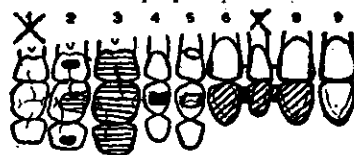
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

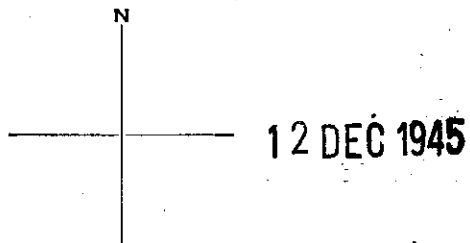
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

CERTIFICATE OF DEATH

From: U.S. NAVAL STATION, HAYT #3142

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Uniformed X-7 Rank or rate Unknown

2. Born: Place Unknown Date Unknown

3. Nationality Unknown Religion Unknown
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Unknown Hair Unknown Complexion Unknown Height Unknown Weight Unknown

5. Marks, scars, etc. (noted in health record) _____

Health record not available

FINGERPRINT

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place None Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour _____

9. Cause of death { Principal Unknown Key Letter _____
Contributory _____

10. Death Unknown the result of own misconduct and Unknown in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Interred at United States Armed Forces Cemetery No. One, Plot No. 1, Row No. 2, Grave No. 31, Sazer, Phillipine Islands on

26 October 1945.

12. Summary of facts relative to the death:

The following described portion of body was discovered 15 October 1945 on the beach about two miles north of U.S.A.F. Cemetery No. One, Sazer, Philippine Islands by a Philippine boy.

Body consisted of pelvis, a portion of the vertebral column, the entire right lower extremity and the left thigh with portions of viscera attached. Round puckered scar on right knee about 2" in diameter.

The following articles of clothing were found with portion of body.

1. Pair of G.I. shorts with name "W. E. Gelfert" stenciled thereon.
2. Pair of G.I. green pants with No. "0-1104" stenciled on right hip pocket.
3. Black web belt.
4. Nickel plated rectangular belt buckle with name "Collopien" engraved on it.

W. V. Thompson
W. V. THOMPSON

(Medical officer)

Lt. (jg)
(Rank)

, M. C., U. S. Navy.

Approved: Court of inquiry or board of investigation ~~will not~~ be held.

R. E. Davis
R. E. DAVIS
(Commanding officer)

Commander
(Rank)

, U. S. Navy.

U. S. NAVAL STATION
Navy 3149
c/o Fleet Post Office
San Francisco, California

NS/78
7636

29 October 1945.

From: Commanding Officer.
To : Bureau of Medicine and Surgery.

Subject: Remains of Dead - Report of Disposition and Expenditures in Connection Therewith.

1. U. S. Naval Station, Navy 3149, 29 October 1945.
2. Name of Deceased: Unidentified. (Round scar approx 2 in. in diameter on anterior aspect of rt knee)
Race: Unknown.
Service Number: Unknown.
3. Station to which attached on date of death: Unknown.
4. Place of death: Unknown.
Date of death: Unknown.
5. Disposition:
(a) Local interment - Plot No. 1, Row No. 2, Grave No. 31, U.S.A.F. Cemetery No. One, Samar, Philippine Islands.
(b) Via: U. S. Government transportation.
6. Body not embalmed. Incased in casket made locally.
7. No expenditures chargeable to the appropriation, Medical Department, Navy in this case.

R. E. DANIELS
Commander, USNR.

X-471

Leyte #1

REPORT OF BURIAL
NAVMED-901 (3-49)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crew, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH **UNKNOWN** DATE REPORT FILLED OUT **28 October 1945**

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) (First) (Middle)	UNKNOWN X-7	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--	---

DATE OF DEATH UNKNOWN	DATE OF BURIAL 27 October 1945
---------------------------------	--

NAME OF CEMETERY U.S.A.F. Cemetery, Samar Fl., Samar, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
--	--

GRAVE MARKER TYPE Wedge-Unknown marker	PLOT NO. One	ROW NO. Two	GRAVE NO. Thirty-one
--	------------------------	-----------------------	--------------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Mass Burial (General)	RELIGION OF DECEASED UNKNOWN
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) The following described portion of body was found 26 October 1945, two (2) miles north of U.S.A.F. Cemetery, Samar Fl., P.I. The entire pelvis and right lower extremity, with parts of viscera attached, round packed two in. in diameter on Rt. knee
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Copy of Form "D" buried in Identification Bottle near head of body.

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT. NAME (Last, first, middle) HALL, Alex (a)	RANK OR RATE PLC	FILE OR SERVICE NO. 955 67 01	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle) WILSON, Donald E.	RANK OR RATE P/1st	FILE OR SERVICE NO. 772245	GRAVE NO.
PERSON REPORTING BURIAL (Name) Walter A. Kosterick	(Rank or rate) CPT	PERSON CONDUCTING BURIAL RITES Mass Burial (General)	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED Charles H. Wiggins Charles H. Rogers Lt. C.I.C. (Name) (Rank) (Title)		

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
Round scarred near about (2) inches in diameter on right knee			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

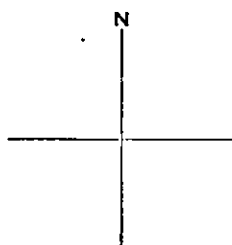
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	_____ (Signature of dental examiner) _____ (Rank or rate)



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

243 unk Leyte X-471 MB.

REPORT OF BURIAL

NAVMED-901 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN X - 7 DATE REPORT FILLED OUT 30 October 1945

COPY OF IDENTIFICATION TAG <i>243 unk kept X</i>	NAME <u>471</u> (Last) (First) (Middle)
	UNIDENTIFIED
FILE OR SERVICE NO. <u>Unknown</u>	RANK OR RATE <u>Unknown</u>
CORPS OR RESERVE CLASSIFICATION <u>Unknown</u>	BRANCH OF SERVICE <u>Unknown</u>
	RACE <u>White</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Unknown</u>
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) <u>Unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown</u>
--	---

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>27 October 1945</u>
---------------------------------	--

NAME OF CEMETERY <u>U.S.A.F. Cemetery No. One</u>	LOCATION OF CEMETERY <u>Samar, Philippine Islands</u>
--	--

GRAVE MARKER TYPE <u>Wedge marker (unknown)</u>	PLOT NO. <u>One</u>	ROW No. <u>Two</u>	GRAVE NO. <u>31</u>
--	------------------------	-----------------------	------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <u>Mass burial</u>	RELIGION OF DECEASED <u>Unknown</u>
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <u>None</u>
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
None

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	
<u>EKLUND, Brynolf F.</u>	<u>S/Sgt.</u>	<u>37272881</u>	<u>32</u>
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
		<u>N. M. MacLeod Jr. Lt. (jg) USNR</u>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

FILE
NAVY SECTION
C. J. MOYER
SEP 22 1945

CHARLES H. WAGERS, Lt. O.inC. USAF, SAMAR #1

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

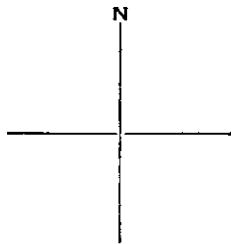


CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).

Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



REPORT OF BURIAL

NAVED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN DATE REPORT FILLED OUT 30 October 1945

COPY OF IDENTIFICATION TAG NONE	NAME (Last) (First) (Middle)	UNIDENTIFIED	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
	CORPS OR RESERVE CLASSIFICATION	RACE	
	Unknown	White	

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) Unknown	ADDRESS OF NEXT OF KIN (If known) Unknown
--	---

DATE OF DEATH Unknown	DATE OF BURIAL 27 October 1945
---------------------------------	--

NAME OF CEMETERY U.S.A.F. Cemetery No. One	LOCATION OF CEMETERY Samar, Philippine Islands
--	--

GRAVE MARKER TYPE Wedge marker (unknown)	PLOT No. one	ROW No. TWO	GRAVE No. 31
--	------------------------	-----------------------	------------------------

BURIED AT SEA (Date)	AREA
-	-

TYPE OF RELIGIOUS CEREMONY Mass burial	RELIGION OF DECEASED Unknown
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) None
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
None

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
EKLUND, Brynolf F.	S/Sgt.	37272881	32
PERSON REPORTING BURIAL (Name) <i>(Rank or rate)</i>	PERSON CONDUCTING BURIAL RITES		

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL
N. M. Mac Leod Jr. Lt. (jg) ChC? USNR

VERIFIED AND FORWARDED
Charles H. Wagers, Lt.
(Name) *(Rank)* *(Title)*

FILE
NAVY SECTION
C. J. MOYER
SEP 1945

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

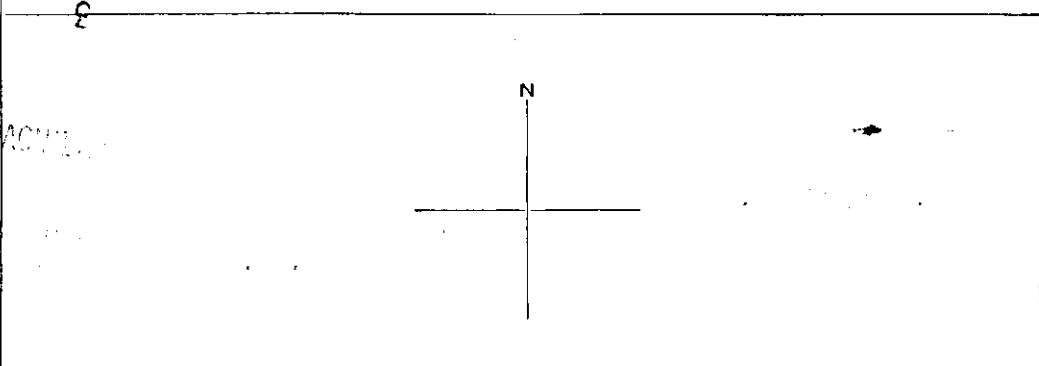


CHARTING EXAMPLE: (Chart Cavities In BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).

Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:
	<input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



X-7 to Legate

X-471 GR 8188

Miss Decca to her copy
of Form "N" (Schedule)

Maybe an Army #1012

X-2215 Mean
means

1945

SATURDAY, OCT.

6

279

86

IDENTIFICATION SECTION
REPARATION RECORDS BRANCH
MEMORIAL DIVISION

471
copy

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN DATE REPORT FILLED OUT 3 October 1945

COPY OF IDENTIFICATION TAG NONE	NAME (Last) (First) (Middle)		
	UNIDENTIFIED		
	FILE OR SERVICE NO. Unknown	RANK OR RATE Unknown	BRANCH OF SERVICE Unknown
CORPS OR RESERVE CLASSIFICATION Unknown		RACE White	

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) Unknown	ADDRESS OF NEXT OF KIN (If known) Unknown
--	---

DATE OF DEATH Unknown	DATE OF BURIAL 27 October 1945
---------------------------------	--

NAME OF CEMETERY U.S.A.F. Cemetery No. One	LOCATION OF CEMETERY Samar, Philippine Islands
--	--

GRAVE MARKER TYPE Wedge marker (unknown)	PLOT NO. one	ROW NO. Two	GRAVE NO. 31
--	------------------------	-----------------------	------------------------

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY Mass burial	RELIGION OF DECEASED Unknown
--	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) None
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
None

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
---	---	---	---
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
ELLUND, Brynolf P.	S/ Sgt.	37272881	32

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES H. M. MacLeod Jr. Lt. (jg) ChC. USNR
---	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL

VERIFIED AND FORWARDED
Charles H. Wagers, Jr.
CHARLES H. WAGERS, Lt. (jg) ChC. USAF, SAMM

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions In MMD (1942, 1938-43, Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.



CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).

Missing teeth Nos. _____ Occlusion (Type of) _____ Malposed teeth (Describe) _____ Removable appliances _____ Other defects _____ Remarks _____	<p align="center">COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p> <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE </p> <p align="center"> (Signature of dental examiner) (Rank or rate) </p>
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N

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

CERTIFICATE OF DEATH

From: U.S. NAVAL STATION, NAVY #3143

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Unidentified Rank or rate Unknown

2. Born: Place Unknown Date Unknown

3. Nationality Unknown Religion Unknown
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Unknown Hair Unknown Complexion Unknown Height Unknown Weight Unknown

5. Marks, scars, etc. (noted in health record) _____

Health record not available

FINGERPRINT

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place None Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour _____

9. Cause of death { Principal Unknown Key Letter _____
Contributory _____

10. Death Unknown the result of own misconduct and Unknown in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains interred at United States Naval Forces Cemetery No. One, Plot No. 1, Row No. 4, Grave No. 31, Samar, Philippine Islands on 26 October 1945.

12. Summary of facts relative to the death:

The following described portion of body was discovered 26 October 1945 on the beach about two miles north of U.S.N.F. Cemetery No. One, Samar, Philippine Islands by a Filipino boy.

Body consisted of pelvis, a portion of the vertebral column, the entire right lower extremity and the left thigh with portions of viscera attached round puckered scar on right knee about 2" in diameter.

The following articles of clothing were found with portion of body.

1. Pair of G.I. shorts with name "W. E. Peifer" stenciled thereon.
2. Pair of G.I. green pants with No. "9-1104" stenciled on right hip pocket.
3. Black web belt.
4. Nickel plated rectangular ball buckle with name "Collingian" impressed on it.

W. V. Thompson
 W. V. THOMPSON
 (Medical officer)

LT. (JG) _____, M. C., U. S. Navy. R
 (Rank)

Approved: Court of inquiry or board of investigation *will not* be held.

W. E. Daniels
 W. E. DANIELS
 (Commanding officer)

Commander _____, U. S. Navy. R
 (Rank)