FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Leyte #1 X-488

SUBJECT

Also 293 unk Maus Manila X-2334

QMC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

27 April 1949

SUBJECT: Resolution of Unidentifiable Remains

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

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

X-2362-B (Formerly Unknown 575-B, Leyte #1)
X-2251-B (Formerly Unknown X-616-B, USAF Cemetery Leyte #1, P.I.)
X-2362-C (Formerly Unknown 575-C, USAF Cemetery Leyte #1, P.I.)
X-2334 (Formerly Unknown X-488, USAF Cemetery Leyte #1, P.I.)
~~X-181 (Isolated Burial)~~

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

FOR THE QUARTERMASTER GENERAL:

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

REB

D. Jones:jdk
Salser
JW

NJS

cc: Administrative Section

/jcs

LH

/fms

1

Interred 10 O[redacted]49
C 15 67 Ft. McKinley
Carl H. Mark
CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
7740 00441	15 / 05 / 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-000488			

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
USAF CEMETERY LEYTE NO 1	0	7701 / 80

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		8255	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-488 UNK X-2334 (Maus)				27 Sept. 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[3] REMAINS [1] MARKER	UNKNOWN		JOSEPH W. GESUSE Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Mausoleum Tags - UNK X-2334

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. 1948 BY JOSEPH W. GESUSE

CASKET SEALED BY	EMBALMER (Signature)
JOSEPH W. GESUSE	JOSEPH W. GESUSE

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27Sept.48 BY HORACE L. ALLISON Sgt., Inf.	HONORIO V. AURELIO, 1st Lt., Inf.

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

REPLACEMENT GRAVES

REMARKS: Unidentifiable - OCMS

QMC FORM 1194

To Date # 6 not located

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: AGRS Mausoleum		TO: Fort McKinley Military Cemetery	
KIND OF CONVEYANCE: Truck		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER:	DATE:	SIGNATURE OF RECEIVER: Carl R Hmark	DATE: 10 OCT 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

AGRC FORM No. 11
Revised 16 Sept. 1948
Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2334 (Formerly UNK X-488, USAF ~~Unknown X~~ Cem Leyte #1, P.I.)

~~Cemetery~~ AGRS Mausoleum, Manila, P.I.

Plot 802 HANGER Row A BAY Grave 218 CRYPT

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 1 Dec 47

2. Place of death Vicinity of Mt. Catmon, Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Leyte #1
(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			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

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?

N O N E

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, pocks, 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 ..... Eyebrows .....
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose ..... Eears .....
(Size, shape, straight) (Size, set close to or far from head)

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

Teeth .....
(White, size, uneveness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches ..... UTD .....
(Large, small, normal) (Hat band)

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

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

.....

Hands .....

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

U

T

D

.....
(Unusual characteristics of fingernails)

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

Herniaplasty .....
(Yes-no; location)

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

Feet ..... Toes .....
(Size, corns, callouses, flat) (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 (Yes-no) If not, explain No skull received

9. Remarks No burial bottle found with remains. No personal effects. Nothing found to warrant identification. Estimated weight of remains 6 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/ Julian H. Weddle
(Officer's Name)

Embalmer C-064965
Rank Service

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

1 Dec 47

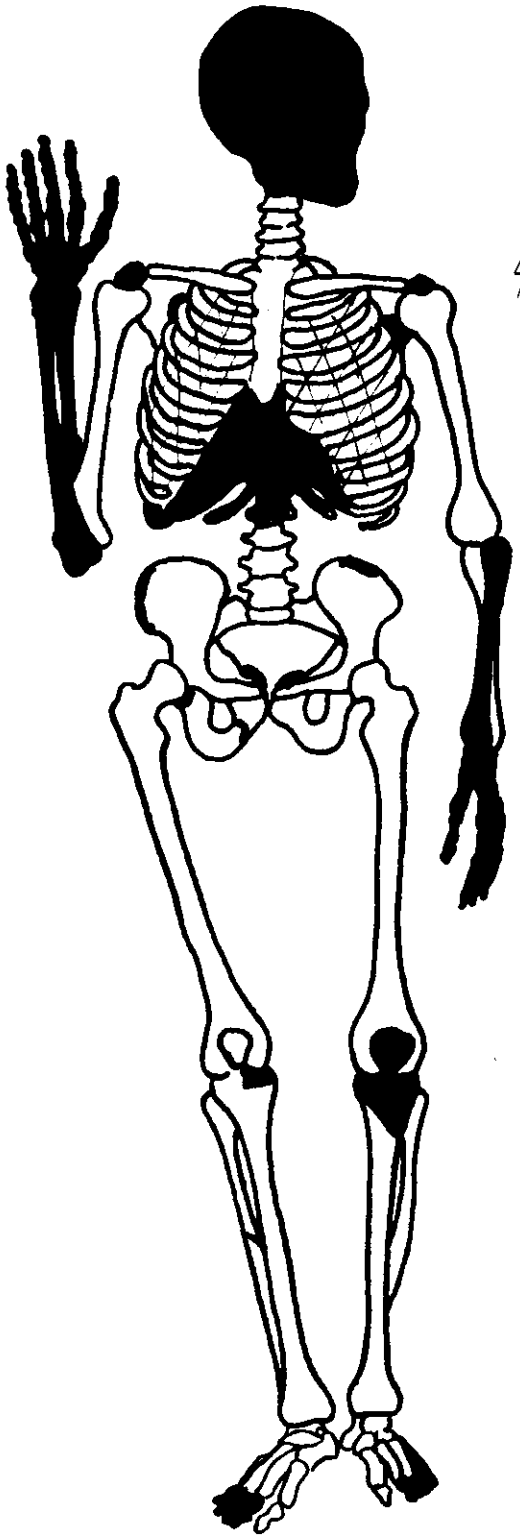
A CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

1493—PHILRYCOM—6-47—40M

x-2334

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



4 Cervical vertebrae
8 Thoracic vertebrae
4 Lumbar vertebrae
received

CHART "A"

1493—PHILBYCOM—6/47—40M

/aam

QMCForm 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

31 October 1947

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)
UNKNOWN X-488

Serial Number
- -

Grade
- -

Organization
- -

Name, Number and Location of Cemetery
USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.
8255

2. Date of Disinterment
31 October 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in type "C" casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file.

Skeletal incomplete. Missing: Maxilla, mandible, Raduis, Ulna, 1 Fibia, and 1 Fibula.

4. What Identification Found at Time of Disinterment: On Marker

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Surpervising Disinterment and Reinterment.

/s/ Paul R. Nichols
/t/ PAUL R. NICHOLS, Embalmer

A CERTIFIED TRUE COPY:

~~G T GAMBOA~~
2d Lt MAC

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth),and molars(principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Crowned Teeth

Bridgework

Fillings

Caries (Cavities)

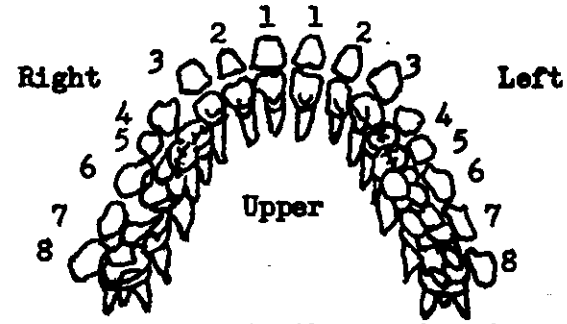
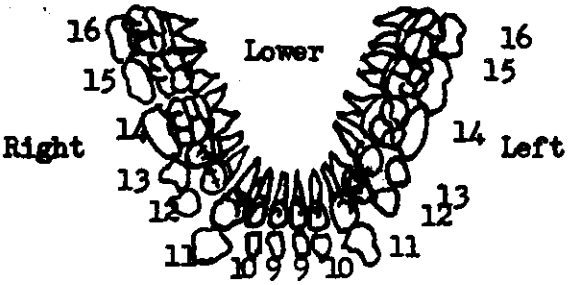
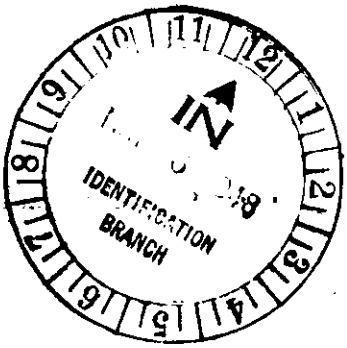


Diagram represents the mouth wide open



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



5-34880-4M

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
Unknown X-2334 (Formerly Unk X-488 Leyte #1)	26 March '49

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
[illegible] A.P.M					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	Unknown

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

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

NONE

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

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

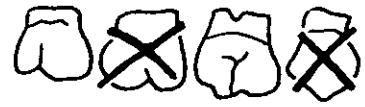
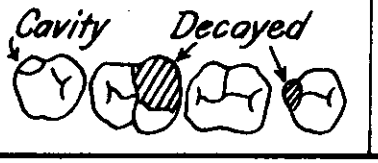
Received 4/21/49 UVMG

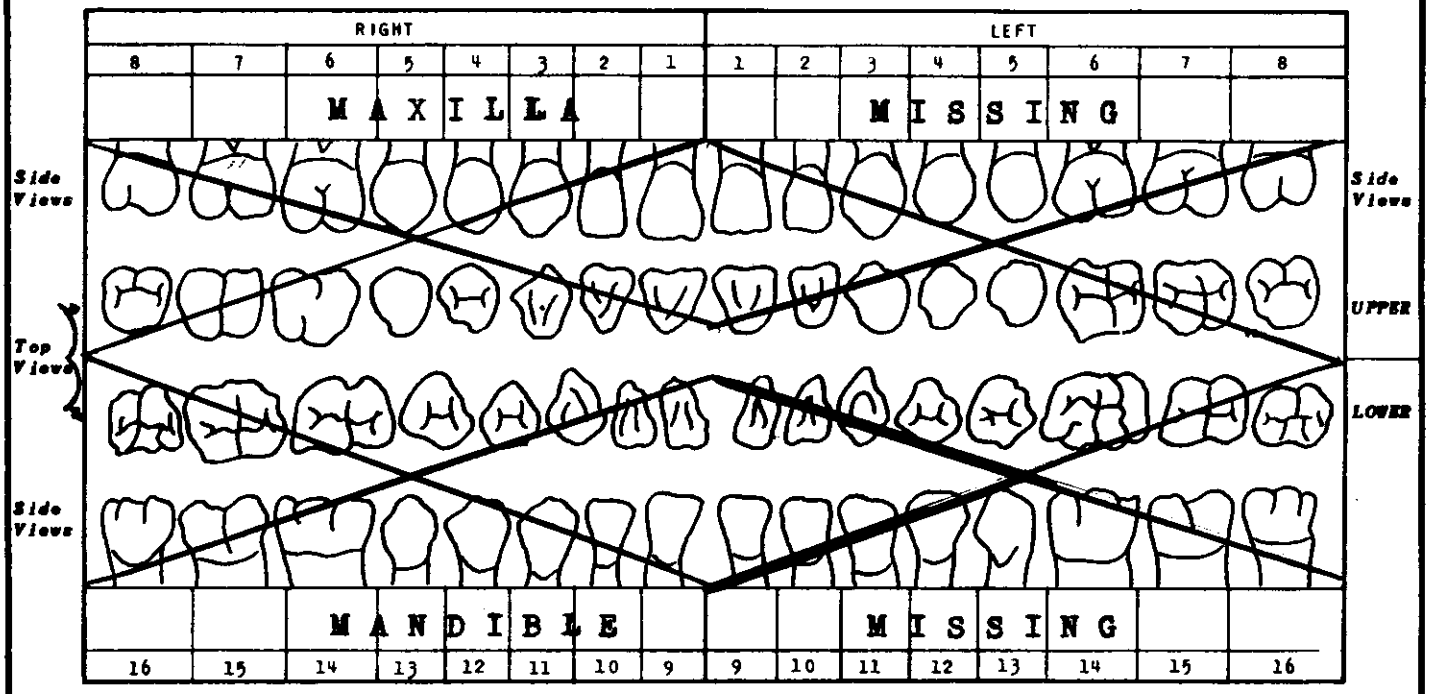
Not identifiable from information presently available 4/26/49 D. Jones

Incl #8

X-2334

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:		



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

No loose teeth present with remains.

J. J. McDERMOTT
Laboratory Officer, CIP

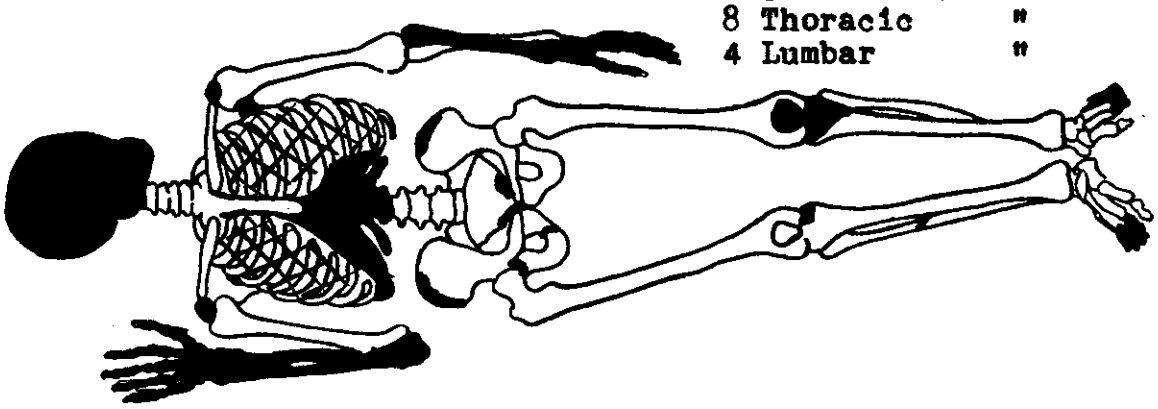
UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT DENTAL DATA

X-2334

19. BLACK OUT PARTS OF BODY NOT COVERED

Received

4 Cervical Vertebrae
8 Thoracic "
4 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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 6 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	SIGNATURE
JAMES J. McDERMOTT Laboratory Officer, CIP	James J. McDermott

QMC FORM 18 MAR 47 1044b

29E-21-12-47

U-482

MAY 6 1948 RESTRICTED U 482

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT: 3 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial): UNKNOWN X-2334 (Formerly UNK X-488, USAF Cem Leyte #1, P.I.)

SERIAL NO.: Unknown

GRADE: Unknown

ORGANIZATION: Unknown

BRANCH OF SERVICE: Unknown

RACE: Unknown

RELIGION: Unknown

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

PLACE OF DEATH: Vicinity of Mt. Catmon, Leyte, P.I.

CAUSE OF DEATH: Unknown

DATE OF DEATH: Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address): Unknown

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no): Yes (2)

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

Received 4/21/49 OQMG
Not identifiable from information presently available 4/26/49 - D. JONES

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
STORAGE 2 Dec 47	1000	STORED Casket	None	TANGER 802	BAY A	CRYPT 218

WAS THIS A REBURIAL? (Yes or no): Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: USAF Cemetery Leyte, #1, P.I.

PLOT NO.	ROW NO.	GRAVE NO.
		8255

TYPE OF RELIGIOUS CEREMONY:

PERSON CONDUCTING BURIAL RITES:

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY:

IDENTIFICATION TAG BURIED WITH BODY (Yes or no): Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no): Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
STORED UNKNOWN X-2336				CRYPT 220

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
STORED UNKNOWN X-2332				CRYPT 216

SIGNATURE OF PERSON PREPARING REPORT: R R ACIERO, 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.

RESTRICTED

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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

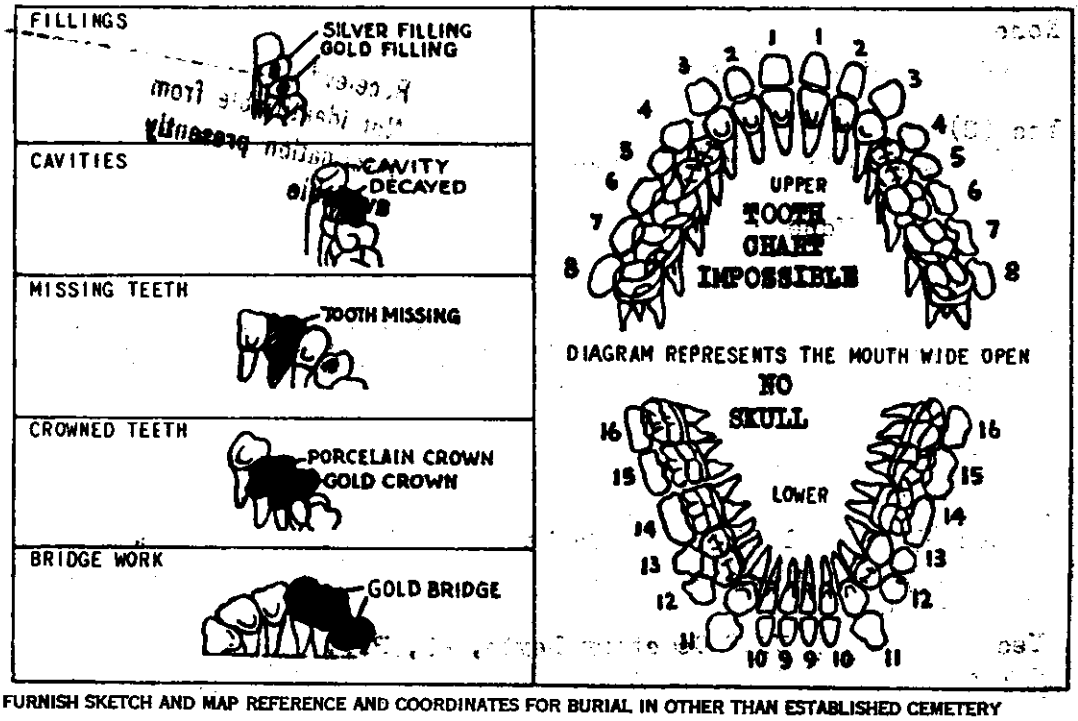
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

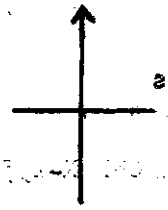
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES



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



REMARKS:

Identification Check List accomplished.

3 FEB 1948

2047—A. G. Printing Plant—9-15-45—250M

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

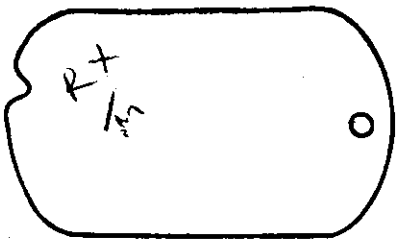
WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 13 March 46

Imprint Identification Tag If Possible. DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)	SERIAL No.
UNKNOWN X-488	-

GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Vicinity of Mt Catmon, Leyte, P.I.	-	-

EMERGENCY ADDRESSEE (*Name, relationship, and address*): -

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

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): Yes

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 152

None

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

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

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 March 46	1400	"C" type casket	Reg Cross			8255

WAS THIS A REBURIAL? (*Yes or no*): Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: Map Phil Is, Mt Catmon sheet No. 4543-IV Grid Coord: 1325.4-1319.8

PLOT No.	ROW No.	GRAVE No.
Isolated	burial	

TYPE OF RELIGIOUS CEREMONY: None

PERSON CONDUCTING BURIAL RITES: None

IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*): Yes

IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*): Yes

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY:

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
HOLLEN, Cecil C		35 520 067	Army	8254

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
AISENSTEIN, Daniel		33 792 945	Army	8256

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., QMC

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
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

11 APR 1945

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
		Vicinity of Mt Catmon Leyte, P.I.

OTHER IDENTIFICATION CLUES

None

FILLINGS — SILVER FILLING, GOLD FILLING

CAVITIES — CAVITY, DECAYED

MISSING TEETH — TOOTH MISSING

CROWNED TEETH — PORCELAIN CROWN, GOLD CROWN

BRIDGE WORK — GOLD BRIDGE

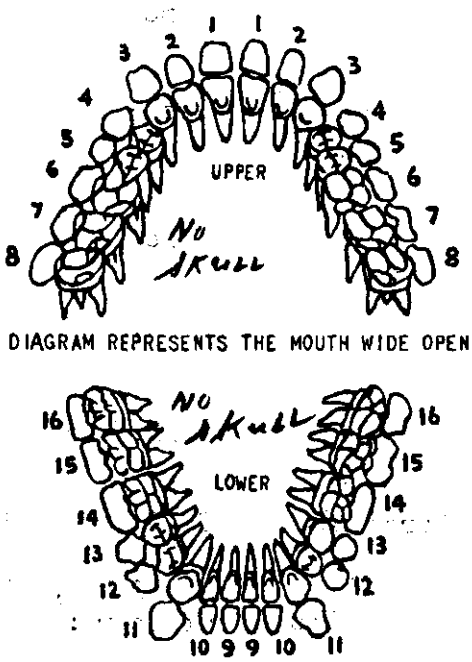


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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

REMARKS:

Condition of body precluded fingerprinting and other means of identification.

2047—A. G. Printing Plant—9-15-45—250M