

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Wink Leyte #1 X-52 (also Manila memo X-3697)

SUBJECT

QNC FORM 1121
1 Aug 45

COPY

GSCR 293.9

SUBJECT: Unidentifiable Remains

3 Jun 1949

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-85	UNKNOWN X-5138 (Formerly X-327-B, AGRS Mslm)
" X-2248	UNKNOWN X-5140 (Formerly X-327-D, AGRS Mslm)
" X-3697	UNKNOWN X-5143 (Formerly X-327-C, AGRS Mslm)
" X-3777	UNKNOWN X-5144 (Formerly X-327-H, AGRS Mslm)
" X-3778	UNKNOWN X-5146 (Formerly X-327-J, AGRS Mslm)
" X-5135 (Formerly X-216-E, AGRS Mausoleum)	

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

FOR THE COMMANDING GENERAL:

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

11 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

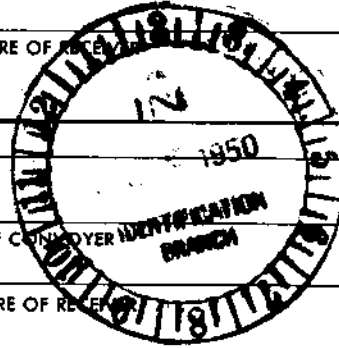
COPY

*File
10 Aug 50
[Signature]*

/drs 	Interred 6 July 1949 L 1 89 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DISINTERMENT DIRECTIVE			
DIRECTIVE NUMBER 7740 00074		DATE 15 09 48 <small>DAY MONTH YEAR</small>				
NAME UNKNOWN X - 000052		SERIAL NUMBER	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY LEYTE NO 1 P I		PLOT	ROW	GRAVE 1406	DISPOSITION OF REMAINS 7701 80 <small>CODE DIST. CTR.</small>	
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME UNK X - 000052 UNK X - 3697 (Mslm)		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 29 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY ALEXANDER P PETTICE Embalmer <small>NAME AND TITLE</small>		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) 2 tags Unk X - 3697 (Mslm)						
REMAINS PREPARED AND PLACED IN CASKET DATE 29 Sept 48 BY ALEXANDER P PETTICE						
CASKET SEALED BY ALEXANDER P PETTICE			EMBALMER (Signature) s/ Alexander P Pettice			
CASKET BOXED AND MARKED DATE 29 Sept 48 BY WEYMAN L MCGUIRE Sgt., MC			SHIPPING ADDRESS VERIFIED BY CELESTINO E ABELLAR, 1st Lt., FA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <div style="text-align: right;"> s/ Celestino E Abellar, 1st Lt., FA SIGNATURE OF AGRS INSPECTOR </div>						
REMARKS AND SPECIAL INSTRUCTIONS <div style="text-align: right;"> NAT FILE AUG 5 1949 </div>						

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Levent Mark</i>	DATE 6 JUL 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



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

26 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 52, Plot _____,
Row _____, Grave 1406, 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, QMC
Chief, Records Branch

Atch: Form 1044

UNIDENTIFIABLE

MAY 16 1949

Encl #3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3697 (Formerly UNK X-52 Leyte #1)				2. DATE OF REPORT 26 May 1949	
3. NAME OF CEMETERY WARRIOR MAUSOLEUM MANILA P. I.		4. PLOT 812	5. ROW V	6. GRAVE 5573	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 <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U T D</p>					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Most bones not received.			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p align="center">N O N E</p>					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <p align="center">N O N E</p>					

~~UNIDENTIFIABLE~~


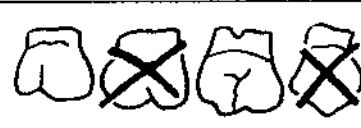








NOV 16 1949

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl #32

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

MAXILLA															
MISSING				RIGHT				FRACTURED				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	A	O	D	D	D	D	← MAXILLA				MISSING →			
M/D	O	O	M	D	D	D	D								
Side Views															
UPPER															
Top Views															
LOWER															
Side Views															
	O	A	O	A	D	D	D	D	D	D	D	D	D	Cavity	Cavity
	O	F	M	F	D	D	D	D	D	D	D	D	D	Decayed	O
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
SEE REMARKS								SEE REMARKS							

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

Portion of maxilla, R8 & L1 thru L8 missing. Maxillary teeth, R8 is present on this portion. Maxilla is posthumously fractured on R5. L14 decayed and facially chipped. R14 is mesially and lingually chipped.

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

"UNRELIABLE"

9. BLACK OUT PARTS OF BODY NOT COVERED



20-

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 2 lbs.
Circumference of skull - 21½ inches.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

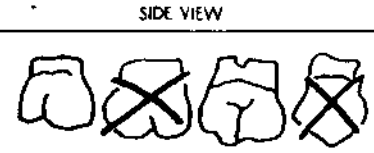
JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

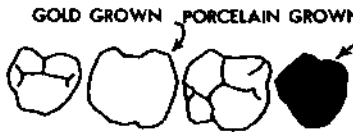
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3697 (Formerly UNK X-52, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW V	6. GRAVE 5573	7. DATE OF DISINTERMENT 13 Jan 48
		BANGER BAY CRYPT		REINTERMENT STORAGE 12 Feb 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD Most long bones missing	10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">UTD - Due to condition of remains.</p>					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Most bones were not received.			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">NONE</p>					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <p style="text-align: center;">NONE</p>					

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



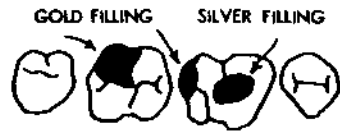
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



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:



maxilla
missing *fractured*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>H</i>	<i>A</i>	<i>A</i>	<i>o</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>
<i>Maxilla missing</i>															
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
	<i>A</i>	<i>A</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>cavity</i>		<i>cavity</i>
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
<i>See remarks</i>								<i>See remarks</i>							

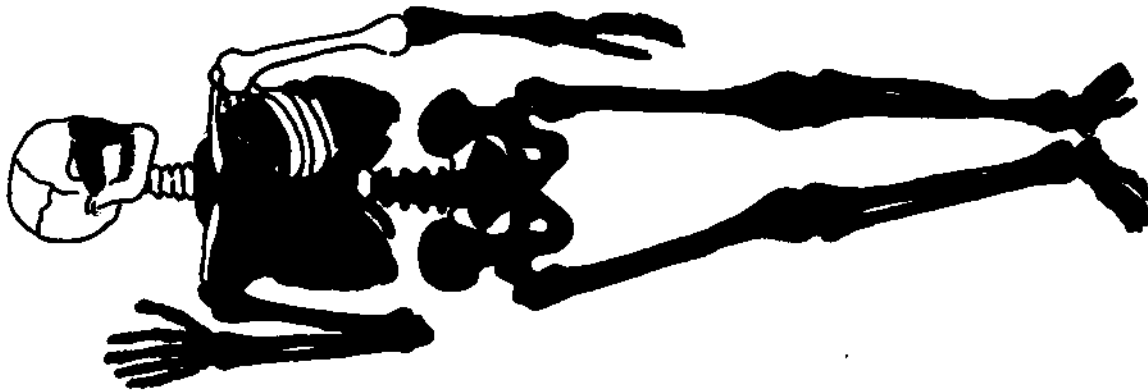
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Portion of maxilla, R8 and L1 thru L8, is missing. Maxillary teeth, R8, is present on this portion as tentatively identified. Maxilla is posthumously fractured on R5. L14 decayed and facially chipped RL4 is mesially and lingually chipped. CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA, D.D.S.
2d Lt MSC /s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No EDI bottle, personal effects, I. D. tags or other means of identification found with remains. Circumference of the skull in inches 21 1/2". Estimated weight of remains 2 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ ROBERT F. STEVENSON
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Robert F. Stevenson

REPORT OF DISINTERMENT FOR IDENTIFICATION

13 Jan 48

1. Remains of (Name)

UNKNOWN AMERICAN SAILOR X-52

Serial Number

Grade

Organization

.Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

1406

2. Date of Disinterment

31 Dec 47

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

Original made in shelter halve burial. Skeletal remains.
Tag on remains and on marker coincides with ROI on file.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth






Crowned Teeth




Bridgework




Fillings

Caries (Cavities)



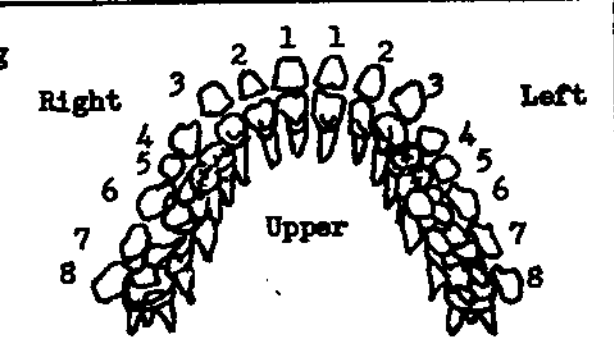
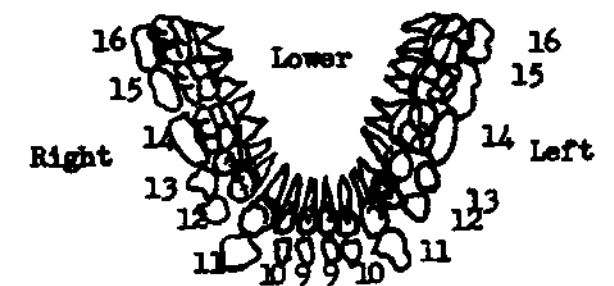
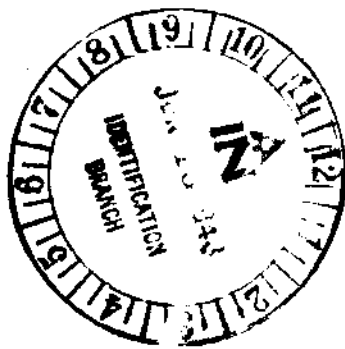



Diagram represents the mouth wide open



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



17-0887C-5

IDENTIFICATION DENTAL CHART

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

11 December 1946
DATE

UNKNOWN SAILOR X-52						
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
Unknown			USAF Cemetery Leyte #1			
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.		
				1406		

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE	LOCATION	<input checked="" type="checkbox"/>	A	G	A	G																					
			o	o																							

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Final

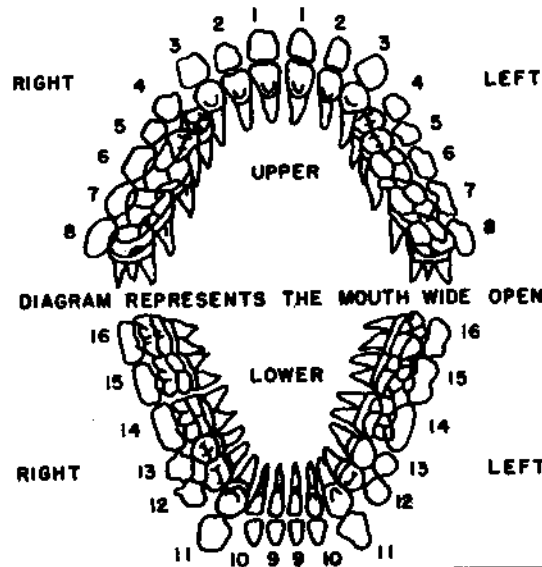
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph M. Phelan
VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

11 December 1946
DATE

UN 181942

RESTRICTED

U 3407N

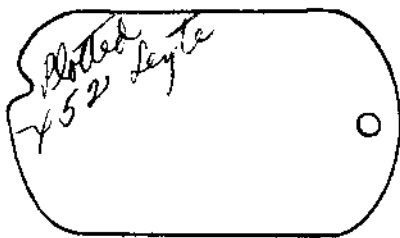
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT
26 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3697 (Formerly UNK X-52, 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 KIA-shrapnel chest-EA	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION. If unidentified, fill in section 3 on reverse
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. HANGER BAY V	GRAVE No. CRYPT 5573
--------------------------------------------	---------------------	--------------------------------------------------------------------------	-------------------------------------	------------------------	-----------------------------------	-----------------------------------

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. 1406
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---------------------------------------------------------------	-----------------------------------------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3698	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5574
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X 3690-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5572
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SIGNATURE OF PERSON PREPARING REPORT V C AQUINO T/5 QMC	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

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.


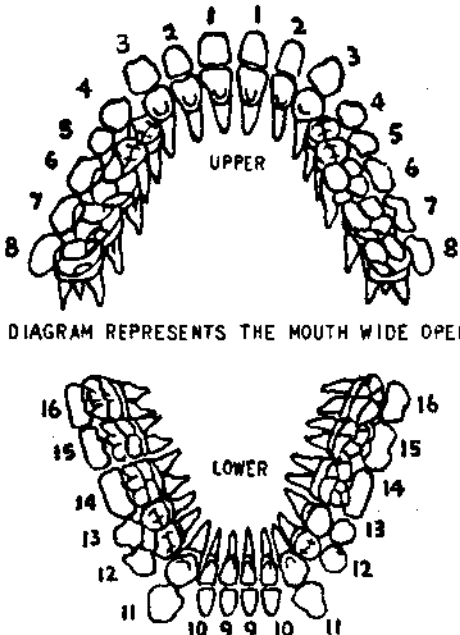




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

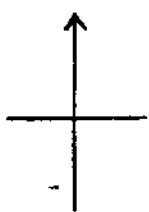
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

Probable American Sailor

FILLINGS	SILVER FILLING GOLD FILLING 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

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

19 MAY 1948

REPORT OF INTERMEN
(TM 10-630 AND AR 30-1815)

11

N1504
N1504

Graves Registration
Form No. 1
(Revised May 11, 1943)

UNKNOWN AMERICAN SAILOR X-52

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

KIA-shrapnel chest-EA

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

1100 hrs 28 June 1945

USAF Cemetery Leyte # 1, P. I.

(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

1406

**UNIDENTIFIABLE
NOV 16 1945**

Reg Cross

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

DISINTERRED from Grave 271, USAF Cemetery Tacloban # 2, Leyte, P. I. (UNKNOWN AMERICAN SAILOR X-23)

Metal tag buried with remains and attached to marker.

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

Religion

(If no identification tags, but identity definitely established, give particulars) **Btry D, 211**

Body buried on **RIGHT** **MILLER, Ralph M.** **33 494 947** **Pvt 1cl** **AAA AW Bn** **1407**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **BROOKS, Harry L. Jr.** **605 45 33** **BM2c USNR** **LST 565** **1405**
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: **NONE** **RESTRICTED**

CONFIDENTIAL
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

17 Mar 45

N 1504

7

Graves Registration
Form No. 1
(Revised May 11, 1943)

UNKNOWN AMERICAN SAILOR X-23

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

KIA shrapnel-chest result EA

(Place of death)

(Date of death)

(Cause of death)

1400 hrs 18 Jan 1945

USAF Cemetery, Tacloban # 2, Leyte, P. I.

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

UNIDENTIFIABLE

271

NOV 18 1945

Reg Cross

(Grave number)

(Row number)

(Plot number)

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

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

Religion

Report of Interment buried (In Bottle)

Remains recovered off Tay Tay Point, Leyte, P. I. by L. C. I. 1074.

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

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

Body buried on RIGHT BROOKS, Harry L. Jr. 605 45 33 BM2/c USNR LST 565 272

Body buried on LEFT MILLER, Ralph M. 33 494 947 PFC Btry D, 211 AAA AW Bn 270

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

7

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ? No

Unable to take tooth chart or fingerprints.
(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Tattoos on both arms: Upper left arm - a ship with USS Elmon over it and Homeway-B-D below it. Left Forearm: Death written on top of design with an eagle in center--unable to make out what was below the design. Upper right Arm: Mother written below a Floral design. Right forearm: the Statue Of Liberty with Liberty written below.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Tec 4 John E. Bobis GRS

(Signature of officer or other person reporting burial)

ROY J. SUEZBACHER, 1st Lt., QMC

(Verified by Army Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RECEIVED

Pers-5322-pk1

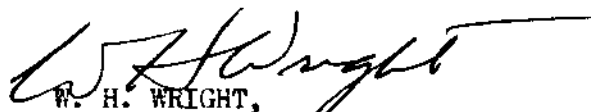
3 April 1945

MEMORANDUM

To: Bureau of Medicine and Surgery.

Subj: Burial Form N-1504 of unknown X-23.

1. An investigation has been made by this Unit in an effort to identify the person described in the subject form. We have been unable to identify the person described in subject form.



W. H. WRIGHT,
Officer in Charge,
Amplification and
Status Study Unit.