

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Leyte #1 X-536

SUBJECT

Also 293 Maus Manila X-3328

QMC FORM 1121
1 Aug 45

AIRMAIL

**UNIT 208
775 Far East**

14 December 1949

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 500, c/o Postmaster
San Francisco, California**

1. Reference is made to the following Unknown remains now stored at the AGRS Hospital, Manila, P. I.:

Unknown X-3288	(Formerly X-336, Leyte #1)
Unknown X-3289	(Formerly X-314, Leyte #2)
Unknown X-3290	(Formerly X-318, Leyte #1)
Unknown X-3291	(Formerly X-319, Leyte #1)
Unknown X-3292	(Formerly X-320, Leyte #1)
Unknown X-3293	(Formerly X-327, Leyte #1)
Unknown X-3294	(Formerly X-328, Leyte #1)
Unknown X-3295	(Formerly X-377, Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

**F. H. MERS
Lt. Colonel, QMC
Memorial Division**

KIS

**R. W. Miller:lak
Salvor
J. Windsor**

YIS

cc: Administrative Section

**CC: Commander-in-Chief
Far East
APO 500, c/o Postmaster
San Francisco, California**

AIRMAIL

AIRMAIL

293 Unknown-P.I. X-536 (Leyte) #1
ST

QCMG 208
Unknown X-3328
AGHS Mausoleum, Manila, P.I.

16 September 1949

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review recommending that the remains of Unknown X-3328 AGHS Mausoleum, Manila, P.I., (formerly Unknown X-536 USAF Cemetery Leyte #1, P.I.) be identified as Pvt. Joseph F. Paustian, 57486365, are returned herewith disapproved.

2. Inasmuch as dental charts could not be accomplished for several Unknowns recovered from same explosion as subject remains, dental and physical comparisons of Unknown X-3328 with that of Pvt. Paustian are not conclusive enough to warrant an identification.

3. Corrected OCMG Forms 571 for Pvt. Paustian were inclosed in letter to your headquarters dated 22 June 1949.

4. In view of the above, it is requested that further investigation be conducted by your headquarters and findings forwarded upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

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

B
NEB

TEC

1 1247 PII 40
SEP 15 1949
OCMGM&R-ER
Proceedings (Paustian)

J. Miller:lrc

Salsar

JW

cc--Administrative Section
cc--Cincfe

X 293 Paustian, Joseph F. (37-486-365)
X 293 Unknown P.I. X - 3328 (Mausoleum) Manila

COPY:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
22 November 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-2731	AGRS	Malm	UNKNOWN	X-3410	AGRS	Malm
"	X-2732	"	"	"	X-3420	"	"
"	X-2865	"	"	"	X-3650	"	"
"	X-3280	"	"	"	X-3651	"	"
"	X-3281	"	"	"	X-3652	"	"
"	X-3328	"	"	"	X-4721	"	"

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

FOR THE COMMANDING OFFICER:

/s/ John Shypula
/t/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

12 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C
O
P
Y

QMGYG 293
Coffeen, Richard L.
ASN 33 627 195

6th Ind.

WD, OQMG, Washington 25, D. C.

12 September 1946

TO: Commanding General, U. S. Army Forces Western Pacific, (Manila)
APO 707, c/o Postmaster, San Francisco, California

1. The dental charts submitted have been compared with War Department records for Richard L. Coffeen. In view of the fact that these records indicate the following missing teeth - Right 8 and 16; Left 6 - 8 and 16, the identification as established from comparison of the fingerprints is confirmed. It is noted that the remains have been reinterred in Grave 3276, Leyte #1.

2. It is, therefore, requested that the records of your office as well as the marking of the grave be corrected accordingly and this office be advised upon completion thereof.

3. It is further requested that the remains now buried as Coffeen in Grave 3343, Leyte #1, be designated as an UNKNOWN and that the corrected reports of burial be submitted to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

Incls: w/d

JAMES C. MacFARLAND
Major, QMC
Assistant

A CERTIFIED TRUE COPY:


JOSEPH M. PHELAN
Captain, CAC
Graves Registration Officer

QAGYG 293
Coffeen, Richard L.
ASN 33 627 195

6th Ind.

ED, OCMG, Washington 25, D. C.

12 September 1946

TO: Commanding General, U. S. Army Forces Western Pacific, (Manila)

1. The dental charts submitted have been compared with War Department records for Richard L. Coffeen. In view of the fact that these records indicate the following missing teeth - Right 8 and 16; Left 6 - 8 and 16, the identification as established from comparison of the fingerprints is confirmed; It is noted that the remains have been reinterred in Grave 3276, Leyte #1.

2. It is, therefore, requested that the records of your office as well as the marking of the grave be corrected accordingly and this office be advised upon completion thereof.

3. It is further requested that the remains now buried as Coffeen in Grave 3343, Leyte #1, be designated as an UNKNOWN and that the corrected reports of burial be submitted to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

Incls: w/d

JAMES C. MacFARLAND
Major, CMC
Assistant

A CERTIFIED TRUE COPY:

A TRUE COPY:

/s/ Joseph E. Phelan
JOSEPH E. PHELAN
Captain, CAC
Graves Registration Officer

George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Inf.

BASIC: Ltr ASF, OCMG, Wash., D.C., file SPQYG 293, Unknown X-9571, Leyte, P.I., dtd 11 Aug 45, subj: Identification of Unknown Deceased.

GSQNM 293
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND, PACIFIC THEATER, APO 707, 12 October 1946.

9th Ind.

GDR/hma

TO : Quartermaster General, Washington 25, D.C.

1. In compliance with 6th Indorsement of attached basic letter the records this headquarters as well as the records and grave marker at cemetery have been amended accordingly.

2. Corrected reports of reinterment designating the remains interred in grave 3343, USAF Cemetery Leyte #1, P.I. as Unknown X-536 instead of Coffeen, Richard and the remains interred in grave 3276, USAF Cemetery Leyte #1, P.I. as Coffeen, Richard L., instead of Unknown X-154, have been received this headquarters and will be processed on the Weekly Report of Burials, week of 23 October 1946, file #43-46.

3. Copies of corrected reports of reinterment forwarded herewith for your information.

FOR THE COMMANDING OFFICER:

2 Incls:

Copies corrected ROR for Coffeen,
Richard L. (formerly Unknown X-154)
Unknown X-536 (formerly Coffeen,
Richard L.)

A. L. McGLOSKEY
Major, Q.M.C.
Executive Officer

Old Incls: w/d

RECEIVED
OCT 58 5 15 PM '46
HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND
PACIFIC THEATER
APO 707

SPQYG 293
 Unknown - 9571
 Leyte, P.I.

11 August 1945

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, SWPA, APO 501, c/o Postmaster,
 San Francisco, California.
 FOR: The Quartermaster

1. The fingerprints submitted for Unknown X-59A, later designated as X-65, USAF Cemetery Dulag #1, Leyte, P.I., Plot 1, Row 5, Grave 161, have been compared and found identical with those of Private Richard L. COPPEN, 55627195, Corps of Engineers.

2. The religious preference of Pvt COPPEN, who was killed in action 25 October 44, was not available.

3. Records of your headquarters, as well as the marking of the grave should be corrected accordingly, and this office advised upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

ARTHUR L. WAPPEN
 Colonel, QMC
 Assistant

COPY FOR: Army Effects Bureau, Kansas City Quartermaster Depot,
 601 Hardesty Avenue, Kansas City 1, Missouri.

For Information.

Handwritten note:
 To Special Services &
 to S.S. of August 45

AG 201-Coffeen, Richard 1st Ind
(11 Aug 45) AG-PC

GENERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC, APO
500, 24 August 1945.

TO: Commanding General, United States Army Forces, Western
Pacific, APO 707, ATT: Graves Registration Officer.

By command of General MacARTHUR:

RALPH C. MOOR
Major, A.G.D.
Asst. Adj. Gen.

BASIC: Ltr ASF, OQMG, Wash., dtd 11 Aug 45, file SPQYC 293, Unknown
9571, Leyte, P.I., subj: Identification of Unknown Deceased.

GSQMM 293

2nd Ind.

S: 17 Sept 45

TO: Commanding Officer, Base K, United States Army Forces Western
Pacific, APO 72.

1. Attention is invited to the basic communication and inclosure
#2.

2. Desire the attached QMC Forms 1044 be accomplished in duplicate
for the remains of Pvt. Coffeen, grave 145, row 4, plot 1, USAF Cemetery
Dulag #1 and Unknown X-65, grave 161, row 5, plot 1.

3. In view of the positive and immediate identification of Pvt.
Coffeen by personnel of his own organization together with the fact that
the cause of death as shown on the Report of Internment would not indi-
cate sufficient mutilation to render identification doubtful, no action
will be taken to change the identities of these deceased until further
confirmation.

BY COMMAND OF LIEUTENANT GENERAL STYER:

2 Incls:
Incl. #1 - 4 QMC Form #1044
Incl. #2 - CR Form #1-True Copy
Coffeen, Richard

CHARLES C. CLARK
Major, A.G.D.
Asst. Adjutant General

Info Copy to:
OQMG, Washington, 25, D.C.

C
O
P
Y

BASIC: Ltr ASF, OQMG, Wash., dtd 11 Aug 1945, file SPQYC 293,
UNKNOWN 9571, Leyte P.I., subj: Identification of
UNKNOWN Deceased.

PKQM 3rd Ind. FMS/hhb
HEADQUARTERS BASE K, AFWPAC, APO 72, 7 September 1945.

TO: COMMANDING GENERAL, AFWPAC, APO 707.

1. UNKNOWN X-39A, (later UNKNOWN X-65), originally buried in grave 161, USAF Cemetery Dulag #1, Leyte, P.I. is presently buried in grave 3276, USAF Cemetery Leyte # 1, P.I.
2. COFFEN, Richard L., SS 627 195, Pvt., originally buried in grave 146, USAF Cemetery Dulag #1, P. I. is presently buried in grave 3343, USAF Cemetery Leyte # 1, P. I.
3. Accomplished QMC Forms 1044 are included for graves 3276 and 3343, USAF Cemetery Leyte # 1, P.I.
4. Records and grave markers have not been changed.

FOR THE COMMANDING OFFICER:

2 Incls. n/c

EDWARD A. HAZELTON
Major, A G D
Adjutant General

GSQM 293 4th Ind S: 13 October 1945
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707.

TO : Quartermaster General, Washington 25, D. C.
THRU : Commander-in-Chief, United States Army Forces, Pacific, APO 500.

1. Attention is vinited to previous indorsement.
2. Request any tooth chart on file in the War Department or from civilian sources be checked to further complete identification.

FOR THE COMMANDING GENERAL:

2 Incls: n/c

G.E. REED
1st LT. AGD
Asst Adjutant General

C
O
P
Y

BASIC: Ltr ASF, OQMG, Wash., dtd 11 Aug 45, file SPQYG 293,
Unknown 9571, Leyte, P.I., subj: Identification of
Unknown Deceased

AG 293 (11 Aug 45) AG-PC 5th Ind.

GENERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC, APO
500, 15 September 1945.

TO: The Quartermaster General, Washington 25, D.C.

For the Commander-in-Chief:

2 Incls;
n/c

J. P. TREADWAY
1st Lt. A.G.D.
Asst. Adj. Gen.

OSMO 293
Coffin, Richard L.
ASN 33 427 195

293 294

WA, OSM, Washington 25, D. C., 22 September 1946

TO: Commanding General, U. S. Army Forces, Western Pacific (Hawaii),
APO 707, c/o Postmaster, Honolulu, California

1. The dental charts submitted have been compared with War Department records for Richard L. Coffin. In view of the fact that these records indicate the following missing teeth - Right 2 and 14; Left 1 - 2 and 14, the identification as certain from comparison of the characteristics is confirmed. It is noted that the punches have been registered in Group 275, Left 21.

2. It is, therefore, requested that the records of your office as well as the marking of the grave be corrected accordingly and that you be advised upon completion thereof.

3. It is further requested that the remains now buried as Coffin, in Grave 241, Left 21, be designated as an UNKNOWN and that the corrected reports of burial be submitted at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

Dialer: w/d

Walter C. Macfarlane
Major, USA
Adjutant

BASIC: Ltr ASF, OQMG, Wash., dtd 11 Aug 45, file SPQYG 293,
Unknown 9571, Leyte, P.I., subj: Identification of
Unknown Deceased.

GSQMM 293

7th Ind.

S: 24 Oct 46

GDR/uch

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE SECTOR COMMAND,
UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707, 24 September 46

TO : Commanding Officer, USAF Cemetery Leyte #1, APO 1000

1. Your attention is invited to 6th indorsement of correspondence received this headquarters, from Quartermaster General Washington, D. C., forwarded herewith for your compliance.

2. Request records and grave marker your headquarters be amended to reflect changes in said indorsement.

3. It is further requested that corrected Report of Interment for COFFEEN, Richard L. Pvt. 33 627 195 (formerly Unknown X-154, interred grave 3276, USAF Cemetery Leyte No. 1) and Unknown (formerly COFFEEN, Richard L., Pvt., 33 627 195 interred in grave 3343, USAF Cemetery Leyte #1) be forwarded this headquarters with true copies of attached 6th Indorsement of authority attached thereto.

FOR THE COMMANDING OFFICER:

A. L. McCLOSKEY
Major, QMC
Executive Officer

C
O
P
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BASIC: Ltr. ASF, OQMG, Wash. 25, D. C. file SPQYG 293, Unknown 9571,
Leyte P. I., dtd 11 Aug. 45, subj: Identification of Unknown
Deceased.

PKQM 293 8th Ind. JMP/rlr
HEADQUARTERS, USAF Cemetery Leyte #1, APO 1000, 2 October 1946.

TO: Headquarters, American Graves Registration Service, Sector
Command, PATA, United States Army Forces Western Pacific,
APO 707.

1. Transmitted herewith corrected report of reinterment as
requested in the 7th indorsement.

COFFEEN, Richard L. (Formerly X-154)	Grave 3276
UNKNOWN X-536 (Formerly COFFEEN, Richard	" 3343

2. True copies of the letter mentioned in paragraph #3 of 7th
indorsement are attached to each copy of QMC 1042 on COFFEEN and
UNKNOWN X-536.

3. Request acknowledgement of receipt by indorsement hereon.

2 Incls:

Incl #1 Corr'd Rept of Reint.
for COFFEEN
Incl #2 Corr'd Rept of Reint.
for X-536 (Formerly COFFEEN)

JOSEPH W. PHELAN
Captain, CAC
Graves Registration Officer

AGPC-S 201 Coffeen, Richard L.
(24 Jul 45) 33627195

24 July 1945

SUBJECT: Report of Burial No. 9571

TO: The Quartermaster General, Washington 25, D.C.

ATTENTION: Chief, Registration and Planning Branch, Room 1100
Temporary Building C.

1. In accordance with telephone request Report of Burial No. 9571 is attached, as comparison of fingerprints thereon identifies them as those of Richard L. Coffeen, 33627195.

2. Richard L. Coffeen, 33627195, was a private in the Corps of Engineers. He was killed in action on Leyte Island, on 28 October 1944. His emergency addressee is his mother, Mrs. Efal L. Coffeen, Burke, Virginia. His religious preference may be obtained from the Demobilized Personnel Records Branch.

FOR THE ADJUTANT GENERAL:

JOHN T. BURNS
Lt. Col., AGD
Officer in Charge
Status Review and
Determination Section
Casualty Branch, AGO.

1 incl.

SPQY 293

Unknowns - P.I.

Baybay #1 - 0 11

Dulag #1 - 9571

Carigara #1 - 9627

13 July 1945

SUBJECT: Fingerprints of Unknown Deceased

TO : The Adjutant General, ASF, Washington, D. C.
ATTENTION: Status Review & Determination, Casualty Branch,
4602 Munitions Building, Washington, D. C.

1. The inclosed Burial Forms are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to the identification of three (3) Unknown Deceased.

2. If found to be identical, it is requested that the name, rank, serial number, emergency addresses and religious preference of the deceased be forwarded, together with return of the forms.

FOR THE QUARTERMASTER GENERAL:

3 Incls
3 Burial Forms

C. C. PIERCE
Captain, QMC
Assistant

Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

CONFIDENTIAL
REGISTERED MAIL

April 12, 1945

The Quartermaster General
Army Service Forces, War Department
Washington 25, D. C.

Attention: Captain C. C. Pierce, Assistant

FINGERPRINTS OF UNKNOWN DECEASED

Reference is made to the fingerprints of three unknown American soldiers received in this Bureau for identification purposes, your reference SPQYG 293 Unknowns - P. I. 9571, 9627 and 10222.

You are advised that the finger impressions on the three Report of Burial Forms have been searched, insofar as possible, through the fingerprint files of this Bureau, without effecting an identification.

The three Report of Burial Forms submitted are returned herewith.

Please be assured of my desire to be of assistance in these matters.

Enclosures

293
SPQYG
293
Unknowns
P. I. 9571, 9627 and 10222
(5-5-)



IN REPLY REFER TO SPQYG 293
Unknowns

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.



SUBJECT: Fingerprints of Unknown Deceased.

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover.

1. The inclosed Burial Forms are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of Unknown Deceased.

2. If found to be identical, it is requested that the name and serial number of the deceased be forwarded to this office, together with the return of the Forms, when reports are rendered.

FOR THE QUARTERMASTER GENERAL:

Incls
Burial Forms

C. C. PIERCE
Captain, QMC
Assistant

OFFICE OF THE BASE QUARTERMASTER
GRAVES REGISTRATION OFFICER
BASE "K"

RFS/hhb

APC 72
20 January 1945

SUBJECT: Transmittal of Cemetery Locations.

TO : QUARTERMASTER, BASE SECTION, USASCS, APC 923.

1. Forwarded herewith, charts of Cemeteries, USAF Cemetery, Dulag No. 1, and USAF Cemetery, San Jose No. 1, as per your 2nd Indorsement, Paragraph 4 to Basic Communication (Letter, Headquarters 6th Army, APC 442, dated 12 December 1944, File AG 203-Q-1, SUBJECT: Transmittal of Interment).

2. Forwarded also herewith, (as per your 2nd Ind., Par. 2) letter received from Sub Base K explaining URINCEN X-39a and X-39b, plus an indorsement with instructions to them.

Incl 6

ROY D. WILSON,
1st Lt, QMC
Graves Registration Officer.

FOURTH PLATOON
PROVISIONAL QUARTERMASTER
GRAVES REGISTRATION COMPANY
APO 235

AG 293 Q-1

17 January 1945

SUBJECT: Transmittal of Reports of Interment.

TO : Quartermaster, Base K, APO 72
ATT: Graves Registration Officer.

1. Due to mis-identification by the 69th Field Hospital the remains in Grave No. 161, USAF Com. Dulag No. 1 were interred as those of Pfc Paris M. Bosley, Co A. 50th Engineer Bn.
2. Letter from Hq 69th Field Hospital dated 6 November 1944 informs that these remains were those of an "UNKNOWN" "A certified true copy" of this letter is inclosed.
3. To avoid confusion in the numbering of "UNKNOWNs" it was deemed advisable to record the remains in Grave No. 161 as X-39-A, and those in Grave No. 464 as "X-39-B".

/s/ Charles S. Keeling
CHARLES S. KEELING,
1st Lt., Inf.,
Commanding

"A COMPANYED TRUP COLY"
(s and t) CHARLES C. KELLING,
1st Lt., Inf
Adjutant

Joseph E. McGuire /s/ t
JOSEPH E. MCGUIRE
Major, Medical Corps
Commanding Officer

- 1. An unidentified body received by this Hospital on 25 October 1944 was mistakenly tagged with the emergency medical tag of Pfc PARIS M. Bosley, Company "A", 50th Engineers Bn., who as a result is listed as KIA by your unit.
- 2. This mistake in identity was made at this Hospital and not by the Graves Registration.

SUBJECT: Mis-identification of Deceased
 TO : Commanding Officer, Divisional Graves Registration Platoon, 7th Infantry Division, APO No. 7

JEM/rjm.
6 November 1944.

HEAD QUARTERS, 69TH FIELD HOSPITAL
APO 235

1

Interred 16 Jan. 1950
H 9 130 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00175

DATE
15 09 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWNX-000536 J O 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
LEYTE NO 1 P I 3343 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
UNK X - 536
MN-UNK X - 3328 21 Sept 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN ROBERT F. STEVENSON
 MARKER EMBALMER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
(2) tags MN-Unk X -3328

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY ROBERT F. STEVENSON

CASKET SEALED BY EMBALMER (Signature)
ROBERT F. STEVENSON s/ Robert F. Stevenson

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY WEYMAN L MCGUIRE CHARLES R. BATES, 1st Lt., USAFR
BY Sgt., MC

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

s/ Charles R. Bates, 1st Lt., USAFR
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAT FILE
RE
DATE 6 Sept 48
NAME [Signature] 7060

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

16 JAN 1950

Bartholme

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

19 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 536, Flot _____,
Row _____, Grave 3343, USMC USAF Com. 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:


H. B. McNEWMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3328 (Formerly UNK X-536 Leyte #1)				2. DATE OF REPORT 21 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	I	2813	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 5/8"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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)

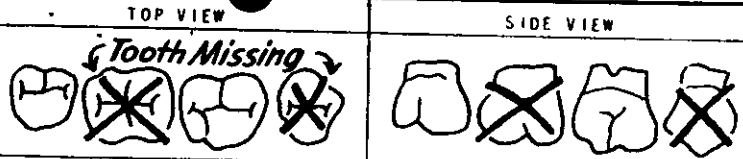
N O N E

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

18.

TOOTH CHART

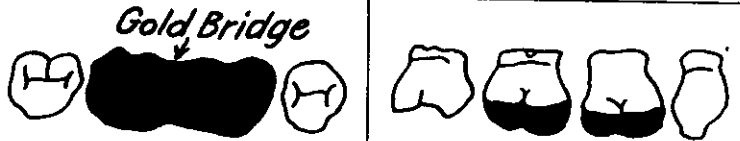
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



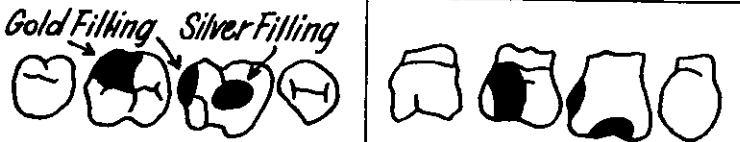
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



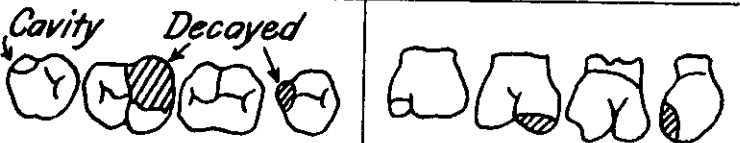
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
							P	P	P					A	
														B	
<i>See Remarks</i>															
←								→							

See Remarks

Side Views

Top Views

Side Views

Side Views

UPPER

LOWER

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: A portion of maxilla is decomposed on R8 and it is UTD whether it is X or PX. Signs of attrition present on R2, R11, R10, R9, L9, L10 and L11.

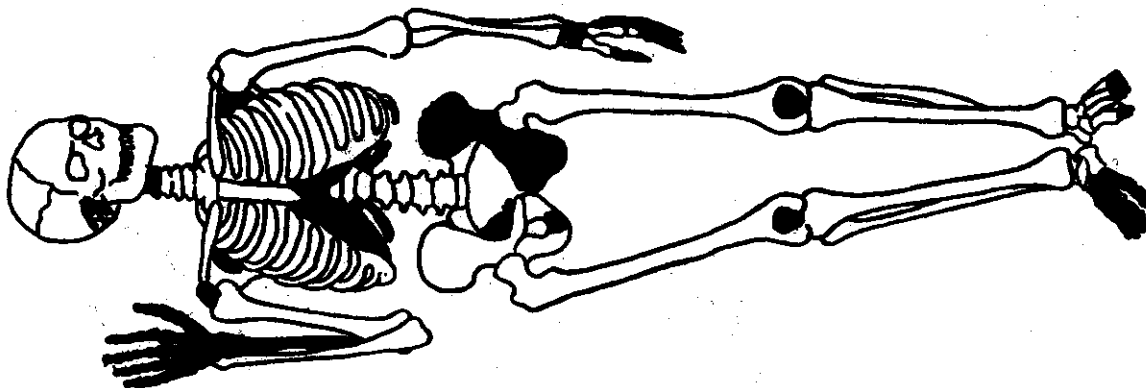
Paul R. Nichols
PAUL R NICHOLS

Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'7 5/8"

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 8 lbs.

Circumference of skull - 20 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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

DISAPPROVAL OF FIELD BOARD FINDINGS

Field Board Findings received recommending the individual identification of Unknown X-3328 as Joseph F. Paustian, 37486365.

Pvt. Paustian, Company "C" 170th Engineers Combat Bn., was killed in action at Dulag, Leyte, P.I., 25 October 1944, when a Japanese bomber scored a direct hit upon an ammunition and gasoline supply dump near which Pvt. Paustian and several other men were working.

The remains of Unknown X-3228 were recovered from the above explosion and interred as Coffeen, Richard (NMI) 33627195, USAF Cemetery Dulag, Leyte, P.I. Remains were later transported to and interred in USAF Cemetery, Leyte #1, P.I., and designated Unknown X-536.

Subject Unknown is now stored at AGRS Mausoleum, Manila, P.I., as Unknown X-3328.

Inasmuch as dental charts could not be accomplished for Unknown X-155, X-153, X-125, X-124 and X-108, USAF Cemetery, Leyte, P.I., recovered from same explosion as subject remains, dental and physical comparisons of Unknown X-3328 with that of Pvt. Paustian are not conclusive enough to warrant an identification.

In view of the above, it is recommended that the identification of Unknown X-3328 as proposed by the Field, be disapproved.

It. Windsor

*There is nothing here on
which to base an individual identification
Recommend Disapproval*

Bae

*WV
J*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3328 (Formerly UNK X-536 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 9 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW I	6. GRAVE 2813	7. DATE OF DISINTERMENT - REINTERMENT 10 Dec 47 12 Jan 48	
		<small>KAJ GER DAY KRYPI</small>				

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 5/8"	10. COLOR OF HAIR UTD	11. RACE UTD

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

UTD

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

UTD

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

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:	TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD CROWN PORCELAIN CROWN 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING SILVER FILLING 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY DECAYED 	

See Remarks

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
								⊗	⊗	⊗					⊗	
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	16	15	14	13	12	11	10	9	9	10	11	12	13	⊗	⊗	16
	<i>← see remarks →</i>															

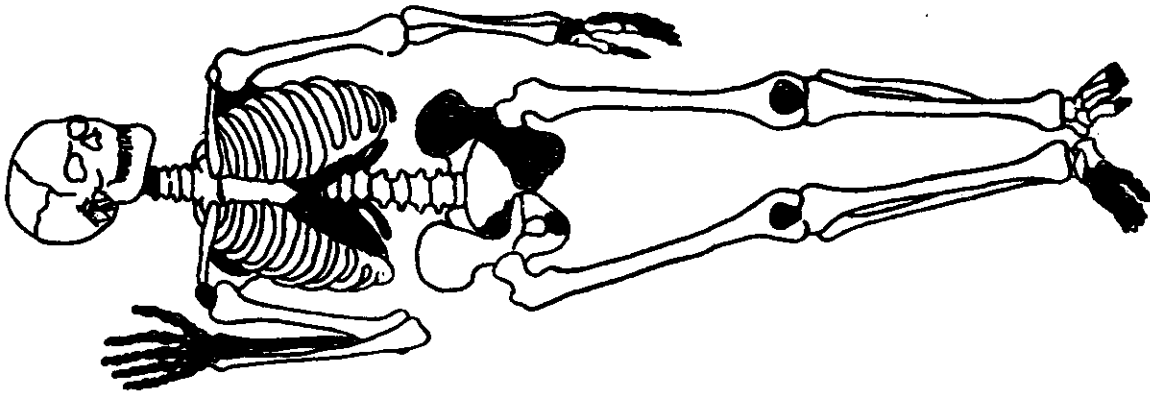
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: A portion of maxilla is decomposed on R8 and it is UPD whether it is P or X. Signs of attrition present on R2, R11, R10, R9, L9, L10 and L11.

CERTIFIED TRUE COPY:
G. T. Gamboa
 G T GAMBOA
 2d Lt MSC

Dental Technicians: /s/ John H Bennett Jr
 Recorder: /s/ Antonio B Laconico

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 _____ 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 ID tags, personal effects or burial bottle found with remains. Circumference of skull in inches, 15 - 20. Estimated weight of remains is approximately 8 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

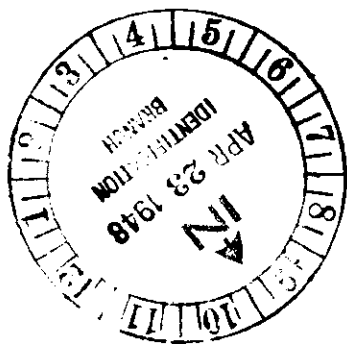
/p/ G H BROWN

Embalmers Senior

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ G H Brown



REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1, P. I.

Date 4 Sept 1945

1. Remains of CORPSEN, Richard Serial Number 33 627 195
Rank Pvt 1cl Grave 3343, USAF Cemetery Leyte # 1, P. I. Organization 722 Engr Dep. Det.

2. Disinterred (date): 4 Sept 1945 From (give complete location): Grave 3343, USAF Cemetery Leyte # 1, P. I.

By: Group S/Sgt J. E. Bobis Unit GRS

3. Reburied (date): 4 Sept 1945 In (give complete location): Grave 3343, USAF Cemetery Leyte # 1, P. I.

By: Group S/Sgt Bobis Unit GRS Nature of reburial blanket

4. Report as to nature of original burial and condition of body upon disinterment: Blanket burial-remains partly decomposed-recognition impossible.

5. (a) Identification tags: Buried with body? yes On grave marker? yes
(b) Other means of identification found upon disinterment, and general remarks: Tags found on body and on marker were prepared by this office and are not original tags.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color black

Quantity _____

Characteristics 2 SF

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts)

Chest-hairy CAVITY

(f) Wounds or missing parts (received at time of casualty)

Skull fractured-lft temporal bone of skull broken, lft cheek bone broken, probably due to GSW.

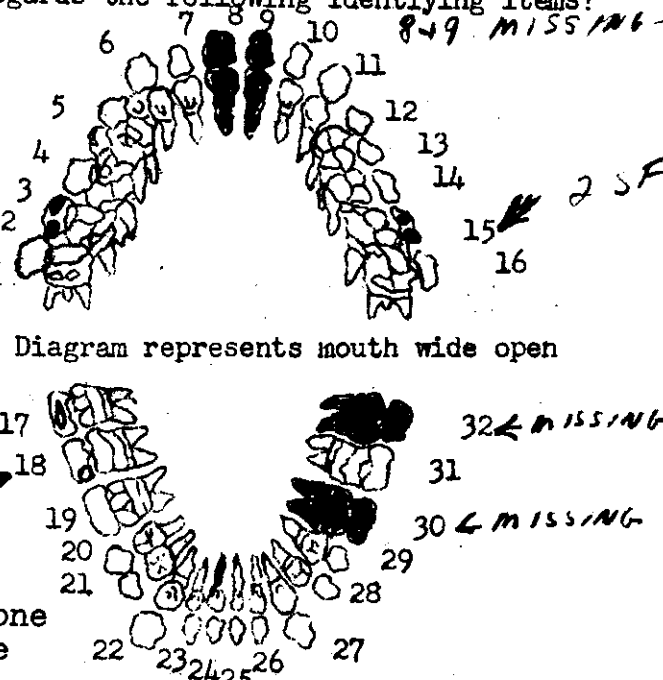


Diagram represents mouth wide open

7. Disinterment supervised by John E. Bobis S/Sgt Bobis

Approved: Francis M. Simon FRANCIS M. SIMON, 1st Lt., QMC
(Title) Graves Registration Officer

8. Reburial supervised by John E. Bobis S/Sgt Bobis

Approved: Francis M. Simon FRANCIS M. SIMON, 1st Lt., QMC
(Title) Graves Registration Officer.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.







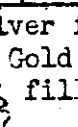
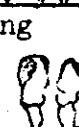

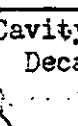

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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), bicuspid (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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown
			Porcelain crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge
			Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling
			Gold filling
			Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity
			Decayed
			Decayed
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".		

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1, P. I.
Date 4 Sept 1945

1. Remains of COFFEY, Richard Serial Number 33 627 195
Grave 3343, USAF Cemetery Leyte # 1, P. I.
Rank Pvt 1st Organization 722 Inf Bde Det.

2. Disinterred (date): 4 Sept 1945 From (give complete location): Grave 3343, USAF Cemetery Leyte # 1, P. I.

By: Group S/Sgt J. E. Bobis Unit GRS

3. Reburied (date): 4 Sept 1945 In (give complete location): Grave 3343, USAF Cemetery Leyte # 1, P. I.

By: Group S/Sgt Bobis Unit GRS Nature of reburial blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Blanket burial-remains partly decomposed-recognition impossible.

5. (a) Identification tags: Buried with body? yes On grave marker? yes
(b) Other means of identification found upon disinterment, and general remarks: Tags found on body and on marker were prepared by this office and are not original tags.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color black

Quantity _____

Characteristics 2 SF

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts)

Chest-hairy CAVITY →

CAVITY →

(f) Wounds or missing parts (received at time of casualty)

Skull fractured-lft temporal bone of skull broken, lft cheek bone broken, probably due to CSW.

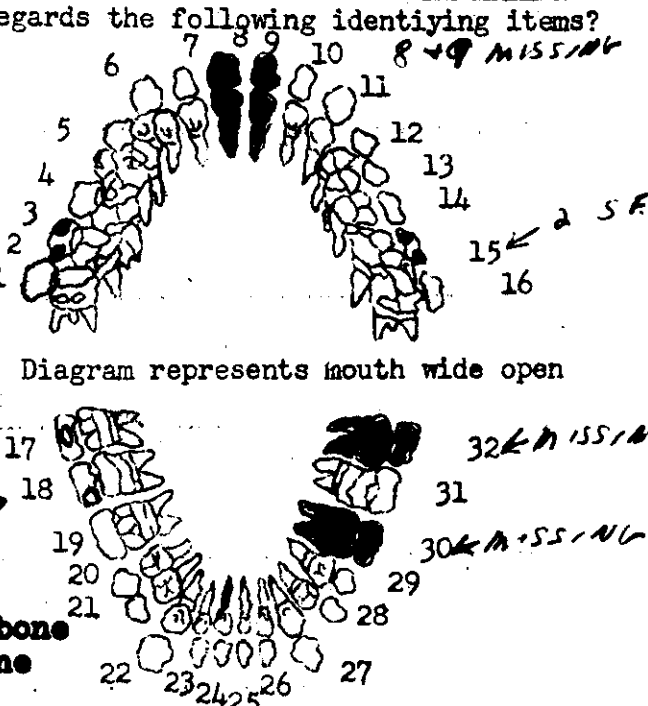


Diagram represents mouth wide open

7. Disinterment supervised by J. E. Bobis S/Sgt Bobis

Approved: FRANCIS M. SIMON, 1st Lt., QMC
(Title) Graves Registration Officer

8. Reburial supervised by J. E. Bobis S/Sgt Bobis

Approved: FRANCIS M. SIMON, 1st Lt., QMC
(Title) Graves Registration Officer.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.


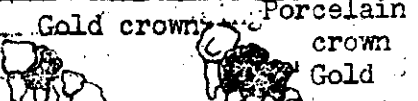
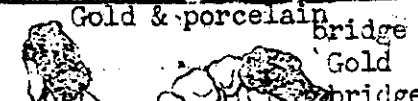
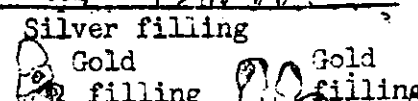
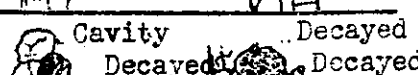
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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), bicuspid (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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	 <p>Tooth missing Tooth missing</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:	 <p>Gold crown Porcelain crown</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 <p>Gold & porcelain bridge</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p>Silver filling Gold filling</p>
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:	 <p>Cavity Decayed</p>
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".	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

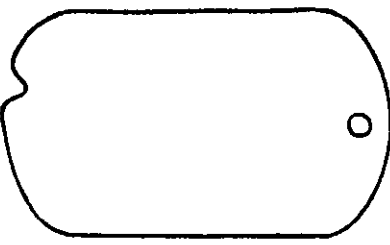
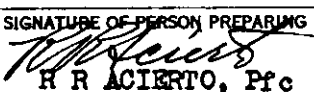
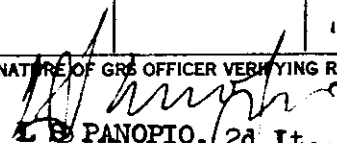
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APR 23 1948

RESTRICTED

U-575

U 575

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 Jan 48		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. Unknown	
		NAME (Last, first, middle initial) UNKNOWN X-3328 (Formerly UNK X-536 USAF Cemetery Leyte #1, P.I.)		ORGANIZATION 722 Engr Depot Det		BRANCH OF SERVICE Army	
		GRADE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Dulag, Leyte, P.I.		CAUSE OF DEATH KIA - concussion of chest & rib fracture			DATE OF DEATH 26 Oct 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 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 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. CRYPT 2813	
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	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. 3343	
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) STORED UNKNOWN X-3331	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2815			
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3326-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2811			
SIGNATURE OF PERSON PREPARING REPORT  H R ACIERTO, Pfc			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L B PANOFIO, 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

2007 1497

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

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

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	

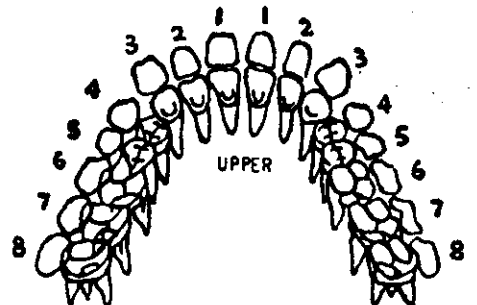
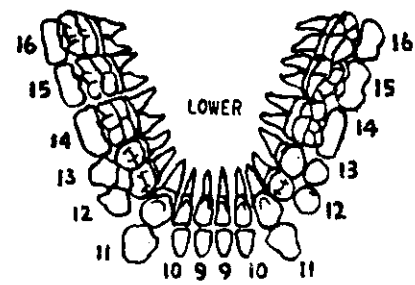
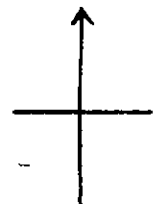


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

9 MAR 1948

RESTRICTED

U 575 3343

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

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

DATE OF REPORT
CORRECTED
2 October 1946

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <p><i>Plotted, Unknown (no X nr.)</i></p>	<p>Section 1.—IDENTIFICATION.</p>	
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-536 (Formerly Coffeen, Richard)</p>	<p>SERIAL NO.</p>
	<p>GRADE</p> <p>722 Engr. Depot. Det.</p>	<p>ORGANIZATION</p> <p>722 Engr. Depot. Det.</p>
<p>RACE</p>		<p>BRANCH OF SERVICE</p> <p>Army</p>
<p>RELIGION</p>		<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH</p> <p>Dulag, Leyte P. I.</p>	<p>CAUSE OF DEATH</p> <p>KIA- Concussion of chest and rib fracture.</p>	<p>DATE OF DEATH</p> <p>26 Oct. 1944</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

REGISTRATION AND RECORDS BRANCH

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>NONE</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse)</p> <p>Changed from Coffeen, Richard, 33627195 per 6th Ind. ltr, ASF, OQMG, Wash. 25, D.C., file SPQYG, Unknown 9571, Leyte P.I., dtd 11 Aug. 45, subj: Identification of Unknown Deceased.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)</p> <p>YES (UNKNOWN TAGS)</p>	

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

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.
27 July 1945	1100	Shelter half	Reg. Cross			3343

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>YES</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>USAF Cemetery Dulag #1</p>						
	<table border="1"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td>1</td> <td>4</td> <td>145</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	1	4	145
PLOT No.	ROW No.	GRAVE No.					
1	4	145					

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p> <p>Corrected report of reinterment buried in bottle with body. Corrected metal tag buried with body and attached to grave marker.</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>YES</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>YES</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p>BERSTLER, Charles R.</p>	<p>RANK</p> <p>Pfc.</p>	<p>SERIAL NO.</p> <p>33099653</p>	<p>ORGANIZATION</p> <p>Co. A 50th Engr. Bn.</p>	<p>GRAVE NO.</p> <p>3342</p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p>JONES, Elmer</p>	<p>RANK</p> <p>S/Sgt</p>	<p>SERIAL NO.</p> <p>39380114</p>	<p>ORGANIZATION</p> <p>Co. A 22nd Infantry</p>	<p>GRAVE NO.</p> <p>3344</p>

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Paul R. Nichols</i> Paul R. Nichols, (Embalmer)</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Joseph M. Phelan</i> JOSEPH M. PHELAN, Captain, CAC</p>
--	---

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:


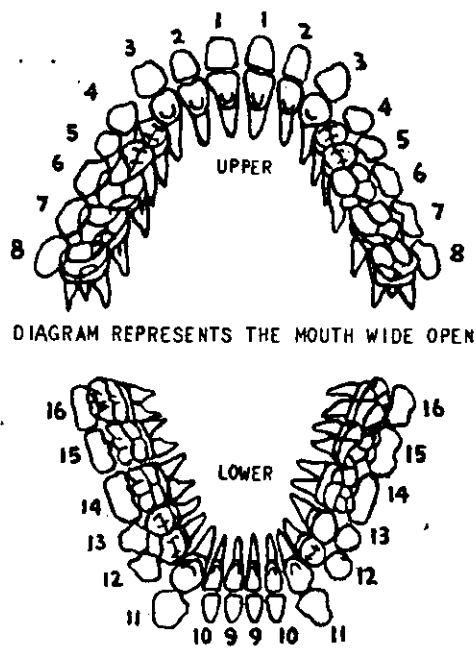




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

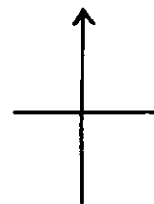
24 OCT 1946

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>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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

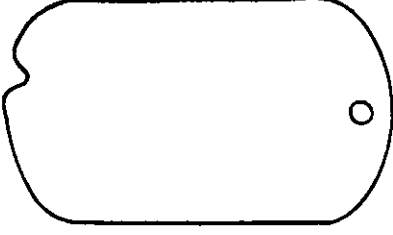




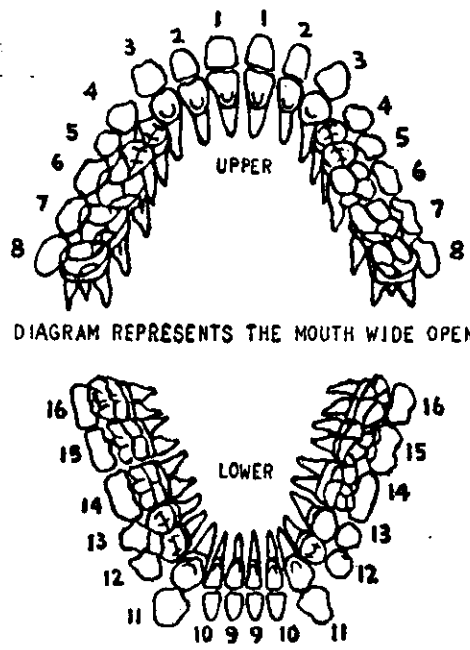




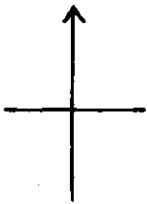
REMARKS:

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

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

DATE OF REPORT
CORRECTED
2 October 1946

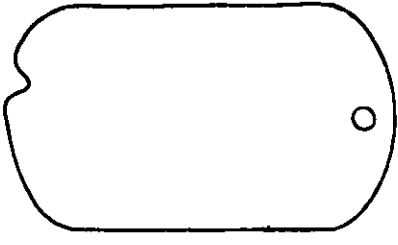
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) (Formerly Coffeen, Richard) SERIAL No. UNKNOWN X-536				
GRADE		ORGANIZATION	BRANCH OF SERVICE			
		722 Engr. Depot, Detp	Army			
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH			
Dulag, Leyte, P.I.	KIA-Concussion of chest and rib fracture		25 Oct. 1944			
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
NONE		Changed from Coffeen, Richard, 33627195 per 6th Ind. Itr. ASF, OQMG, Wash, 25, D. C. file SPCYG, Unknown 9571, Leyte P.I., dtd 11 Aug. 45, subj: Identification of Unknown Deceased.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
YES (UNKNOWN TAGS)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
NONE						
A TRUE COPY  GEORGE L. PEDDEN, JR. Captain, Infantry						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Leyte #1, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
27 July 1945	1100	Shelter Half	Reg. Cross			3343
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
YES	USAF Cemetery Dulag #1					
	PLOT No.	ROW No.	GRAVE No.			
	1	4	145			
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
			Corrected Report of reinterment buried in bottle with body. Corrected metal tag buried with body and attached to grave marker.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
YES	YES					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BERSTLER, Charles R.		Pfc.	33099653	Co. A 50th Engr. Bn.	3342	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
JONES Elmer		S/SGT	39380114	Co. A. 32nd Infantry	3344	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
/s/t/ Paul R. Nichols, (Embalmer)			/s/t/ JOSEPH W. PHELAN, Captain. GAG			
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	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
				
REMARKS:				

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

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

DATE OF REPORT
CORRECTED
2 October 1946

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN I-596 (Formerly Coffeen, Richard)			SERIAL No.	
GRADE		ORGANIZATION 722 Ingr. Depot. Det.		BRANCH OF SERVICE Army		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Dulag, Leyte P. I.		CAUSE OF DEATH KIA- Commussion of chest and rib fracture.		DATE OF DEATH 26 Oct. 1944		
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) Changed from Coffeen, Richard, 3007/195 per Gen Inv. 140, ASF, OQMS, Wash. 25, D.C., file 89020, Unknown 9971, Leyte P.I., 4th Aug. 45, subj: Identification of Unknown Deceased.				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES (UNKNOWN TAGS)						
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 USAF Cemetery Dulag #1, P.I.						
DATE OF BURIAL 27 July 1945	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 3343
WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Dulag #1			PLOT No. 1	ROW No. 4	GRAVE No. 115
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected report of reinterment buried in bottle with body. Corrected metal tag buried with body and attached to grave marker.			
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) BENNETT, Charles R.			RANK Pfc.	SERIAL No. 3309649	ORGANIZATION Co. 1 30th Ingr. Bn.	GRAVE No. 3342
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) JOHN, Elmer			RANK S/sgt	SERIAL No. 3930014	ORGANIZATION Quar. & Am. Ind. Div.	GRAVE No. 3344
SIGNATURE OF PERSON PREPARING REPORT Paul R. Nichols, (Subaltern)			SIGNATURE OF GRS OFFICER VERIFYING REPORT Joseph H. FURMAN, Captain, CGO			

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.

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.

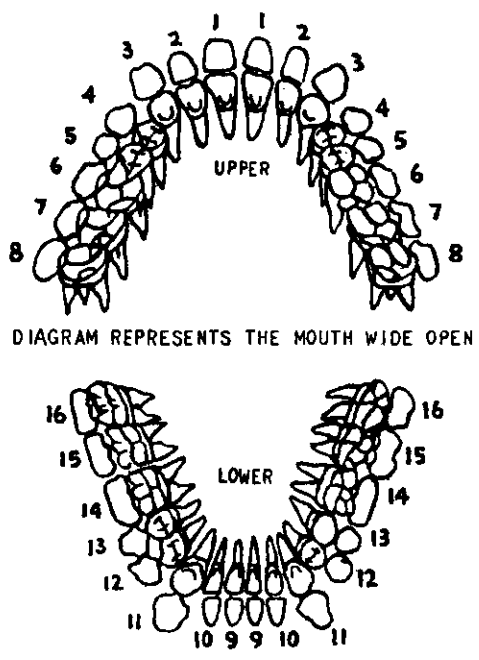
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	

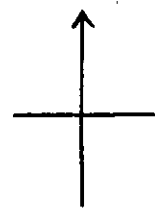
OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

FILLINGS	 SILVER FILLING GOLD FILLING
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:

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

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

~~COFFEEN~~

~~Richard~~

33 627 195 Pvt 1cl 722 Engr Dep Det.

Dulag, Leyte, P. I.

26 Oct 1944

KIA-concussion of chest

and rib fracture

1100 hrs 27 July 1945

USAF Cemetery Leyte # 1, P. I.

3343

Reg Cross

Disposition of identification tags: Buried with body Yes (X) No () Attached to marker Yes (X) No ()
Religion DISINTERRED from Grave 145, USAF Cemetery Dulag # 1, Leyte, P. I.
Prot.

(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 JONES, Elmer 39 380 114 S/Sgt Co A 32 Inf 3344

Body buried on LEFT BERSTLER, Charles R. 33 099 653 Pvt 1cl Co A 50 Engr 3342

Mrs. Efa L. Coffeen (M), Burke, Va.

(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

See corrected burial Report

Full file #15-46

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?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

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

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

 (Signature of officer or other person reporting burial)

Francis M. Simon
 FRANCIS M. SIMON, 1st Lt., QMC

 (Verified by Army GRS Officer)

LEFT HAND	4
	3
	2
	1
THUMB	4
	3

RIGHT HAND	4
	3
	2
	1
THUMB	4
	3

~~273~~ ~~COOPER~~ ~~Richard~~ (NMI) 33627195 Pfc 722nd Eng Dpt Det
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Dulag, Island of Leyte, P.I. 26 October 1944 KIA - Concussion of ~~Skull~~ Chest
(Place of death) (Date of death) and Rib Fracture

1115 26 October 1944 USAF Cemetery Dulag #1 Dulag, Leyte, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

145 4 1 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

Embossed Plate attached to Marker Religion - M

One copy of GR Form #1 placed in sealed bottle and buried with body
(If no identification tags, what means of identification are buried with the body?)

Identity established through personnel in own organization
(If no identification tags, but identity definitely established, give particulars)

Left Body buried on ~~RIGHT~~ Jones, Elmer (NMI) 39380114 S/Sgt Co A, 32nd Inf 144
(Name) (Serial number) (Rank) (Organization) (Grave number)

Right Body buried on ~~LEFT~~ Berstler, Charles R. 33099653 Pfc Co A, 50th Eng Bn 146
(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

Handwritten signature

IF DECEASED UNIDENTIFIED

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

Height:

Weight:

Color of eyes:

Color of hair:

Race:

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

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

Joseph S. Zimmmer
 (Signature of officer or other person reporting burial)
 LOVILLO G. ZIMMERMER, Reg 4
 (Printed by Army and Air Force)

Robert W. Greet, 2nd Lt. Inf

7264 86A

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

RECEIVED



11 C JAN 1945

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

8524

~~COFFIN~~ Richard IMI 37627195 Pfc. 722nd Eng Dpt Det.
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Dulag Island of Leyte, P.I. 25 October 1944 KIA - Concussion of chest and
 (Place of death) (Date of death) (Cause of death)

1115 26 October 1944 USAF Cemetery Dulag #1, Leyte, P.I.
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

145 4 1 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

Religion M. Embossed plate attached to marker.

CERTIFIED TRUE COPY:

Paul J. Tonn
 PAUL J. TONN
 Captain, GMC

One copy of GR Form #1 placed in sealed bottle and buried with body. #
 (If no identification tags, what means of identification are buried with the body?)

Identity established through personnel in own organization.

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

Body buried on RIGHT Jones, Elmer (IMI) 39390114 S/Sgt Co A, 32nd Inf. 144
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Berstler, Charles R. 33099653 Pfc. Co A, 50th Eng. Bnl 46
 (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.

(2)

Incl. #2

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 ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

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

/s/ Lovillo G. Ettlemeyer, Teo 4
(Signature of officer or other person reporting burial)

/s/ Robert W. Greer, 2nd Lt., Inf.
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

2

1

THUMB