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	FILE IDENTIFICAT	ION TOPPER -	Salus
FILE NUMBER SUBJECT SUBJECT	Sey to #1	2-537	
QNC FORM 1121	Tenk Ma	uka Maus	2-3318

2/3 Mark 1. I. (Mere) Manes. Manela) 4 November 1949 **GRS For Boot** 295 Unk Leight # 1 1537 SUBJECT: Identification of World Var II Deceased Commanding General TOI Philippine Air Command APO 74, c/c Postmaster San Francisco, Galifornia ATTENTION: AGRS PHILOOM ZONE 1. Reference is made to the following Unknown remains now stored in the AGRS Memboleum, Memila, P. I.: (formerly Unk X-537 USAY Com Leyto #1, P. I.) Unknown X-3318 X-4622 Subject cames have been reviewed and this Office approves the elessification of the above listed cases as unidentifiable. FOR THE QUARTERNASTER GENERAL: $\lambda_W \lambda$ REB THE . Salser Administrative Section Commander-In-Chief Far East APO 500, c/o Postmaster San Francisco, California

AIRMAIL

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and that the r	eport above is co	orrect.							
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HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

8 AUG 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	2 -335	AGRS	Malm	UNKNOWN	X-3 230	AGRS	Mslm
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Ħ	X-611	Ħ	H	Ħ	I-324 5	Ħ	Ħ
Ħ	X-642	Ħ	#	I	X-3251	Ħ	H
#	X-644	ø	ĸ	#	X-3318	Ħ	
Ħ	X-1359) #	Ħ	H	X-3722	11	#
11	X-2997	11	Ħ	11	X-4131	Mani	ila #2
#1	X-3004	Н	W	*	X-4132	Mani	11a #2
11	X-3220) Н	H	Ħ	X-4133	Mani	lla 🚧

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

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR 1st Lt AGD Asst. Adj. Gen

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

C O P Y:

S

DISINTERMENT DIRECTIVE

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OTHER MEANS OF I									
MINOR DISCREPANCE	CIES (<i>Prepare Discrep</i>	ancy Report QMC Fo	orm 1194a fo	r major disc	repancies.)				 -
REMAINS PREPARED	AND PLACED IN CASKET		··· ·			··········			
DATE		BY							
CASKET SEALED BY			EMBALM	ER (Signatur	e)	· · ·		-	· · ·
CASKET BOXED AND	MARKED		SHIPPING	ADDRESS VER	IFIED BY				
DATE	BY								
I hereby and that the	certify that all the report above is corr	foregoing operations ect.	were condi	ucted and a	ccomplished	under m	y immed	iate sup	pervision
				SIG	NATURE OF A	GRS INSPEC	TOR	·	
REMARKS AND SPEC	CIAL INSTRUCTIONS	······································							

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

				DUE, HOUR AND DATE
1 NO.	FROM—	TO	DATE	5 MESSAGE
1.	Iden Sec	Q.M. Liaison The Pentagon	23 Aug 1949	1. Request dental and physical data for SFUFING, Van , 2/Lt., 0-1052963. 2. Request present address for JOHNSTON, Revold A. 59694400, discharged from Army 14 March 1946. J. Miller J. Miller
2	QM Liaiso Sec	n Id Sec Id Br ATTN: J. Mille	30 Aug 1949	TWX re Shuping attached. Present address for Johnston- 3604 Nevada Avenue Fresno, California
			1	SEKOWSKI DYER 6679 73090
				THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE U. S. GOVERNMENT PRINTING OFFICE 16—49650-5

Pentagon Liaison AUG 251949 Mem. Div. OQMG QMGIG 293 JOHNSON, Renold A., ASN 39694400 (Leyte #1) P. I.

12 September 1946

SUBJECT: Information Required for Graves Registration

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

1. Reports of Interment have been received in this office for the following persons whose records as of this date indicate that each is alive and has been evacuated to the United States:

CEMETERY

GRAVE

BURIAL REPORT MARKED

- 1. USAF Leyte #1, P.I. 4586 Johnson, Renold A., 39694400 (Renold A. Johnson, 39694400, Discharged from Army 14 March 1946)
- 2. USAF Finschhafen #5, N.G. 144 Klaniecki, Edward M., 32556400 (Edward M. Klaniecki, 32556400, Discharged from Army 8 October 1945)
- 3. USAF Leyte #1, P.I. 448 Peters, Charles H., 36303311 (Charles H. Peters, 36303311, Discharged from Army 25 June 1945)
- 4. 77th Div. Cem., Pl. 1, Row 14
 Okinawa #1, R.P. Grave 487 Williams, William T., 44006268
 (Williams, 44006268, Evacuated to U.S. 18 June 1945)
- 2. Report of Reinterment for "T. Wiggs" Lt., Air Corps, USAF Cemetery, Santa Barbara #1, Row 101, Grave 5302, submitted to this office cannot be verified, as available War Department Records fail to disclose anyone by that name. Request your records be rechecked for serial number of "Lt. Wiggs".
- 3. In view of above information it is requested that this office be furnished, at the earliest practicable date, corrected Reports of Reburial designating remains as Unknowns and including any clues to identity, such as fingerprinting or toothcharts.

FOR THE QUARTERMASTER GENERAL:

t/ JAMES MacFARLAND Major, QMC Assistant

A TRUE COPY:

WILLIAM C. CLARK 1st Lt.. QMC QMGMT 293 Unknown X-3318 AGRS Mausoleum, Manila, P.I.

Mr. Renold A. Johnston 3604 Novada Avenue Fresno, California

Dear Mr. Johnston:

Sor Patients Less

This Office is currently conducting an investigation in an attempt to establish the identity of the remains of a deceased who died of dysentery at 165th Station Hospital, Dulag, Leyte, P.I., on 25 December 1944. Records on file in this Office reveal that identification tags bearing your name and serial number were found with subject remains.

It would be of aid to this Office in its efforts to identify these remains if your would answer the following questions:

- 1. Do you know of anyone who could have been in possession of your identification tags at that time?
- Were you ever stationed at or a patient in the 165th Station Hospital, Dulag, Leyte, P.I.? (If se, give dates if possible)?
- 5. De you know of anyone who died on or about 28 December 1944 in above hospital whose identification tags may have been exchanged for yours?
- 4. Give any other information you believe would be of aid in the conclusive identification of subject remains?

A self-addressed envelope, which requires no postage, is inclosed for your convenience in order to expedite delivery.

Sincerely yours,

l Incl Envelope T. H. METZ Lt. Colonel, QMC Memorial Division

AUG 5 1948

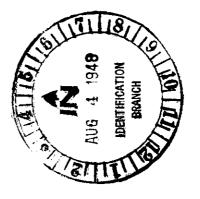
OFFICE OF THE QUARTERMASTER SENERAL OF THE ABBY

INT MOFFICE REFERENCE STEET

į				DUE, HOUR AND DATE
	2	3	4	5
No.	From_	To	Date	MEGŚAGA
1	Chief, Records Section	IDEN SEC ATTN; Miss Moran	2 Aug	48 For Necessary Action.
	R/R Br. Tem Div			SNEDICAR 5198 Matthews 3802
				2 Incls Reports of Interment
				Unknown X-953 Unknown X-537 (Formerly Joinston, Renold A.) Found to ealive.
				Indorsement and Letter of information
			TUTE E	ORN WILL REPAIN PART OF THE OFFICIAL FILE
		l .	U.S.	Government Printing Office: 1945-0-706275-136

TECONDS MANCH

TO 3 4 32 M 48



WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, D.C.

In Reply Refer to QMGMU 293

Johnson, Renold A. 39694400 (Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration

TO: Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

- 1. Reference is made to Burial Report for Renald A. Johnson, Pvt., 11th A. Bn., ASE 39694400, Grave 4536, USAF Cometery, Leyte #1, P. I.
- 2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.
- 3. In view of above fact, it is requested that a corrected burial report designating remains in Grave 4566, Leyte A, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

/#/ James C. MacFarland /t/ JAMES C. MacFARLAND Major, QMC Nemorial Division

A CERTIFIED TRUE COPY:

WILLIAM C. CLARA 1st I t., QML QMRC 293 Johnson, Remold A. ASN 3969ALOO

4 May 1946

SUBJECT: Information Required for Graves Registration

TO : Commending General Philippine-Byukyus Commend APO 707, a/o Postmestay Sam Francisco, Galifornia

ATTN: AGRS, PHILATOCK Zone

- 1. Request status of serrespondence dated 7 July 1947 and inclosure therete dated 30 April 1947 with reference to Report of Interment submitted for Remaid A. Johnson, Pvt., 39694460, Grave 4586, USAF Commercy Legte \$1, P. I.
 - 2. Pvt. Johnson was discharged from the service 14 March 1946.
- 3. In view of the fact outlined in paragraph 2, it is requested that the remains interred in grave 4506 be designated an Unknown, and a Corrected Report submitted to this office.

FOR THE CUARTIFHASTIN CHERAL!

T. M. MRTZ Lt. Golomal, CMG Memorial Division

HJ8

Holthaus/cam

JCH

WAR DEPARTMENT

QHOMU 293 JOHNSON, Receld A. 39694400 (Lerte #1) F.I.

7 July 1947

SUBJECT: Information Required for Graves Registration

70 : Germanding General Philippine-Kyukywe Germand APO 707, q/e Postmatter San Francisco, Gulifernia

- 1. Reference is made to letter this effice, dated 30 April 1947, copy inclosed, to which so reply has been received.
- 2. It is requested that this office be informed of the status of the communication referred to in the preceding paragraph.

FOR THE CHARTISMASTIR CHIERALA

Incl: Cpy ltr dtd 30 April 47 JAMES C. Mosfarland Major, CMG Momerial Division

HJS

QMCMMU 293 Johnson, Henold A. 39694400 (Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding General
Philippine-Kyukyus Command
APO 707, c/o Postmaster
San Francisco, California

- 1. Reference is made to Burial Report for Renold A. Johnson, Pvt. 11th A. Bn., ASN 39694400, Grave 4586, USAF Cemetery, Leyte #1, P. I.
- 2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.
- 3. In view of above fast, it is requested that a corrected burial report designating remains in Grave 4586, Layte #1, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE CHARTERMASTER CHOICEALS

JAMES C. HacFARLAND Major, CMC Memorial Division

AG 704 (25 Sep 45) AG-PC 6th Ind

OWNERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC, APO 500, 8 December 1945.

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

1 Inel: V n/6

DEC LY

BASIC: Ltr fr WD, COMB, Washington 25, D.C., file OMFIG 293, JOHNSON, Renold A., ASN 39694400, (Leyte #1) P. I., dtd 12 September 1946, subject: Information Required for Graves Registration.

GSGh 293

3rd Ind

HEADQUARTERS, PHILIPPINES-RYVKYUS COMMAND, APO 707

1 (1 JUN 1948)

- TO: The Quarternaster General, Department of the Army Washington 25, D. C.
 Attn: Memorial Division
 - 1. Attention is invited to preceding 2nd Indorsement.
- 2. Corrected Reports of Interment for the deceased listed in paragraph 1, 2nd Indorsement, have been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 7 June 1948, file 23-48.
- 3. Corrected Report of Interment for Unknown I-248, formerly Edward M. KLANIECKI, USAF Cametery Finschhafen #5, was forwarded your office 26 June 1947.
- 4. Corrected Report of Interment for Unknown I-44, formerly William T. WILLIAMS, USAF 77th Division Cometery, was forwarded your office 22 January 1947.

FOR THE COMMANDING GENERAL:

3 Incls: n/c 2 copies each w/d MORMAN L. QUIGG CWO. USA Asst Adj Gen BASIC: Ltr fr WD, OUMG, Washington 25, D. C., file MGMJ 293, Johnson, Renold A., 39694400, (Layte 41) P. I., dtd 30 April 1947, subject: Intornation Required for Graves Registration.

USGR 293 JUHNSON, Renold A.

3rd Ind

HEADQUARTERS, PHILIPFINES-RYUKYUS COMMAND, APO 707

≝. JUN 194€

TO: The Quartermaster General, Department of the Army Mashington 25, D. C.
Attn: Lemorial Division

- 1. Attention is invited to preceding 2nd Indorsement.
- 2. Corrected Report of Interment and Report of Storage have been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 7 June 1948, file 23-48.

FUR THE COLLEMNDING GENERAL:

4 lncls: n/c 2 copies each w/d NORMAN L. QUIGG CVO USA A.S. Adj Ger



HEADQUARTERS AMERICAN GRAVES REGISTRATION SURVICE PHILOGH LONE AFO 900

 25	July	1949
	Date	

SUBJECT: Unidentifiable Remains

TO

: The Quantermaster Washington 21, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-537, Plot,

Row, Grave 4586, USMC USAF Ce. Leyte wl 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:

Captain, GMC Chief, Records Branch

numer

Attch: Form 1044

interior presently Mon 1949

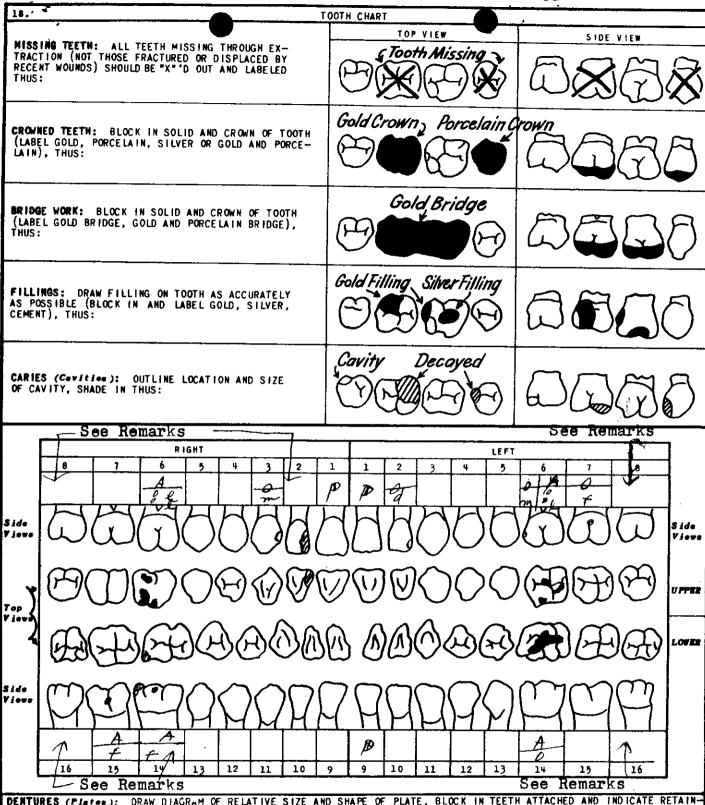
Inc. # 14

	,	···			***	
	IDENTIFIC	ATION D	ATA		•	
1. REMATNS OF UNKNOWN					2. BATE OF RE	PORT
UNKNOWN X *3318	8 (Formerly UNK X -	- 537 L	e yte #3	L)	29 Jul	Lv 49
3. NAME OF CEMETERY		4. PLOT	5 - ROW	6. GRAVE	**************************************	TE OF
					DISINTERMENT	REINTERMENT
		_				
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		DESCRIPT 10				
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	NONE					
12 CINE DESCRIPTION OF TATY	DOS OR SCARS ON BODY AND/OR				··-	
	UTD			THEE INCH	VIALA SOUNCES	
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<u> </u>	I WHAT EXIENT					
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	NONE					
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NONE

"UNIDENTIFIABLE"
"BY REASON OF LATE OF LARGE PARTICENTS VING DATA"

Inal # 142



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

REMARKS: R 8, L 8, R 16 & L 16 are impacted. R 2 is chipped off on its facial, distal & lingual surfaces.

Portion of the occlusal & facial cusp of R 14 is chipped away. UTD whether it happened before or after death.

"UNIDENTIFIABLE"

M Deimolls. JAMES J McDERMOTT Laboratory Officer, CIP 19. BLACK OUT PARTS OF BODY HOT REPERED

Hass 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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

20 •

No I.D. tags, personal effects, or burial bottle found with remains. Circumference of skull in inches: 20½

Estimated weight of remains approximately eight (8) lbs.

"UNIDERTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

James of M Leemell.

JAMES J McDERMOTT
Laboratory Officer, CIP

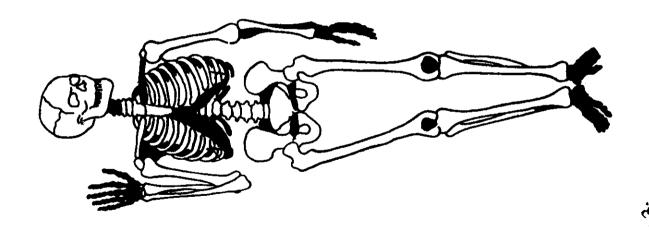
				_		
·	IDENTIFIC	CATION	DATA		•	
I. REMAINS OF UNKNOWN X = 1	3318 (Formerly Unk	X-537 TI	SAF C	emeterv	2. DATE OF REPOR	<u>T</u>
	Leyte A, P.	T.)	J J	omeosty	9 Jan 4	.8
3. NAME OF CEMETERY	20,00 ,12,10	4. PLOT	5. ROW	6. GRAVE	7. DATE	
		4.110			DISINTERMENT	
i		1ANSER	BA¥	LR tr &		STURAGE
AGRS Lausole	um, Manila, P.I.	ි 1 3	I	2800	4 Dec 47	12 Jan 48
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	IL DESCRIPTIO			II. RACE	
UTD	5' 10 3/4"		UID		U	TD
12. GIVE DESCRIPTION OF ANY OFFIC	CIAL IDENTIFICATION FOUND WITH REMA	AINS				
	None					
i						
13. GIVE DESCRIPTION OF TATTOOS C	OR SCARS ON BODY AND OR SUCH INFO	DRMATION OBT	AINED FROM	OTHER SOURCE	ŒS	
	UTD					
14. WAS BODY BURNED #	TO WHAT EXTENT #	-				
YES X NO						
15. WAS BODY MANGLED #	TO WHAT EXTENT # ·					
YES X NO						· · · · · ·
10. DESCRIBE EVIDENCE OF HEALED FR	ACTURES AND BONE MALFORMATIONS					
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	$\mathbf{T}\mathbf{U}$					
Ť						
	•					
17. LIST EVERY ITEM OF CLOTHING, EC	RUIPMENT AND PERSONAL EFFECTS FOUN	ID SHOWING T	# TYPE CT	NOR SIZE MA	DEINGS SERVICE ET	C //Clauscher
merks are indistinct such notation shou	old be made and specimen forwarded through	th channels for ex	amination wi	nen facilities aré	not available in the a	real
	NONE					
	KONB					

18.	TOOTH CHART			
MISSING TEETH: ALL TEETH MISSING THROUGH	SH FX-	OP VIEW	SIDE VIEW	
TRACTION (NOT THOSE FRACTURED OR DISPLACE RECENT WOUNDS) SHOULD BE "X" DOUT AND LA	REE LED	oth Missing		\bigotimes
CROWNED TEETH: BLOCK IN SOLID AND CROWN (LABEL GOLD, PORCELAIN, SILVER OR GOLD A LAIN), THUS:		Vn, Porcelain Cr	rown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN O (LABEL GOLD BRIDGE, GOLD AND PORCELAIN B THUS:		old Bridge		8
FILLINGS: DRAW FILLING ON TOOTH AS ACCU AS POSSIBLE (BLOCK IN AND LABEL GOLD, S CEMENT), THUS:	IRATELY I	g Silver Filling		5
CARIES (Cavities): OUTLINE LOCATION AND OF CAVITY, SHADE IN THUS:	UV	Decayed Decayed		5
See Lemay			See Pens	arbe
RIGHT 8 7 6 5 4 8 7 6 9	3 2 1 1 2	<u>}</u>		Side Views
		1000		UPPER
THE PARTIE	DOMO DA	10000		LOWER
Side Views A A A A 5 5 5 14 13 12 See Remarks	11 10 9 9 10	,	A 15 L6 See Rem	marks SETAIN-
DENTURES (FINES): DRAW DIAGRAM OF RELAING CLASPS ON NATURAL TEETH WITH THE WORLD				± +a
REMARKS: R 8, L 8, R 16 facial, distal & lingual	& L 16 are impa	cted. R 2 1s	chipped oil on	1 65
18079T* AT2 AT ~ T=++0~~-	T Datterna	- 0.5	- 4 4 - 1-4	

Portion of the occlusal & facial cusp of R 14 is chipped away.
UTD whether it happened before or after death.

CERTIFIED TRUE COPY:

Dental Tech: s/ John H.Bennett



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, personal effects, or burial bottle found with remains. Circumference of skull in inches: 201 Estimated weight of remains approximately eight (8) lbs.

CERTIFIED TRUE COLY: ans bow

G. T. GALBOA 2d Lt., ESC

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, EMB. SR.

CIP Laboratory, Manila, P.I.

SIGNATURE

s/ G H Brown

WAR DEPARTMENT OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, D.C.

In Reply Refer to QMGMU 293

Johnson, Renold A. 39694400

(Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding General

Philippine-Ryukyus Command APO 707, c/o Postmaster San Francisco, California

- 1. Reference is made to Burial Report for Renold A. Johnson, Pvt., 11th A. Bn., ASN 39694400, Grave 4586, USAF Cemetery, Leyte #1, P. I.
- 2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.
- 3. In view of above fact, it is requested that a corrected burial report designating remains in Grave 4586, Leyte #1, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

/s/ James C. MacFarland /t/ JAMES C. MacFARLAND Hajor, QMC Hemorial Division

A CERTIFIED TRUE COPY:

WILLIAM C. CLARK 1st Lt., QMC

REPORT OF DISINTERMENT FOR INDENTIFICATION

	Place USAF Cemetery Leyte #1, P.
	Date Hovember 2, 1945
1.	Remains of JOHNSON, Renold a. Serial Number 39694400
	Rank Unknown Organization Unknown
	Organization
2.	Disinterred (date): From (give complete location):
	November 2, 1945, USAF Cemetery Leyte 1, P.I., Grave 94586
	By: Group T/5 Lartin Napoli Unit Graves Reg. Mervice, Base K
	•
3.	Reburied (date) In (give complete location):
	November 2, 1945 USAF Cemetery Leyte #1, P.I., Grave #4586
	By: Group Unit G.R.S. Nature of reburial Shelter Half T/5 Lartin Napoli
<u></u>	Report as to nature of original burial and condition of body upon disinterment:
	Shelter Half burial - Pody badly decomposed on disinterment.
5.	 (a) Identification tags: Buried with body? Yes On grave marker? Yes (b) Other means of identification found upon disinterment, and general remarks:
	Original identification made by identification tags found on remains.
6.	What does examination of body show as regards the following identifying items:
	(a) Height (actual measurement) $\frac{5! \cdot 6!!}{}$
	(b) Weight (estimated) Undeterminable 5 7 8 9 10 12
	(c) Hair-Color Brown
	Quantity Undeterminable 12
	Characteristics 16
	(d) Hair on face-Color Diagram represents mouth wide open
	Location
	QuantitySF-183015
	(e) Permanent marks on body (old scars, peculiarities, or missing parts)
	(f) Wounds or missing parts (received at time of casualty)
_	
7.	Disinterment supervised by s Set John Bobis Approved: S WILLIAE D. ROGERS (Title) lst Lt., Inf., G.R.O.
8.	Reburial supervised by /s/ S/Sgt John Bobis Approved:/s/ WILLIAM D. ROGERS (Title) lst Lt., Inf., G.R.O.
À	TRUE COPY:
	_

WILLIAM C. CLARK

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, etc.
- 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. 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 cannines (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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus: Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:	Gold crown	Porcelain crown
	Gold crown	crown
	* * V *	Crown
Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold & po	orcelain bridge Gold bridge
Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	Silver filling Gold filling	Gold filling
Outline location and size of cavities, shade in thus:	Cavity	Decayed Decayed
Oraw diagram of relative size and shape of plate block in teeth attached and indicate reaining clasps on natural teeth with the word clasp".		
	Oraw filling on tooth accurately as possible block in and label gold, silver, cement), thus: Outline location and size of cavities, shade in hus: Oraw diagram of relative size and shape of late block in teeth attached and indicate reaining clasps on natural teeth with the word	oridge, gold and porcelain bridge), thus: Draw filling on tooth accurately as possible block in and label gold, silver, cement), thus: Gold filling Outline location and size of cavities, shade in hus: Draw diagram of relative size and shape of late block in teeth attached and indicate reaining 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.

AGPrintingPlant

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

			AND T	O BE AT	TACHE	MC FOR D TO AN	D FOR	WARDED	WITH	THESE	FORMS	WHEN A	CCOMPL	LISHED.	ober 1	1946	
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16	7th		OF DE		al,	Dulag		PLACE	OF BURI		tery	Legi	ROY		450	<u></u>	
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		SYMBO	LS				TYPE	E OF FIL	LING			LOCATE		FILLING			
					į	UPPER HALF OF BOX					LOWER HALF OF BOX						
	Į	\times	EXTR	ACTED	ED			A AMALGAM (SILVER)				MESIAL BETWEEN-TOWARD FRO				FRON	T
	ŀ	0	CAVI1		IDICATE (GOLD				OCCLUSAL O (BITING SURFACE BACK TE				1	
		X	\supset	FIXED BRIDGE (INCL. ABUTMENTS)			S SILIGATE OR PORCELAIN				DISTAL (BETWEEN - TOWARD BAG				BAGK)	
	ᆜ			1		4											

QNC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

: SNOITOURTENI

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

IN COMER HALE OF BOX. NEER HAFE OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN S. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, E.g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

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

0000 LEFT THOIR LOWER MIDE OPEN BEPRESENTS THE MOU LEET THOIR

01 6 6 01

BEMARKS:

NAME AND RANK TYPED OR PRINTED JOHESH R. PRELAK. COP

2 October 1946

31AQ

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

MAN COMPTON LOYDO FL

NAME AND RANK TYPED OR PRINTED

PARE R. MICHORA, Malenda

SUBJECT: Information Required for Graves Registration

- 10 : Commanding General, U. S. Army Perces Western Pacific (Manila) APO 707, c/o Postemator San Francisco, California
- Reports of Interment have been received in this office for the following persons whose records as of this date indicate that each is alive and has been evacuated to the United States:

CENTRY

GRAYE

BURIAL REPORT MARKED

- 1. USAF Ceyte #, F.I. 4586 Johnson, Repold A., 39694400 (Renold A. Johnson, 39694400, Discharged from Army 14 March 1946)
- 2. USAF Finschhafen #5, N.G. 144 Maniecki, Edward M., 32556400 (Edward b. Klamiscki, 32556400, Bischarged from Army 8 October 1945)
- 3. USAF Coyto #1, P.I. 448 Peters, Charles H., 36303311 (Charles H. Peters, 36303311, Discharged from Army 25 June 1945)
- 4. 77th Div. Com., F1. 1, Row 14 7111iams, Filliam T., 44006268 Okinewa Al, E. I. Grave 487 (William T. Williams, 44006268, Evenuated to U. S. 18 June 1945)
- Report of Seinterment for "T. Wigge" Lt., Air Corps, USAF Cometery, Sente Berbara #1, Rew 101, Grave 5302, submitted to this office cannot be verified, as available War Department Records fail to disclose anyone by that name. Pequest your records be shehecked for serial number of "Lt. Figgs".
- In view of above information it is requested that this office be furnished, at the earliest practicable date, corrected Reports of Reburial designating remains as Unknowns and including any clues to identity, such as fingerprints or tooth charts.

FOR THE QUARTERMASTER GENERAL:

A TRUE COFY: /s/ Joseph &. Phelan JOSEPH W. PHETAN

Captain, CAC

/s/ James C. FacFarland /t/ JAMES C. NacFARLAND

Major, CMC Assistant

A TRUE COPY:

Jeny willedd ! GEORGE D. REDUKE, JR.

Ceptein, Inf.

12/1/21/

REPORT OF DISINTERMENT FOR IDENTIFICATION

				. •		Ļ	Place	USAF C	em. Leyt	e #1, P.I.
\wedge	^ .				Und		Date	2 Nove	mber 194	.5
كركال	Remai	ins of	JOHNS	ON, Ren		<u>, 1</u>	_Serial	. Number	39 694	400
	Rank	Uı	known	0	rganizatio	n <u>Unk</u> ı	10WI			
2.			d (date)	ī			•	(location): Grave # e #1. P.	4586 I
				Wartin	Napoli				ation Se	TVIDE
3.	Rebu	ried (date)			In [g	ive comp	olete lo	cation): Grave #	4586
			1945		AL ODG	USAF (e #1, P.	
	B	y: Gro		<u>martin</u> u poli	nit <u>GRS</u>		Nature	or repu	LIST SHAT	ter-half
4.			to natur	e of ori	ginel buri	al and	condition	on of ho	dy upon di	isinter-
	ment Shelt		alf bur	ial b	ody badl	y deco	nposed	on dis	intermer	ıt.
-	(6)	Tdent	fication	tags: B	uried with	body?	Yes O	n grave	marker?	Yes
7•	(h)	Other	means of	identif	ication fo	ound upo	n disint	terment,	and gener	ral re-
			orig remains		entifica	tion m	ade ov	TGGUCT	TTCSCTOL	I Vaks
				`						
6.	What	does	examinat	ion of b	ody show ament) 5'	as regar	ds the	followin	g identify	ying item
	(b)	Weight	: (estima	ted) <u>Un</u>	determin	able	5 (分位及包)
	(c)		color <u>B</u> Numbity		rminable	EINVER		14 3 8 8 C	10/2/6	13 71148R
	•	. (haracter	istics_		Tipin 1		H	13Q	14 E,11093
	(d)		on face=0	olor		2	Light		1000	15
	, ,	(usnt itv)-ivi-)
	(e)				y (old scaling parts)		agram r	opresen t	s mouth w	ide open
					<u></u>		EBN.		SPAR	32
	(f)	wo.ad	a or miss	ing part	s (receiv	ed	8 6 11)	8777	•
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-		ervise		Sgt/Joh	m Bobls	rqqA r)	oved:	st Lt.,	D. ROGE	
_	•			70	16	•		,	:	1 11
8.	•	urial ervise	d by <u>s/s</u>	John Joh	w/XeV m Bobis	- √/ Appr	.oveq:	WILL	W B RO	GERS, J
			-	U		r)	'1tle)	lst Lt	Inf.	G.H.O.

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

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

.beiruder bna berredaib 1. Show soldier's name, serial number, rank and organization, and by whom

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

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

4. State to what degree decomposition has progressed, whether recognition pox erc:

etc. This statement should be as complete as possible. is possible, and how the body was originally buried-in a casket, box, burlap,

5. (a) State whether identification tegs were found buried with body and

If additional remarks ar Give any and all information which it is thought might be of use in identifying effects, letters, money-order receipts, and the like found on body or in grave. Were any identifying articles found in or on body or grave? List any personal (b) State whether or not body appears to have been a hospital case. on grave marker by reporting "Yes" or "No".

Give all information as to body description and dental chart as nearly necessary use additional sheet of paper and attach hereto. the body, othern than that tabulated under Item No. 6.

lowing basic conditions: Lost teeth, crowned teeth, bridge work, fillings, cari (cavities of decay), dentures (plates), and any deformity of jaws found. ing teeth). An examination should be made and findings charted to cover the fol nines (tearing teath), bicuspids (cheath, and molars (principal chewrically on either side and classed as incisors (cutting teeth), cuspids or canthe middle line in both upper and lower laws, the tecth are arranged symmetteeth to be accounted for, as shown by the numbers on the chart. Beginning at chart is also very important and should be filled with great care. There are 32 body description are very important and should be very complete. The dental correct as the condition of the body will allow. Items (e) and (f) under the

W Gold CLOAU ofd crown glock in solid the eroun of tooth Porcelain wounds) should be seratched out, nissim A tured or displaced by recent Tooth vious extraction (not those frac-Tooth missing All teath missing through pre-

(label gold, porcelain, or gold and porcelain) thus

CROWNED TEETH

MISSING LEELH

tabel gold bridge, gold and Block in solid the crown of tooth BRIDGE WORK

Draw filling on tooth accurately FILLINGS porcelain bridge), thus

as possible (block in and label

tties, shede in thus: CARIES (CAVITIES) Outline location and size of cevgold, silver, coment), thus:

"Tandario" brow ent Atiw teath attached and indicate retaining clasps on natural testh DEMINES (PLATES) Draw diagram of relative size and shape of plate block in

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

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

n ecoleq

Sufffff

CEATLY

Corg Silver filling

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Decayed

guilli 1

güfqge Göjg

agbirdes

REPORT OF DISINTERMENT FOR IDENTIFICATION

	Place USAF Cem. Leyte #1, P.
	Date 2 November 1945
1. Remains of JUINISON, Renold A.	Serial Number 39 694 400
Rank Unknown Organization	
	om (give complete location): Grave # 4586 LF Cometery Leyte //1, P.I.
By: Group T/5 Lartin Napoli U	
by: Group 1/2	
3. Reburied (date)	give complete location): Orave # 4586
	AF CELLTERY Leyte #1, P.I.
By: Group T/5 Martinunit GR3 Napoli	Nature of reburial Shelter 1911
4. Report as to nature of original burial	and condition of body upon disinter-
ment: Shelter half burish body badly a	acomposea on Jisinterment.
Ouestes marin partain pour party a	
5. (a) Identification tags: Buried with book (b) Other means of identification found marks: Criginal identification found on remains.	ty? ISS On grave marker? YSS upon disinterment, and general remade by identification tags.
6. What does examination of body show as r (a) Height (actual measurement) 5.6"	egards the following identifying item
(b) Weight (estimated) Undeterminable	
(c) Hair-Color Brown	5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Quantity Undeterminable Characteristics	THE TOTAL STATE OF THE STATE OF
(d) Hair on face-Color	La Carrie Vice La
Lovation	(Ein Cino 16
Quantity (e) Permanent as res on body (old scers;	- mic
peculiarities, or missing parts)	_ Diagram represents mouth wide open
	NAR SARO
(a)	18 600 32
(f) woulds or missing parts (received at time of casualty)	
	20 - 62722 - 4100
	21 0 0 0 20 29 29 29
Λ . Λ	3.0 44040 2.
Disinterment	William W. Hope
supervised by 8/8gt/John Bobis	Approved: WILLIAM D. ROCKRS (Title) 18t Lt., Inc. G.R.O.
	(Title)
8. Reburial	William D. Konsto
supervised by 8/Sgt. John Bobia	Approved: WILLIAM D. ROCKRO (Title) 1st Lt., Inf. C.R.C.
	(LILIE) PRO PASS ASTRACT

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

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

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

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

3. Give date and accurate information, as to location of roburial and the group and entit which made reburial, and how reburial was made—in cusket, wooden

State to what degree december total has progressing, whether recognition *ogo *xoq

etc. This statement should be as complete as possible. is possible, and how the body was originally buried-in a casket, box, burlap,

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

necessary use additional sheet of paper and attach hereto. the body, othern than that tabulated under Item No. 6. If additional remarks ar 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 Were any identifying articles found in or on body or grave? List any personal (b) State whether or not body appears to have been a hospital case.

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lowing braic conditions: Lost teeth, crowned teeth, bridge work, fillings, cari (cavitios of decay), dentures (plates), and any deformity of isva found. ing teeth). An examination should be made and findings tharted to cover the fol ening (tearing teeth), bicuspida (chowing tecth), and moiare (principal chowrically on either side and classed as incleors (cutting teeth), cuspids or canthe middle line in both upper and lower jaws, the teeth are arranged symmetteath to be accounted for, as shown by the numbers on the chart. Beginning at chart is also very important and should be filled with great care. There are 32 body description are very important and should be very complete. The dental

with the word "clasp". teeth attached and indicate retaining clasps on natural teeth DENTIFES (PLATES) Draw diagram of relative size and shape of plate block in ities, shade in thus: ресалец Decaye CARIES (CAVITIES) Outline location and size of cav-Decayed Cavity Smilling, Builli gold, silver, coment), thus: Corq Corq as possible (block in and label Zailver filling Draw filling on tooth accurately FILLINGS eapflig. porcelain bridge), thus (label gold bridge, gold end Block in solid the crown of tooth BKIDCE LOUK a porcelain Myoral W (label gold, porcelain, or gold and porcelain, ggeord. CLOAN oja eromn Ç Block in solid the grown of tooth CHOMNÉD LEELH Porcelain wounds) should be seretched out, Wissin W tured or displaced by recent TOOT vious extraction (not those fracgnizelm diool, All teath missing through pre-NISSING LEELH

ot the person approving same. Show name of person supervising the disinterment and the name and titl.

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

REPORT OF DISINTERMENT FOR INDENTIFICATION

			Place that denotery Leges #1, P.
	•		Date Hovember 2, 1945
1.	Ren	nains of JOHNON, Renald A.	Serial Number
	Ran	Organization	This posts
2.		nterred (date):	From (give complete location):
		sy: Group 2/5 Mertin Nepeli	Unit Reg. Service, Rec K
3.		uried (date)	In (give complete location):
	В	y: Group Unit Unit C.R.S.	Nature of reburial Shelter Helf
4.	_	ort as to nature of original burial and co	ondition of body upon disinterment: descripted on disinterment.
5.	(a) (b)	Identification tags: Buried with body Other means of identification found up	oon disinterment, and general remarks:
6.	Wha	ut does examination of body show as reg	gards the following identifying items:
	(a)		600 \QQ Q 11
	(b)	Weight (estimated)	5 25 7 7 7 7 12
	(c)	-	54 E 20 7 8 9 10 0 13 13 14
	` ,	Quantity Undeterminable	2 0057
		Characteristics	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(d)	Hair on face-Color	Diagram represents mouth wide open
		Location	
		Quantity	
	(e)	Permanent marks on body (old scars culiarities, or missing parts)	20 7 7 13 25 29 29 29 29
	(f)	Wounds or missing parts (received at of casualty)	33 00 00 10 0 1 37
7.	Disi	nterment /s/ 8/8gt John Bolds	Approved: /s/ HILITAN D. ROGERS (Title) 126 120, 120, 6.2.0.
8.	Rebi	urial /e/ 8/8gt John Bebds ervised by	Approved: /s/ VILLIAM D. ROCKES
A		E COPT:	(Title)
	Z/1/2	Oni le M. L	
_	/ [U]	THE YEAR	

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, etc.
- 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. 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 cannines (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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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

- 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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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supercedes GRS Form 1)		REPORT OF (AR 30-1810 as		. SIRNYA	E	of REPORT	a 48
Imprint Identification Te		Section 1.—IDENTIFICATION.					
DO NOT TYP	E	NAME (Last, first, middle initial)		· · · · · · · · · · · · · · · · · · ·	SERIA	L No.	
		UNKNOWN X-3318	3 (Former	ly Unk X-5	537		
(1	USAF Cem Leyto		•)		Unkno	
	0	GRADE	ORGANIZATION		BRAN	CH OF SERVI	ICE
\	<u> </u>	Unknown	Unkn	n wn		Unkno	with
	/	RACE	RELIGION		IF OTHER TH	AN U. S. DEA	
	NAME OF C	JUNIKI					
		Unknown	Unkn	OWN			
PLACE OF DEATH 165th Station	. Waand t	CAUSE OF DEATH			DATE	OF DEATH	
Dulag, Leyte,	P.T	DOD-Dysente				23 Dec	1944
EMERGENCY ADDRESSEE (Non			ry		1, 4	<u>-5 -50</u>	
Unknown					<u>-</u>		
IDENTIFICATION TAGS FOUND (1, 2, or none)	ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS O	FIDENTIFICATION (f unidentified, fi	I in section 3	on reperse)
None							
WERE SUBSTITUTE TAGS PROV	/IDED?(Yes or no)					
Yes (2)							
LIST PERSONAL EFFECTS FOU	ND ON BODY AN	ID DISPOSITION OF SAME					
	æ	None					
Section 2.—BURIAL. II ogh	or then in ook	blished cemetery, furnish sketo	h and map coord	inates on reverse.			
NAME, NUMBER, COORDINATE							
3 4				~ 			
4.0		FBURIED IN (Shroud, blanket, or		TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
DATE OF BURIAL \angle C STORAGE \angle	HOUR =	ESTORED	dame of Genera	MARKER	IANGER	BAT	į
12 Jan 480	al 30 0 →	Casket		None	813	I	2800
WAS THIS A REBURIAL?	A REBUSEL	INDICATE NAME, NUMBER, COOR	DINATES OF PREVI	OUS CEMETERY, AND	LOCATION OF G	RAVE	
(Yet or no) RESTORES	TIC ATA	Mamitanu Tauta	#5 D.T		PLOT No.	ROW No.	4586
Yes		Cemetery Leyte		ION TAGS NOT USED	DESCRIBE IDE	NTIFICATIO	
TYPE OF RELIGIOUS CEREMONY	PERSON COND	CHING BODINE KILES	CONTAINERS B	URIED WITH BODY			
		7	1	•			
IDENTIFICATION TAG BURIED BODY (Yes or 110)		NTIFICATION TAG ATTACHED TO	-				
STORE	4	•					
Yes BODY BURIED ON DECEASED	I SET NAME (F.	Yes	RANK	SERIAL No.	ORGANIZATIO	ON GRAY	VE No.
STOLIGE	LEFT, NAME (20	A A	1.22				RYPT
UNKNOWN X-3	320						2802
BODY BURIED ON DECEASED	RIGHT, NAME (I	asi, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRA	VE No.
UNKNOWN X-3	316					8 3	2798
1	ARING REPORT		SIGNATURE OF	GOS OFFICER YERIFY	NG REPORT		
19/Koken	M			my	سر مع ۲۰	T A	
RUR. ACIER	TO, Pfc	<u> </u>	LL 36.	PANOPIO.	2d Lt.,	Inf	eter General
DISTRIBUTION OF REPORT	Signed orig	inal for U.S. and allied dead, a	igned original an prescribed by the	d one copy for enem	y cesa, to the	Muticilia	***** CCNSITI

Jul 366

CORRECTED.		RESTR	ICTED	1	n 1	5 8 6
WD GMC FORM 1844		REPORT OF	MITTER		DATE OF RE	PORT
(Rev. 1 Apr. 1969) (Representa GHS Perm.) (AR 30-1810 an				5)	22 04	r 1947
			<u> </u>		(42) 80	y 1741
Imprint Identification 1 DO NOT TY		Seeller 1.—IDENTIFICATION. NAME (Last, first, middle initial)	-		SERIAL No.	· · · · · · · · ·
		7777 (Day)	(Formerly	JOHNSTON		
(\ \ \	unknown x-537	Renold	1.)		
>	_ \	GRADE	ORGANIZATION		BRANCH OF	SERVICE
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\	/	RACE	RELIGION		IF OTHER THAN U.	S. DEAD, GIVE
				i	NAME OF COUNT	KT
		-	·	-		
PLACE OF DEATH		CAUSE OF DEATH			DATE OF D	EATH
165th Station I Dulag, Leyte, 1		DOD	- Dysente	ry	23 Dec	ember 1944
EMERGENCY ADDRESSEE (N						
-						
IDENTIFICATION TAGS FOUR	ID ON BODY	IF NO TAGS FOUND ON BODY D				
(1, 2, or none)	one	Changed from JOH OCMG, Wash.,25,	NSTON, Ken	OLG A., 3907	Zavta #1) 1	P.T. AtA
WERE SUBSTITUTE TAGS PR		30 Apr 47, subj:	Informat	ion Required	for Grave	Registra-
WERE SOLDTITOTE THESE TO	OV.02.(14 a)	tion. QMC 1045	ATTACHED T	O REPORT.		
	Yes					
LIST PERSONAL EFFECTS FO	DINA YOOR NO DNU	DISPOSITION OF SAME				
	NONE					
	NUMB					
		and the state of the state of	t and ann anards	nates on reverse.		· · · · · · · · · · · · · · · · · · ·
Section 2.—BUTCAL If of NAME, NUMBER, COORDINA		lished cometery, furnish sketc	a are triage coord			
NAME, NUMBER, COOKDINA	IES, AND LOCATION	Of CEMEIEN				
	USAF	Cemetery Leyte #1,				W No. GRAVE No
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER	PLOT No. RO	W NO. GRAVE NO
30 Aug 30/6	1600 hrs	Shelter Hali	Reg. Cross		B	4586
13 Aug 1945 WAS THIS A REBURIAL?	LOOU III'S	INDICATE NAME, NUMCET COOR	DINATES OF PREVIO			
(Yes or no)						OW NO. GRAVE NO
Yes		SAF Cemetery San Jo	ose #1, Lej	ON TAGS NOT USED.	POSCOLOG IDENTIS	373
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, URIED WITH BOODY	DESCRIBE IDENTIF	TOTAL DATA AM
		_	Corrects	ed Report of	Reintermen	t buried
IDENTIFICATION TAG BURI	ED WITH IDEN	TIFICATION TAG ATTACHED TO	in bott	e with body	•	
BODY (Yes or see)	MAI	RKER (Yes or no)	Correcte	ed metal tag	buried wit	h body
Yes	1	Yes		ched to mar	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASE	D LEFT, NAME (Las	l, first, middle imitial)	RANK	SERIAL No.	Go C	0.5.5
SHAW, Davis	D.		Pfc.	36617085	383 Inf	4585
BODY BURIED ON DECEASE		ast, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
DOUT BURIED ON DECEMBER		•	De-	26.828000	Co D 383 Inf	4587
	ale D.		Pfc.	36535829		4,01
SIGNATURE OF PERSON P	EPARING PEPORT			GRS OFFIGER VERUTY		
Cpl. Sect	a stuge	G.R.S.	WILLIAM	C. CLARK, 1	st Lt., QMC) <u> </u>
		T. C. and allied dood in	idned ocidinal at	d one copy for enem		
DISTRIBUTION OF REPO	BRT: Signed origi GRS Officer: Cop	nal for U.S. and allied dead, to les for retention in theater as	prescribed by th	eter commender.		

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	E 80	ains. Fil icial secui anes, veh (b) A	IONS; eat care will If in anatom rity number icles, and ta fineerprint	be taken ical charact position of new prints.	to record : teristics i if bedy fea	ind in air ist valuab	minute clues d any other c planes, vehicle ele of all clues int or prints c	clues under es, and tank	"Other," s; and se all fingers	of uniden such as s rial numbe	hoe size, rs of air- hs in the
2	, ac	complish:	will be indi- ed if one or	cated on the more finge	ne tooth ch prints ar	ert in acc e secured	inter prints cordance with	diagram be	ow. To	oth chart w	ill not be
-	- I	IGHT	WEIGHT	COLOR O		COLOR O		BIRTHMARK			
3	1	APON AND	SERIAL No.	-	LAUNDRY	MARKS _		WHERE BOD	Y WAS BUI	RIED OR FOU	ND
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WD CMC FORM 1842 (Rev. 1 Apr. 1948) (Represedes GRS Perm 1)		REPORT OF (AR 30-1810 at		=		OF REPORT	947
Imprint Identification	Tad If Possible.	Section 1.—IDENTIFICATION.					
DO NOT T		NAME (Last, first, middle initial)			SERIA	L No.	
			(Person)	JOHN TON			
	1	HIDOR 1-377	None L	l le)			
7	۱ ۵	GRADE	ORGANIZATION		BRAN	CH OF SERV	ICE
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		RACE	RELIGION		IF OTHER TH	AN U.S. DE/ OUNTRY	AD, GIVE
				_	1		
PLACE OF DEATH		CAUSE OF DEATH	!		! DATE	OF DEATH	
164th Sheblen	Booritel	CAUSE OF DEATH			J DATE	OF DEATH	
Dalac, Lerba	P. I.	100	- Dynast		23	Bernel	1944
EMERGENCY ADDRESSEE (A		d address)					<u></u>
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IDENTIFICATION TAGS FOU	ND ON BODY	IF NO TAGS FOUND ON BODY I					· •
(1, \$, or none)	·	Changed from JO	mercu, do	mild 4., 390	94400 pa	iltr f	7 B
	000	0000, Nob.,25,	D.C., 123	Q 1000 293	(Legres #	l) P.J.	
WERE SUBSTITUTE TAGS PR	OVIDED?(Yes or no)		Informa	Mon Require	n i for Gr	ton the	gloten-
		tion. (see 1045	ATTACHED !	re marchet.			
· · · · · · · · · · · · · · · · · · ·		<u> </u>		 			
LIST PERSONAL EFFECTS FO	DUND ON BODY AND	DISPOSITION OF SAME					
Section 2.—BURIAL. 11 o	TOTAL ther than in estab	lished cometery, furnish sketc	h and map coord	inatee on reverse.			
NAME, NUMBER, COORDINA	TES, AND LOCATION	OF CEMETERY					
	447	Comptany Layte fl.	P. I.			T =	1
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ens of eller)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Aug 1945	1600 hrs	Shelter Held	? .	Ber. Cres			ATTA
WAS THIS A REBURIAL?		INDICATE NAME, NUMBER COORD	- <u></u>		LOCATION OF G	RAVE	
(Yes or no)		•			PLOT No.	ROW No.	GRAVE No.
The		AF Cunstary San Je	no /L Les	rto, P. I.	l		173
TYPE OF RELIGIOUS	_ 	TING BURIAL RITES	IF IDENTIFICAT	ION TAGS NOT USE	D. DESCRIBE IDE	NTIFICATIO	N DATA AND
CEREMONY			CONTAINERS	URIED WITH BODY			
•		•	Correct	ed Report of	! Reinters	met be	riel
IDENTIFICATION TAG BURI		TIFICATION TAG ATTACHED TO		le with bed		,	-
BODY (Yes or me)	MAI	RKER (Yes or no)	Correct		buried t	rith be	ir .
Tes	İ	Top	and atte				
BODY BURIED ON DECEASE	D LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRA	VE No.
]		00 6		
SHAR, Device	D.		Pfc.	36617085	363 D		4565
BODY BURIED ON DECEASE	D RIGHT, NAME (La	et, first, middle initial)	RANK	SERIAL NO.	ORGANIZATI	ON GRA	VE No.
					6		
HICKENSON, D	ele D.		Pfe.	36533829	983 h		4507
SIGNATURE OF PERSON PR	EPARING PEPORT	<i>,</i>	SIGNATURE OF	GRS OFFICER VERIF	, ,		
an Jack	g Slagle	alle.	Hill	m. C. Will	of Man (
DISTRIBUTION OF REPO	MT: Signed origin	nal for U.S. and allied dead, a	igned original an	d one copy for ener	ny dead, to the	Quarterma	ster General
through Madquarters	GRS Officer. Cop.	ies for retantion in theater as	prescribed by the	erer communical.			

mel 2

	Section 1.	DENTIFIE	REMAINS					•		
LEFT LITTLE FINGER	INSTRUCT (a) Gre mains. Fill social secur	IONS: eat care will in anatom ity number;	be taken ical charac position o	to record teristics if body fo				entity of unidentif ther," such as sho nd serial numbers ingers and thumbs he condition of ear		
	(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.									
LETT RIMG FINGER	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR OF	HAIR	BIRTHMARKS, SC	CARS, OR TATTOOS		
WIDDL	WEAPON AND	SERIAL No.	<u> </u>	LAUNDRY	Y MARKS		WHERE BODY W	AS BURIED OR FOUNT	5	
MIDDLE FINGER	OTHER IDENT	IFICATION CL	UES	<u> </u>			t v			
LETT INDEX PINGER										
	FILLINGS		S S	LVER FILI PLO FILLI	ING		000	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
THUMB	CAVITIES	•		CAVIT	Y ÆD		UPPE			
RIGHT TRUMS	MISSING			OOTH MISSI	NG	D IAGRAM	REPRESENTS TH	IC MOUTH WIDE OF	PEN	
RIGHT INDEX FINGER	BRIDGE W			CELAIN C		15 () 14 (LOWE	15 15 16 17		
				GOLD	BRIDGE	\$7				
RIGHT MIDDLE FMGER	FURNISH SKET	TCH AND MAP	REFERENCI	E AND COO	RDINATES FO	OR BURIAL IN (OTHER THAN ESTA	ABLISHED CEMETERY		
RIGHT RING FINGER	REMARKS:		,		··- ·· · · ·		· · · · · · · · · · · · · · · · · · ·			
RIGHT LITTLE FINGER			•		. ,			•		

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

HOUR

USAR Omentary Loyds [1, P. I.

TYPE OF GRAVE MARKER 7.536 Rart Gross 10 hrs Six Ricor Palls IF A REBURIAL, INDICATE NAME, NUMCET COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) GRAVE NO. PLOT NO | ROW NO USAF Consitery S.n Jose A., Leyte P. I. V"'S: IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES TYPE OF RELIGIOUS Correction Printernert horied in hobble with hody. IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH Corrected not in bay buried with body BODY (Yes or me)

SERIAL NO. ORGANIZATION GRAVE No. RANK BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Co C 4505 D°c Inf 31/11/00/ Sugarda D. ORGANIZATION GRAVE No. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. Cr.

MICHIESON, Dale 1. SIGNATURE OF PERSON PREPARING REPORT

YES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

end attroled to marker.

PLOT No.

ROW No.

T-...

GRAVE No.

PAUL R. NICHOIS, Embalmer s/t/ JOSEPH N. PHELAN. Cept. CAC

DISTRIBUTION CF 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.

DATE OF BURIAL

,	Seellen 1 DENTIFIED	REMAINS		Z		
LEFT PMESS PE	mains. Fill in anatomi social security number; planes, vehicles, and tar (b) A fingerprint, o	cal characteristics li position of bedy founks. r prints, are the moves as possible. If no ated on the tooth ch	wheele, and any other of ind in airplanes, wehicle st valuable of all clues fingerprint or prints co art in accordance with	for the future identity of clues under "Other," sud es, and tanks; and serial c. Imprint all fingers and an be secured, the condit diagram below. Tooth	th as shoe size, numbers of air-	
LEFT RING PINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR			
	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED	OR FOUND	
MIDDLE FINGUR	OTHER IDENTIFICATION CLI	VES		• •		
LEFT INDEX FINGER	FILLINGS	SILVER FILE	ang L			
<u> </u>	,	GOLD FILLIN	4	**************************************	3	
THUM	CAVITIES	CAVITY	(1)	UPPER VI		
RIGHT THUMB	MISSING TEETH	7007H MISSI	· • • • • • • • • • • • • • • • • • • •	REPRESENTS THE MOUTH	WIDE OPEN	
RIGHT INDEX FINGER		PORCELÁIN CE GOLD CROW		LOWER) is	
	BRIDGE WORK	GOLD 8	RIDGE 1	"O'0000'O" 5000000000000000000000000000000000000	12.	
RIGHT MIDDLE FMGER	FURNISH SKETCH AND MAP	REFERENCE AND COOF	IDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED (CEMETERY	
RIGHT RING FINGER	DEMARKS.					
RIGHT LTTLE FLAGER	REMARKS:	e e			· 	

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

ani a nichola, dia

Section 3.— Shidentified Remains. INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentity mains. Fill in anatomical characteristics below, and any other clues under "Other," such as shipping social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers planes, vehicle	oe size, s of air- es in the ach and il not be
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumb chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of ea every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will 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 FOUN	oe size, s of air- es in the ach and il not be
HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS WEAPON AND SERIAL No. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUN	
WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUN	ID
1	ID
OTHER IDENTIFICATION CLUES	
INDEX.	
FILLINGS SILVER FILLING GOLD FILLING	
CAVITIES CAVITY	
CAVITIES CAVITY DECAYED UPPER	7
MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE O) =)PEN
CROWNED TEETH 16 PIN 15 PORCELAIN CROWN 15 PORCELAI	b
BRIDGE WORK GOLD BRIDGE 13 13 14 15 16 17 18 18 18 18 18 18 18 18 18	
GOLD BRIDGE 12 0 0000	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETER	Y
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETER	
	
RIGHT FINGER	
REMARKS:	
LITTLE FINGER	

N	7		TERMENT (1815)					
Renold	Α.	, , , , , , , , , , , , , , , , , , ,	39694400					
(First) pital. Dulag.	(Initial) Leyte,	P.I. 23	(Serial number) December	1944	(Rank) DOD I			J .
		(Date of deatl	h)	· .	्र (Ca	use of de	eath)	
								on)
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(Row number)	***************************************	(Plot number)	***************************************	(Type of ma	rker—Regulati	on Y-shap	ed or oth	er)
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WILLIAM C. CL	ARK. ls	t Lt., C	NC fication are burie	d with the bo	ody?)		**************	P.
Shaw, Davis	D.	366	517085	Pfc.	Co. C	, 383 nization)	Inf.	374 reve number)
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	(First) pital, Dulag, or 1944 urial) (Row number) ion tags: Buried w A CERTIFIED T WILLIAM C. CL (If no identificati (If no identific Shaw, Davis (Name)	Renold A. (First) (initial) oital, Dulag, Leyte, or 1944 USAF urial) (Row number) ion tags: Buried with body A CERTIFIED TRUE COP WILLIAN C. CLARK, 1s (If no identification tags, what (If no identification tags, but Shaw, Davis D. (Name)	Renold A. (First) (initial) cital, Dulag, Leyte, P.I. 23 (Date of deeth Er 1944 USAF Cemetery urial) (Name of cemet (Row number) (Plot number) ion tags: Buried with body Yesax A CERTIFIED TRUE COPY: WILLIAN C. CLARK, lst Lt., Q (If no identification tags, what means of identify definition tags, but identity definition tags, but identity definition tags, Davis D. (Name) (Series)	(First) (taitial) (Serial number) pital, Dulag, Leyte, P.I. 23 December (Date of death) USAF Cemetery San Jose (Name of cemetery) (Row number) (Plot number) ion tags: Buried with body Yesax No A CERTIFIED TRUE COPY: WILLIAM C. CLARK, 1st Lt., QMC (If no identification tags, what means of identification are buried to identification tags, what means of identification are buried to identification tags, what means of identification are buried to identification tags, what means of identification are buried to identification tags, but identify definitely established, Shaw, Davis D. (Name) (Serial number)	Renold A. 39694400 (First) (initial) (Serial number) pital, Dulag, Leyte, P.I. 23 December 1944 (Date of death) (Serial number) (Date of death) (Row number) (Serial number) (Type of maximid) (Row number) (Plot number) (Type of maximid) (Row number) (Plot number) (Type of maximid) A CERTIFIED TRUE COPY: WILLIAM C. CLARK, lst Lt., QMC (If no identification tags, what means of identification are buried with the bound of the death of the	Renold A. 39694400 (First) (Initial) (Serial number) (Rank) pital, Dulag, Leyte, P.I. 23 December 1944 DOD I (Date of death) (Ca. (Date of death) (Ca. (Date of death) (Ca. (Date of death) (Ca. (Date of death) (Ca. (Name of cemetery San Jose #1, Leyte, Is. (Name of cemetery) (Name of cemetery) (Name of cemetery) (Type of marker—Regulation at ags. Buried with body Yess No Attached to marker A CERTIFIED TRUE COPY: WILLIAM C. CLARK, 1st Lt., QMC (If no identification tags, what means of identification are buried with the body?) (If no identification tags, but identity definitely established, give particulars) Shaw, Davis D. 36617035 Pfc. Co. C. (Name) (Serial number) (Rank) (Organ Nickerson, Dale A. 36535829 Pfc. Co. D.	Renold A. 39694400 (First) (initial) (Serial number) (Rank) (Ordital, Dulag, Leyte, P.I. 23 December 1944 DOD Dysent (Cause of death) (Cause of death) (Cause of death) (Cause of death) (Name of cemetery) (Name or co-ordinate (Name of cemetery) (Name or co-ordinate (Name of cemetery)) (Name or co-ordinate (Name of cemetery)) Reg. Cross (Row number) (Plot number) (Type of marker—Regulation V-shap ion tags: Buried with body Yessx No Attached to marker Yes A CERTIFIED TRUE COPY: WILLIAN C. CLARK, 1st Lt. QMC (If no identification tags, what means of identification are buried with the body?) (If no identification tags, but identify definitely established, give particulars) Shaw, Davis D. 36617035 Pfc. Co. C, 383 (Name) (Serial number) (Rank) (Organization) Nickerson, Dale A. 36535829 Pfc. Co. D, 383	Renold A. 39694400 (First) (Initial) (Serial number) (Rank) (Organization vital, Dulag, Leyte, P.I. 23 December 1944 DOD Dysentery (Date of death) (Cause of death) (Tope of marker Regulation V-shaped or oth contags: Buried with body Yes X No Attached to marker Yes X A CERTIFIED TRUE COPY: WILLIAN C. CLARK, 1st Lt., QMC (If no identification tags, what means of identify definitely established, give particulars) Shaw, Davis D. 36617085 Pfc. Co. C, 383 Inf. (Name) (Serial number) (Rank) (Organization) (General number) Nickerson, Dale A. 36535829 Pfc. Co. D, 383 Inf.

List only personal effects FOUND ON BODY and disposition of same:

NONE

	[(Verified by Army GRS Officer)	' ''''	,
	THUM	CD DI. THE (Signature of officer or bilter person reporting burial)	W W W	
	<u> </u>	ROBERT C. NYE /s/ William A. Kailus SD LT., INF. (Stensione of officer of bilter person reporting burial)	<u> </u>	
		LANDMARKS. WILLIAM A. KAILUS S Sgt. QMC	,	
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT		
	- 1 1			
RIG		Note below any identifying clues found, such as letters, photographs, such belowengents organization of deceased, etc. :		2
Ī	.		~	HAND
RIGHT HAND		In space below, locate and describe any scars, birthmarks, moles de- formities, etc. :		LEFT
_		(1f possible, have medical personnel take a tooth chart)		
•		Rece : Is tooth chert attached?	1	
	[w	Color of hair: Number of rifle: Color of hair: Wear glasses?	m	
		Weight: Laundry marks:		
		: ytilenoiten fneueggA : tdgieH		
		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:	*	
	j ł	IR DECEASED UNIDENTIFIED	ł	