

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Enk. Leyte #1 X-541
SUBJECT	
	Also <sup>293</sup> Enk. Manila Mass X-3687-A

GNC FORM 1121  
1 Aug 45

LH *mk*

Interred 20 July 1949  
L 8 124 Ft. McKinley

**DISINTERMENT DIRECTIVE**

*caremark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00060

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000541

RANK

ARM  
Q  
DATE OF DEATH

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
0  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
1094 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE  
FT. MCKINLEY NATIONAL CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME  
UNK X# 541  
UNK X- 3687 (Mslm)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
9 June 1949

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
RICHARD HOYT  
Embalmer NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET  
DATE 9 June 1949 BY RICHARD HOYT

CASKET SEALED BY  
RICHARD HOYT

EMBALMER (Signature)  
*Richard Hoyt*  
RICHARD HOYT

CASKET BOXED AND MARKED  
DATE 9 June 49 BY WEYMAN L McGUIRE, Sgt, MC

SHIPPING ADDRESS VERIFIED BY  
GERARD A BRICK

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

*Gerard A Brick*  
GERARD A BRICK  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
		AGRS MAUSOLEUM	U.S. MILITARY CEMETERY	TRUCK		<i>Conceitman</i>	20 JUL 1949
2. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED							
		FROM	TO	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

RECEIVED  
 DEPARTMENT OF THE ARMY  
 20 JUL 1949

QUART 295  
ONS Far East

2 August 1949

**SUBJECT: Identification of World War II Deceased**

**TO :** Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
**ATTN:** AGMS, PHILCOM EONE

1. Reference is made to the following Unknown remains now stored in AGMS Museum, Manila, P.I.:

Unknown X-8687 (formerly X-541, Leyte #1)  
Unknown X-4989

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

**FOR THE ACTING THE QUARTMASTER GENERAL:**

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

HEB

McDonovan:lrc  
Salsor  
JW

HJS

cc--Administrative Section

6

DISINTERMENT DIRECTIVE

LM MC X W

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00660

DATE

15 05 48  
DAY MONTH YEAR

NAME  
**UNKNOWN**

SERIAL NUMBER  
**X-000541**

RANK

ARM  
**Q**

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**USAF CEMETERY LEYTE NO 1**

**0**

DISPOSITION OF REMAINS  
CODE DIST. PT.  
**7701 80**

PLOT ROW GRAVE COUNTRY  
**1094 PHILIPPINE ISLANDS**

CAUSE OF DEATH  
**6**

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**FT. MCKINLEY NATIONAL CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)**

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY  
CASKET SEALED BY

EMBALMER (Signature)

DATE BY  
CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707  
14 JUL 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:

UNKNOWNNS	X-954	AGRS	Mslm	UNKNOWN	X-3155	AGRS	Mslm
	X-1752	"	"		X-3163	"	"
	X-1954	"	"		X-3687	"	"
	X-1957	"	"		X-3891	"	"
	X-2060	"	"		X-4643	"	"
	X-2553	"	"		X-5158	"	"
	X-2555	"	"		X-5161	"	"
	X-2588	"	"				

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

FOR THE COMMANDING GENERAL:

15 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APD 707  
9 MAY 1949

GSGR 293.9

SUBJECT: Assignment of CIL Numbers

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 QJGMP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P.I., have been assigned CIL numbers as indicated below:

- a. Unknown X-4966, AGRS Mausoleum, Manila, P.I., assigned CIL #292.
- b. Unknown X-3363-B (formerly Unknown X-210, USAF Cemetery Leyte #1), assigned CIL #293.
- c. Unknown X-3687-B (formerly Unknown X-541, USAF Cemetery Leyte #1), assigned CIL #294.
- d. Unknown X-3987-B (formerly Unknown X-7, USAF Cemetery Finschhafen #2), assigned CIL #295.
- e. Unknown X-3214-C (formerly Unknown X-165, USAF Cemetery Finschhafen #2), assigned CIL #296.
- f. Unknown X-806-B (formerly Unknown X-321, USAF Cemetery Manila #2), assigned CIL #297.
- g. Unknown X-3214-B (formerly Unknown X-165, USAF Cemetery Finschhafen #2), assigned CIL #298.
- h. Unknown X-3619-B, AGRS Mausoleum, Manila, P.I., assigned CIL #299.
- i. Unknown X-4891-A, AGRS Mausoleum, Manila, P.I., assigned CIL #300.
- j. Unknown X-4891-B, AGRS Mausoleum, Manila, P.I., assigned CIL #301.

GS GR 293

Ltr

Subject: Assignment of CIL Numbers

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned unknowns have been assigned CIL number.

FOR THE COMMANDING GENERAL:

M. O. BILLBE  
Capt., A. G. D.  
Asst Adj Gen



QMRM 293

2nd Ind.

Unknowns X-328, 335, 362 & 364  
(Layte #1) P. I.

WD, OCMC, Washington 25, D. C., 24 January 1947

TO: Commanding Officer, American Graves Registration Service Area  
Command, Pacific Theater, APO 707, c/o Postmaster, San Francisco,  
California

1. Reference is made to basic communication, paragraphs 2, 3 and 4.
2. Comparisons of tooth charts for Unknowns X-328, 335, 336, 337, 362, 364, 541 (formerly Nelson, Edmund) and 543 (formerly Gervin, Ernest G.), Layte #1, have been made with negative results with WD dental records for the following:

Norris, Robert	Lt.	O-444974
Verner, Merford	Lt.	O-3291918
Samura, Victor V.	Pfc.	39556160
Pichons, Myron D.	Pvt.	35534454
Fryer, Elmer C.	Pvt.	39329992
Sedger, Charles H.	Pfc.	39149929
Leaher, Robert L.	T/S	36732778
Erns, Frank	Pfc.	32229665
Hicks, John	1st Lt.	O-3183602
Cornias, Henry R.	Pfc.	39151277
Robinson, William R.	Pvt.	37078567

Comparison of WD dental records for Pvt. Robert A. Russell with tooth chart for Unknown X-335 will require further study.

3. Comparison of tooth charts for Unknown X-367 was made with official dental records for Cpl. Thomas W. Carlson and Pfc. Fumio Caranagyo with negative results. The records of this office indicate Unknown X-366 was identified as Pvt. Howard R. Catts, 36591423, also that Lt. Bahich, Pfc. Woodruff and S/Sgt. Cabral were identified.

4. Comparison of tooth chart for Unknown X-334 was made with WD dental records for 1st Lt. John Stone, O-1175330 and found to be unfavorable.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Assistant

QMOYG 293  
NELSON, Emanuel S.  
ASN. 20251348  
(Leyte #1) P.I.

30 October 1946

SUBJECT: Identification of Unknown Deceased

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

1. Reference is made to 6th Indorsement, from your office, dated 5 July 1946, file OSQMM 293, subject: Reports of Interment.
2. In compliance with request, paragraph e, comparison of War Department records for T/Sgt. Emanuel S. NELSON, 20251348, with dental chart for remains buried in Grave 1094, Leyte #1, as Sgt. Nelson, has been made and found to be unfavorable.
3. It is therefore, requested that the remains buried in Grave 1094 be designated as an Unknown and corrected Report of Burial for same, together with any other available clues to identity, be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Assistant

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

541 Lytle

GSCR 293.9

AFO 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 8 AUG 1949

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

1. A recent reprocessing of Unknown remains presently stored at AGPS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with the Unknowns declared Unidentifiable.

2. In view of the above, it is requested all records your office pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

UNKNOWN	X-1776-A	UNKNOWN	X-3405-A	UNKNOWN	X-3770-A	UNKNOWN	X-4752-A
"	X-2362-A	"	X-3578-A	"	X-3833-A	"	X-4759-A
"	X-2766-A	"	X-3597-A	"	X-3836-A	"	X-4761-A
"	X-2569-A	"	X-3613-A	"	X-4173-A	"	X-4769-A
"	X-3029-A	"	X-3634-A	"	X-4314-A	"	X-4771-A
"	X-3265-A	"	X-3670-A	"	X-4315-A	"	X-4772-A
"	X-3280-A	"	X-3686-A	"	X-4533-A	"	X-4778-A
"	X-3315-A	"	X-3687-A	"	X-4725-A	"	X-4792-A
"	X-3362-A	"	X-3702-A	"	X-4740-A	"	X-4805-A
"	X-3402-A	"	X-3729-A	"	X-4752-A		

3. All records in this Headquarters pertaining to the above Unknowns have already been amended accordingly.

FOR THE COMMANDING GENERAL:

/s/ John M. Weston, Jr.  
JOHN M. WESTON Jr  
1st Lt           ACD  
Capt           Adj    Gen

BASIC: Ltr fr WD, OQMG, file QNGYG 293, subj: Identification of Unknown Deceased, dtd 30 Oct 46.

PKQM 293 2nd Ind. JMF/mu  
HEADQUARTERS, USAF CEMETERY LEYTE NO. I, APO 1000, 23 November 1946.

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

1. In compliance with basic communication and preceding indorsement, here with transmitted corrected report of Re-interment for Unknown X-541 formerly Nelson, Emanuel S. grave 1094.

2. True copies of basic letter of authority are attached to each copy of the corrected report of interment as requested in par 4 of 1st Indorsement.

1 Incl: QMC 1042 Corrt'd  
Rep't of Re-interment for  
Unknown X-541 (trip.)

JOSEPH M. PHELAN  
Captain, CAC  
Graves Registration Officer

GSQMN 293 3rd Ind GDR/crhm/gyd  
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND, APO  
707, 5 Dec 46

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

1. The records of this Headquarters as well as the records and grave marker at the Cemetery relative to the redesignation of the remains of Nelson, Emanuel S., interred in USAF Cemetery, Leyte #1, P.I., grave 1094 as the remains of Unknown X-541 have been amended in compliance with the basic letter.

2. A corrected Report of Interment has been received by this Headquarters and will be processed on the weekly report of burials, week of 16 Dec 1946, file 50-46.

3. A true copy of the corrected Report of Interment is inclosed herewith for your information.

FOR THE COMMANDING OFFICER:

1 Incl: True copy rept of int for  
Unk X-541 (formerly Nelson,  
Emanuel S.) Original  
Incl. w/d

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

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

QMGIG 293  
NELSON, Emanuel S.  
ASN. 20251343  
(Leyte #1) P.I.

30 October 1946

SUBJECT: Identification of Unknown Deceased


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

1. Reference is made to 6th Indorsement, from your office, dated 5 July 1946, file GSQIM 293, subject: Reports of Interment.
2. In compliance with request, paragraph e, comparison of War Department records for T/Sgt. Emanuel S. NELSON, 20251343, with dental chart for remains buried in Grave 1094, Leyte #1, as Sgt. Nelson, has been made and found to be unfavorable.
3. It is therefore, requested that the remains buried in Grave 1094 be designated as an Unknown and corrected Report of Burial for same, together with any other available clues to identity, be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

A CERTIFIED TRUE COPY:

/s/ James C. MacFarland  
/t/ JAMES C. MacFARLAND  
Major, QMG  
Assistant

  
JOSEPH M. PHELAN  
Captain, CAC



AIRMAIL

6th Indorsement (Cont'd)

(3) Report of Interment and Report of Reinterment (with toothcharts and Medical Examination Certificate) inclosed as Incl. No. 4.

D. (1) Pvt. Myron A. Truxton, 36565371, reinterred USAF Cemetery, Leyte No. 1, grave 1097, from USAF Cemetery Rock Hill, grave 5, row 1, plot 1. Identified by member of same unit and laundry marks.

(2) Unknown X-326 (formerly identified as Myron A. Truxton, 36565371), reinterred USAF Cemetery, Leyte No. 1, grave 5620, from isolated burial. Identified by identification tags.

(3) Report of Interment and Report of Reinterment (with toothcharts) inclosed as Incl. No. 5.

3. Request the enclosed records be compared with existing War Department records for Sgt. Nelson, Sgt. Guertin, Pvt. Hart and Pvt. Truxton, to establish possible positive identification.

4. The inclosed photographs of these remains were taken for the purpose of laboratory reconstruction of the decedents' appearance. In addition to the photos required for reconstruction, the complete remains have been taken, to give every assistance to this project. It is requested that this reconstruction be made, and the results used for possible identification by relatives and friends.

5. If expert examination indicates that less than eight decedents are shown by these photos, it is requested that this office be advised so that consolidation of the graves may be effected. The duplication of names, particularly in the cases of Nelson and Guertin, may be the result of interment of the remains of one man in two separate graves.

6 Incls: (New)

- Incl. 1- Ltr Hq Base K, OCMC dtd 8 Jan 46, File PKQM 293  
Subj: Iden. of Deceased.
  - Incl. 2- Rpt of Int. & Reint. with toothchart for Nelson.
  - Incl. 3- Rpt of Int. & Reint. with toothchart for Guertin
  - Incl. 4- Rpt of Int. & Reint with toothchart for Hart.
  - Incl. 5- Rpt of Int. & Reint. with toothchart for Truxton.
  - Incl. 6- Photographs
- Old Inclosures Nos. 1-8 - w/d

s/ LEE M. HESTER  
Colonel, OMC  
Commanding

HEADQUARTERS  
UNITED STATES ARMY FORCES WESTERN PACIFIC  
OFFICE OF THE COMMANDING GENERAL

GSQMM 293

APO 707  
S: 15 March 1946

5 Feb. 1946

SUBJECT: Reports of Interment

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

Desire clarification of attached Report of Reinterment for S-Sgt, Earnest G. Guertin, 32713617, interred in grave 5862 in view of attached true copies of Report of Interment showing original burial in USAF, Cemetery, Manarawat and reinterment in Grave 2522, USAF Cemetery, Leyte No. 1.

BY COMMAND OF LIEUTENANT GENERAL STYER:

JOHN A MAKSAIL  
1st Lt. Inv.  
Asst. Adjutant General

1 Incl:  
Rpt of Interment  
as above stated.



BASIC: Ltr Hqs AFWESPAC, OCG, APO 707, file GSQMM 3, subj:  
Reports of Interment, dtd 5 Feb. 46.

PKQM 293 1st Ind. WDR/ljt  
HEADQUARTERS BASE K, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 72  
9 Feb. 46

TO: Headquarters, United States Army Forces Western Pacific, APO 707.

1. Your attention is invited to Inclosure 1, true copy of  
letter to Chief Quartermaster, AFWESPAC, APO 707, dtd 8 Jan 46, file  
PKQM 293, subject: Identification of Deceased.

2. To date this Headquarters has received no instructions as  
to how this situation should be handled.

FOR THE COMMANDING OFFICER:

1 Incl:  
True copy Ltr to OCG dtd 8 Jan 46  
file PKQM 293, subj: Ident of Deceased

CHARLES E. OGROSKY  
Capt AGD  
Asst Adj Gen.

BASIC: Ltr Hq AFWESPAC, APO 707, dtd 5 Feb 46, file GSQMM 293, subject:  
Reports of Interment.

GSQMM 293 2nd Ind. S: 26 Mar 46  
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707

27 Feb, 1946

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

1. In order to accomplish the request made in your letter of 8 Jan  
46, file PKQM 293, subject: Identification of Deceased, the following is  
required:

True copies of Report of Interment and Report of Reinterment  
for T Sgt Emanuel S. Nelson, 20 251 348 in grave 5859 and 1094,  
USAF Cemetery Leyte #1.

Manner of identification for remains in grave 2522, Leute #1,  
identified as S Sgt Ernest G. Guertin, 32713617.

BY COMMAND OF LIEUTENANT GENERAL STYER:

2 Incls: n/c

FRANK J. KLEAGER  
1st Lt. Inf.  
Actg Asst Adj. Gen.

PKQM 293 3rd Ind. CGC/ljt  
HEADQUARTERS BASE K, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 72,  
20 March 46.

TO: Headquarters, United States Army Forces Western Pacific, APO 707.

1. Transmitted herewith Cert. True copies of Report of Interment  
and reinterment for T/Sgt Emanuel S. Nelson, grave 5859 and 1094, USAF  
Cemetery Leyte #1, P.I.

2. Manner of identification for remains in grave 2522, Leyte #1,  
identified as S/Sgt Ernest G. Guertin, 32 713 617 would be by tooth chart,  
on certified true copy inclosed.

FOR THE COMMANDING OFFICER:

5 Incls:

1 & 2 n/c

3 Incl: Cert Copy of Rep of Int.  
Grave 5859 Nelson, Emanuel S

4 Incl: Cert Copy of Rep of Int & Reint  
Grave 1094 Nelson, Emanuel S

5 Incl: Cert Copy of Rep of Int  
Grave 2522 Guertin, Ernest G

BASIC: Ltr Hhqs AFWESPAC, APO 707, dtd 5 Feb. 46, file GSQMM 293, subject:  
Reports of Interment.

25 Mar 1946

GSQMM 293 4th Ind. S: 25 Apr 46  
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707.

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

1. Upon review of reports of interment and reinterment for the four deceased listed in your letter of 8 January 1946, copy inclosed, the following action is deemed necessary to further identify the remains:

a. Disinter Unknown X-361 and with the aid of a doctor, determine the approximate height of the man.

b. Disinter remains in graves 2522 and 5862, both listed as Ernest G. Guettin, and with the aid of a doctor, determine approximate heights of both remains.

c. Disinter remains in graves 1094 and 5859, both listed as Emanuel S. Nelson, and with the aid of a doctor, determine approximate heights of both remains. further, attempt to process toothchart on remains in grave 1094.

d. Disinter remains in grave 1097, listed as Myron A. Truxton for possible accomplishment of tooth chart.

2. Desire the above necessary information be forwarded with the least practicable delay.

BY COMMAND OF LIEUTENANT GENERAL STYER:

5 Incls: n/c

THOMAS J. BROWN  
CWO USA  
Asst. Adj. Gen.

BASIC: Ltr Hqs, AFWESPAC, APO 707, dtd 5 Feb 46, file GSQMM 293  
subj: Reports of Intment.

PKQM 293                              5 th Ind.                              CGC/ljt  
HEADQUARTERS BASE K, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 72,  
23 April 46.

TO: Headquarters, United States Army Forces Western Pacific, APO 707,.

1. Transmitted herewith accomplished QMC form 1045's for the following listed deceased as requested in the 4th Ind.

Emanuel S. Nelson	Grave 1094
Myron A Truxton	1097

2. Requests of remains listed in 4th Indorsement to be examined to determine approximate height has been accomplished. and statement is inclosure #6 in this correspondence, signed by a Medical Doctor.

3. Request acknowledgement of receipt by indorsement hereon.

FOR THE COMMANDING OFFICER:

8 Incls:

Incls: 1 - 5, n/c

Incl: 6, Statement of Exam of Deceased  
90th Fild Hospital

Incls: 7-8, QMC forms 1045'w for: Grave 1094  
1097

C.P. McCUSKEY  
Major AGD  
Adj Gen

HEADQUARTERS BASE K  
UNITED STATES ARMY FORCES WESTERN PACIFIC  
OFFICE OF THE QUARTERMASTER  
APO 72

WDR/ljt

PKQM 293

8 Jan 46

SUBJECT: Identification of Deceased.

TO : Chief Quartermaster, United States Army Forces  
Western Pacific, APO 707.

1. Attention is invited to information submitted on 4 members of the 511th Para Inf., 11th Airborne Div,
2. Following members of that organization are buried at USAF Cemetery Leyte #1, P.I. in graves indicated:

TRUXTON, Myron A., Pvt., 36565371	Grave 1097
NELSON, Emanuel S., T/Sgt., 20251348	1094
GUERTIN, Ernest G., S/Sgt., 32713617	2522
HART, Daniel D., Pvt., 36297792	2511

3. Information on recovery of isolated burials in the area of Mt. Catmon, Lubi, and Mahonag is as follows:

(a) Body found with identification tags of Myron A. Truxton at Mt. Catmon, Leyte, P.I. on 8 Oct. 45 and buried 10 Oct 45 as Truxton. Organization of deceased claimed Truxton buried in grave 1097 was the real Truxton. Per instructions your Office, the second Truxton was changed to Unknown X-326, grave 5620 and corrected report submitted with QMC form 1044.

(b) Body found 1.5 mi SW of Mahonag, Leyte with identification tag of Emanuel S. Nelson and was buried as Nelson on 24 Dec. 45 in grave 5859. The same Nelson is also buried in grave 1094.

(c) Body found in vicinity of Lubi, Leyte, P.I. with identification tag of Ernest G. Guertin and was buried as Guertin on 26 Dec 45 in grave 5862. The same Guertin is also buried in grave 2522.

(d) Body found in vicinity of Lubi, Leyte, P.I. with web belt H-7792, canteen inscribed with Hart, D.D.-7792, and the Paratrooper insignia, and canteen cup inscribed with "Big Boy Hart". Since identification tags were not found, remains were interred 4 Jan. 46 in grave 6167 as Unknown X-361, as Hart is also buried in grave 2511. However, due to the skeletal bones being considerably larger than average, it is the belief on this Hqs that this is the real Hart, if his nickname "Big Boy Hart" was taken from this size.

CONT'D: Ltr Hqs, Base K, AFWESPAC, OQM, APO 72, subj: Ident.  
of Deceased, dtd 8 Jan 46., file PKQM 293

4. Each of the four isolated burials were recovered in the area where Truxton, Nelson, Guertin, and Hart were killed, according to the complete casualty report of the 11th Airborne Div on file this Hqs.

5. Attention invited to means of identification used on original reports, especially Hart, since the web belt, canteen and cup were found with the isolated burial.

6. Request advise as to which remains will be identified as Truxton, Nelson, Guertin, and Hart.

FOR THE QUARTERMASTER:

3 Incls:  
QMC form 1044 (dup)  
NELSON  
GUERTIN  
HART

WILLIAM D ROGERS  
1st Lt., Inf  
Assistant

LABORATORY  
90th Field Hospital

23 April 46

SUBJECT: Examination of Deceased.

TO : Graves Registration Service, QM Headquarters, Base K, APO 72

1. This refers to the 4th Indorsement, Ltr Hqs, AFWESPAC, APO 707, dtd 5 Feb 46, file GSQMM 293, subject: Reports of Interment.

2. I have examined the remains in question and the following is my opinion:

a. Unknown X-361, Approximate height is - 6' 1"  
Grave 6167, USAF Cemetery Leyte #1, P.I.

Repat. — b. Guertin, Ernest G, grave 2522, approximate height is- 5'2" ✓  
Guertin, Ernest G, grave 5862, approximate height is- 5'7" ✓

Repat. — c. Nelson, Emanuel S, grave 1094, approximate height is-5'7" ✓  
Nelson, Emanuel S, grave 5859, approximate height is-5'7" ✓

X 371

*O. W. Burtner*

O. W. BURTNER  
Captain M. C.

Chief Of Laboratory Service

Incl # 6  
File  
22 Oct. 1946  
Ford

~~Hand~~ Vol 25

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

11 June 49

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 541, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1094, USMC Leyte #1, P.I. have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
A. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attn: Form 1044

Received 26 July 49 OQMG  
Not identifiable from  
information presently  
available M. Donovan 28 July 49

*Dial. F 11*



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3687 (Formerly UNK X-541 Lyle No. 1)				2. DATE OF REPORT 11 June 49		
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5451	7. DATE OF	
					DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 5 <sup>3</sup> / <sub>8</sub> "	10. COLOR OF HAIR U T D	11. RACE Unknown
----------------------------	---	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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 IDENTIFYING DATA"

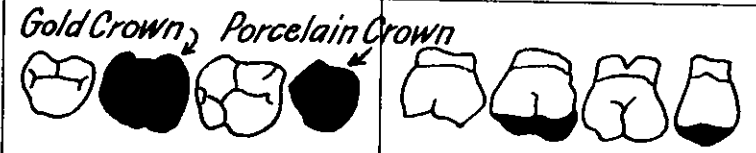
Incl. # 112

18. TOOTH CHART

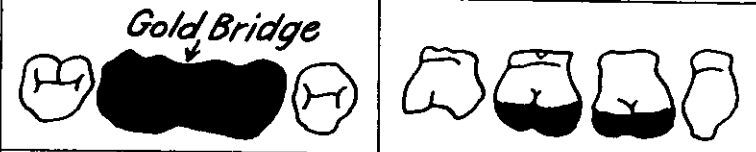
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



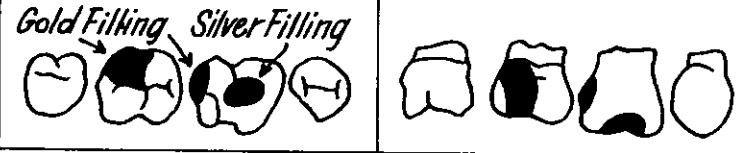
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



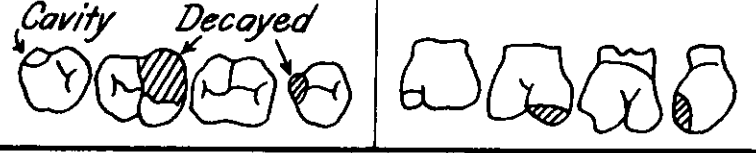
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



RIGHT								LEFT											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
			L	A	X	I	L	L	A										
										M	I	S	S	I	N	G			
Side Views																			
UPPER																			
LOWER																			
Side Views																			
H																	H		
0	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	16	16	16	16

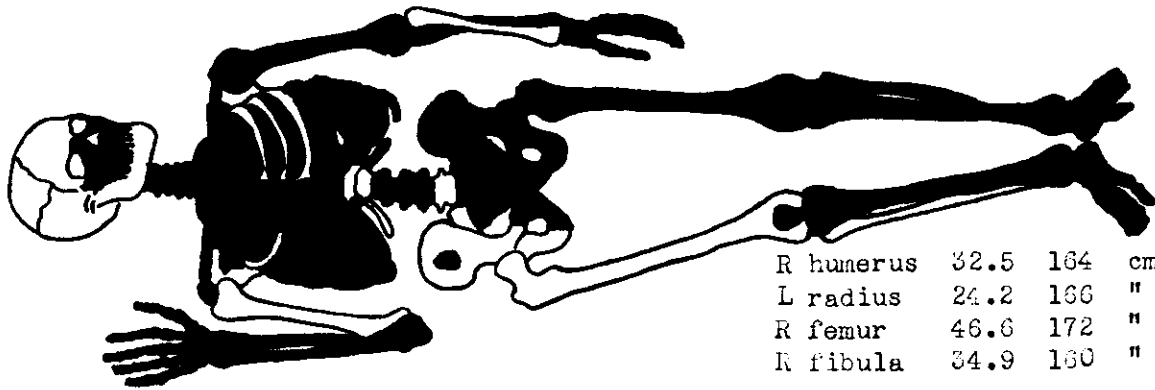
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No maxilla and maxillary teeth present with remains.

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

UNITED STATES GOVERNMENT  
OFFICE OF THE ATTORNEY GENERAL  
WASHINGTON, D. C.

19. BLACK OUT PARTS OF BODY NOT RECORDED



R humerus	32.5	164	cm
L radius	24.2	136	"
R femur	46.6	172	"
R fibula	34.9	160	"

Estimated height - 166 cm or 5' 5<sup>1</sup>/<sub>2</sub>"

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 - 3 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, GIP

SIGNATURE

*James J. McDermott*

# IDENTIFICATION DENTAL CHART

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

*Unknown X-541*

23 April 46

~~NELSON, Emanuel S~~  
LAST NAME FIRST INITIAL

T/Sgt  
RANK

DATE  
20 251 348  
SERIAL NO.

Vicinity of <sup>UNIT</sup> ~~Manonag~~,  
Leyte, P.I.  
PLACE OF DEATH

Co A, 511 Inf  
ORGANIZATION

USAF Cemetery Leyte #1, P.I. 1094  
PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT UPPER TEETH LEFT																
TYPE	X			P			P	P		P						X	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT LOWER TEETH LEFT																
TYPE	A				P	P	P	P	P					P	P	A	TYPE
LOCATION																DF	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">X</div> <div style="margin-left: 10px;">EXTRACTED</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">CAVITY. INDICATE LOCATION</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">C X D</div> <div style="margin-left: 10px;">FIXED BRIDGE (INCL. ABUTMENTS)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">X X X</div> <div style="margin-left: 10px;">TEETH REPLACED BY DENTURE</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">P</div> <div style="margin-left: 10px;">POSTHUMOUSLY MISSING (LOST AFTER DEATH)</div> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">A</div> <div style="margin-left: 10px;">AMALGAM (SILVER)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">G</div> <div style="margin-left: 10px;">GOLD</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">S</div> <div style="margin-left: 10px;">SILICATE OR PORCELAIN</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">OXYPHOSPHATE (CEMENT)</div> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">m</div> <div style="margin-left: 10px;">MESIAL (BETWEEN-TOWARD FRONT)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">o</div> <div style="margin-left: 10px;">OCCLUSAL (BITING SURFACE BACK TEETH)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">d</div> <div style="margin-left: 10px;">DISTAL (BETWEEN-TOWARD BACK)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">l</div> <div style="margin-left: 10px;">LINGUAL (TOWARD TONGUE)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">f</div> <div style="margin-left: 10px;">FACIAL (TOWARD CHEEK)</div> </div>
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*File 22 Oct 1946 Ford*

*Line 2*

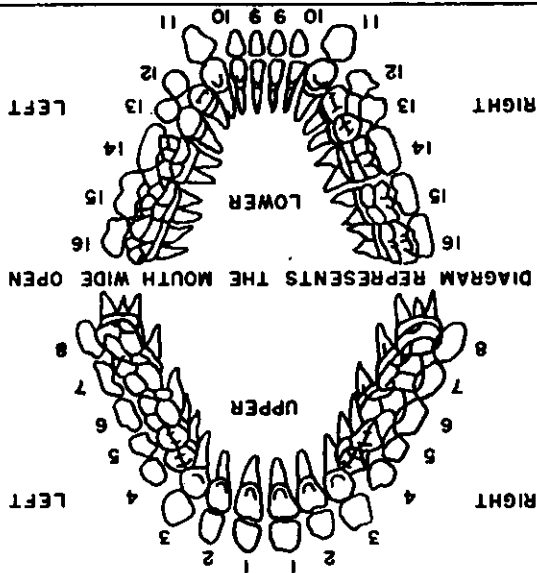
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

Sgt Stephen G Oliver, GRS

NAME AND RANK TYPED OR PRINTED

GRS, Base K, APO 72  
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

*Cecil G Carter*

CECIL G CARTER, 1st Lt., QMC

NAME AND RANK TYPED OR PRINTED

23 Mar 46

DATE

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3687-A (Formerly UNK X-541, USAF Cem Leyt #1, P.I.)				2. DATE OF REPORT 11 February 1948	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5451	7. DATE OF DISINTERMENT 5 Jan 48
				REINTERMENT STORAGE 11 Feb 48	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'5 3/8"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	---------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute tag with the only inscription found: UNKNOWN X-541.  
(This tag placed with remains).

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)

NONE

18.

TOOTH CHART

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	MAXILLA								MISSING								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

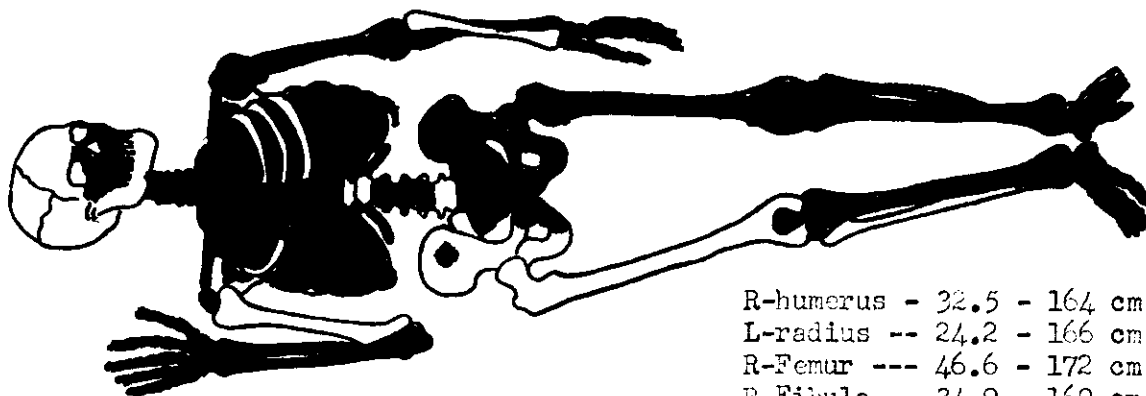
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla and maxillary teeth not present with remains.  
 CERTIFIED TRUE COPY:

*G. J. Gamboa*  
 G. J. GAMBOA  
 2d Lt MSC

/s/ John H. Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECOVERED



R-humerus - 32.5 - 164 cm  
L-radius -- 24.2 - 166 cm  
R-Femur --- 46.6 - 172 cm  
R-Fibula -- 34.9 - 160 cm

Average height 166 or 5'5 3/8"

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

In processing the remains, extra bones were found, therefore they were segregated and designated as Unk X-3687-A and X-3687-B.  
No personal effects, no ROI bottle found with remains. One (1) tag as described in section 12 found. Circumference of the skull cannot be determined due to condition of remains. Estimated weight of remains 3 lbs.  
Cross check with Unknown X-3687-B.

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/ CLAUDE A PILLERS EMB SR. C-063247  
CIP LAB. MANILA, P.I.

SIGNATURE

/s/ Claude A. Pillers



X-3687

REPORT OF DISINTERMENT FOR IDENTIFICATION

13 January 1948

1. Remains of (Name)

Serial Number

UNKNOWN X-541

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Levite #1, P.I.

1094

2. Date of Disinterment

5 January 1948

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

Original made in shelter halve burial. Major bones missing. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration



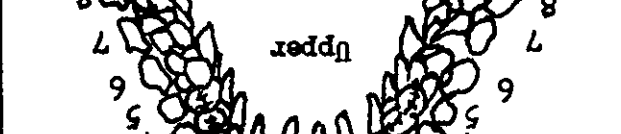
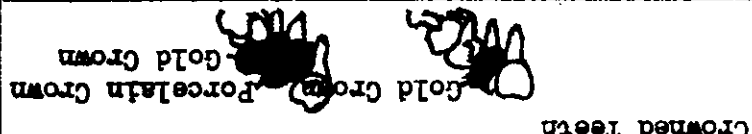
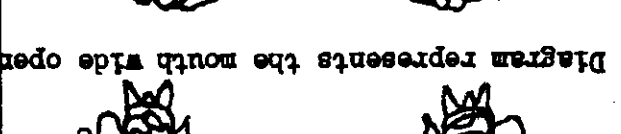


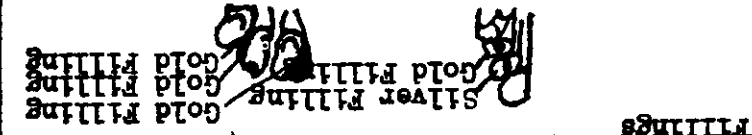
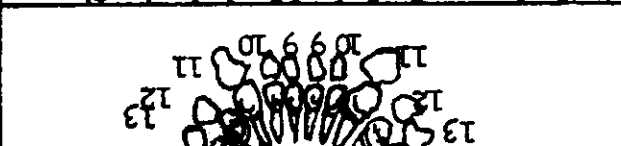

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

<p>Missing Teeth</p> 	<p>Missing Teeth</p> 
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p> 
<p>Bridgework</p> 	<p>Bridgework</p> 
<p>Fillings</p> 	<p>Fillings</p> 
<p>Caries (Cavities)</p> 	<p>Caries (Cavities)</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".

Remarks



### REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte #1, P.I

Date 5 Jan 46

1. Remains of NELSON, Emanuel S. Serial Number 20 251 348

Rank T/Sgt Organization Co A, 511 Inf

2. Disinterred (date): 5 Jan 46 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 1094

By: Group Sgt McMemama Unit 4586 QM GR Co

3. Reburied (date) 5 Jan 46 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 1094

By: Group McMemama Unit 4586 QM GR Co Nature of reburial shelter halve

4. Report as to nature of original burial and condition of body upon disinterment:  
Original burial in shelter halve, body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes  
(b) Other means of identification found upon disinterment, and general remarks: \_\_\_\_\_

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

(a) Height (actual measurement) \_\_\_\_\_

(b) Weight (estimated) \_\_\_\_\_

(c) Hair-Color \_\_\_\_\_

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair on face-Color \_\_\_\_\_

Location \_\_\_\_\_

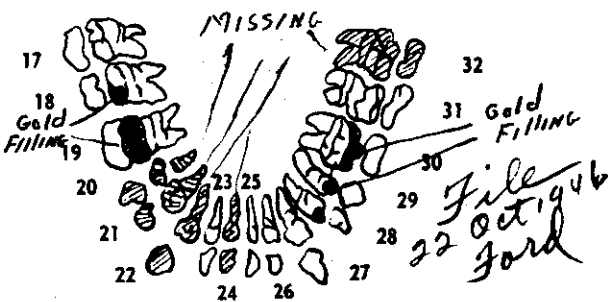
Quantity \_\_\_\_\_

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

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



Diagram represents mouth wide open



7. Disinterment supervised by Sgt McMemama Approved: William D. Rogers  
(Title) 1st Lt., Inf

8. Reburial supervised by Sgt McMemama Approved: William D. Rogers  
(Title) 1st Lt., Inf



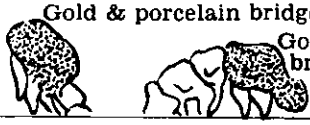


*Good*

## 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 canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, 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 Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown Gold 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
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.

RE

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

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

~~NELSON~~

XS41

Emanuel S.

~~20 251 343~~

T/Sgt A Co 511 Inf.

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

Vicinity of Makonag, Levee, F.I.

16 Dec 1944

KIA-GSW-head and chest

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

0900 hrs 22 June 1945

USAF Cemetery Levee No. 1, F.I.

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Identification approved by CMG Board of Review 1 Oct. 1946

1094 ~~Reb. Cr. 5659~~

Reg Cross

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

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

Religion Protestant

DISINTERRED from Grave 8, USAF Cemetery Rock Hill No. 1, Levee, F.I.

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

George L. Riddle Jr.

1st Lt., Inf. DAY, Harry J. (Name) I. 5860 (Grave number) 1095

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Catherine S. Nelson (M) 5201 8th Ave., Brooklyn, N.Y. (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

(41)

One 2'

File 22 Oct. 1946 Ford

**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 :  
 Weight :  
 Color of eyes :  
 Color of hair :  
 Race :  
 Apparent nationality :  
 Laundry marks :  
 Number of rifle :  
 Wear glasses ?  
 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/t/ /s/t/ S/Sgt John E. Bobis, GMS

(Signature of officer or other person reporting burial)

/s/t/ FRANCIS W. SIMON, 1st Lt., GPO

(Verified by Army GRS Office)

	THUMB
	1
	2
	3
	4

LEFT HAND

	THUMB
	1
	2
	3
	4

RIGHT HAND

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

RE

378 15391

~~WILSON~~ Emanuel S. 20 251 348 T/Sgt A Co 511 Inf.  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity of Mahonog, Leyte, P. I. 16 Dec 1944 KIA-GSW-head and chest  
(Place of death) (Date of death) (Cause of death)

0900 hrs 22 June 1945 USAF Cemetery Leyte # 1, P. I.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

1094 Reg Cross  
(Grave number) (Row number) (Plot Number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No   
DISINTERRED from Grave 8, USAF Cemetery Rock Hill # 1, Leyte, P. I.

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

Religion Prot.

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

Body buried on RIGHT MILLE, Marlan L. 39 285 556 S/Sgt Ha Co 3rd Bn 511 Inf 1095  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MAPSNALL, Mahlon A. 39 125 510 Pvt 1c1 G Co 511 Inf 1093  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Catherine S. Nelson (M) 520 1/2 8th Ave., Brooklyn, N. Y.  
(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

RESTRICTED  
M N  
134

19001

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:

Weight:

Color of eyes:

Color of hair:

Race:

Is tooth chart attached?

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

In space below, locate and describe any scars, birthmarks, moles,  
 dermatites, 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/SGT John E. Bobis, GFS

Signature of officer or other person reporting burial

FRANCIS M. SIMON LT. CMC  
 (Verified by Army GRS office)

4

3

2

1

THUMB

LEFT HAND

4

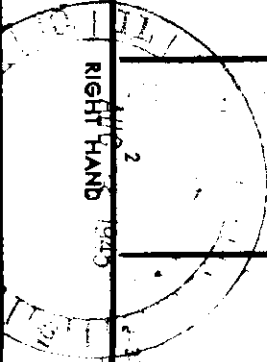
3

2

1

THUMB

RIGHT HAND





# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~Nelson~~ **X-541** ~~Emanuel~~ **S.** 20251348 T/Sgt. "A" Co. 511th Inf.  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity of Mahonag, Leyte Is., P.I. 16 Dec. 44 KIA GSW Head and chest  
(Place of death) (Date of death) (Cause of death)

13 Jan. 45 U.S.A.F. Cem. Rock Hill Loc. 1, Leyte Is., P.I. 27.5-28.0  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
(Corr.) Special map Leyte Is., P.I. Sheet "I" Scale 1:50,000

Identification approved by OCMG Board of Review 1 October 1946  
8 ~~Reg. Gr. 5859~~ 2 1 Rough 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 ~~Catholic~~ Protestant

A TRUE COPY: Identification in bottles, one buried with body, one attached to cross. Positively identified by members of same unit, through laundry marks on clothing & equip  
~~George L. Redden~~  
George L. Redden (If no identification tags, what means of identification are buried with the body?)  
1st Lt., Inf.

(If no identification tags, but identity definitely established, give particulars) DAY Harry J. Co C - 1.5860  
Body buried on RIGHT Marshall, Nehlor A - 3801802 - - 511th Inf. - - -

Body buried on LEFT ~~None, end of row.~~ X-333  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Catherine S. Nielson (Mother) 5204 8th Ave., Brooklyn, New York (same)  
(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 XXXXXX  
(a1) One 2<sup>2</sup> File 22 Oct 1946 Ford

**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**

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 de-  
 formities, 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/t/ A. L. STEINER, 1st Lt., 511th Ar. Inf.

(Signature of officer or other person reporting burial)

6/4/ 1945  
 W. A. LIND, 2nd Lt., U.S.A.

(Verified by Army GRS)

RIGHT HAND

THUMB

1

2

3

4

LEFT HAND

THUMB

1

2

3

4

RESTRICTED  
REPORT OF INTERMENT

54

152917

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

X-541

(TM 10-430 AND AR 30-1015)

~~Nelson~~, ~~Emanuel~~ S. 20251348 T/Sgt. "A" Co. 511th Inf.  
(Last name) (First) (Middle) (Serial number) (Rank) (Organization)

Vicinity of Mahonag, Leyte Is., P.I. 16 Dec. 44 KIA GSW head and chest  
(Place of death) (Date of death) (Cause of death)

13 Jan, 45 U.S.A.F. Cem. Rock Hill #1, Leyte Is., P.I. 27.5-28.0  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

(Corr.) Special Map Leyte Is., P.I. Sheet "D" Scale 1:50,000

8 2 1 Rough 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 ~~Catholic~~ Protestant

Identification in bottles, one buried with body, one attached to cross.

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

Positively identified by members of same unit, through laundry marks on <sup>Equip &</sup> Clothing  
(If no identification tags, but identity definitely established, give particulars) Oo G

Body buried on RIGHT Marshall, Mahlon A. 39125510 Pfc 511th Inf. 9  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT None, end of row.  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Catherine S. Nelson (Mother), 5204 8th Ave., Brooklyn, New York (Same)  
(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 ~~found on body~~

(at)

FILE  
JUL 19 1945

**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/45): 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 :

Is tooth chart attached ?

Wear glasses ?

Number of rifle :

Laundry marks :

Apparent nationality :

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.**

*W. D. [Signature]*  
 (Signature of officer or other person reporting burial)  
 [Signature]  
 (Verified by Army Ent. O.)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

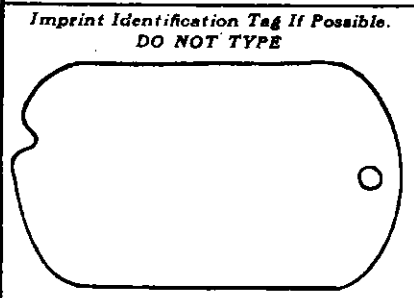
**RECEIVED**  
**ARMY ENTOMBMENT**

W8 GRC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Feb 48



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-3687-A (Formerly UNK X-541,  
USAF Cemetery Leyte #1, P.I.)

SERIAL No.

Unknown

GRADE  
Unknown

ORGANIZATION  
Unknown

BRANCH OF SERVICE

Unknown

RACE  
Unknown

RELIGION  
Unknown

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

PLACE OF DEATH  
Vicinity of Mahonag  
Leyte, P.I.

CAUSE OF DEATH  
KIA- GSW - head and chest

DATE OF DEATH

16 Dec 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)

See remarks

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	ROW No.	GRAVE No.
11 Feb 48	1000	Casket	None	812	U 5451

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.
		1094

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

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.
UNKNOWN X-3687-B				5452

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3686-B				5450

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

V. C. ADAMS 175 GRC

L. S. PANOPTO, 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.

REPAIRATION RECORDS BRANCH JUN 7 2 40 PM '48 MEMORIAL DIVISION

JUN 22 1948 1531

**Section 3. UNIDENTIFIED REMAINS.**


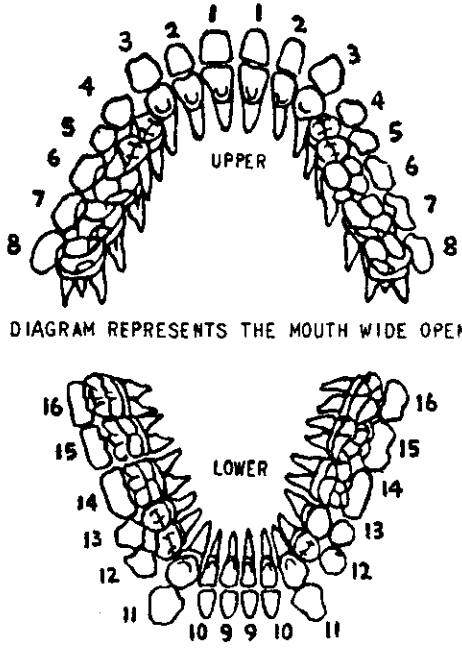



**INSTRUCTIONS:**

(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 LITTLE FINGER	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 INDEX FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT THUMB	CAVITIES	
RIGHT THUMB	MISSING TEETH	 <p>TOOTH MISSING</p>	
	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT INDEX FINGER	BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



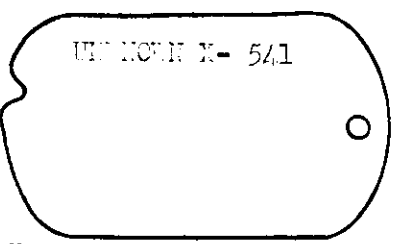
REMARKS: In processing UNK X-541, USAF Cemetery, Leyte #1, at CIP AGRS, Lahila, parts of two remains were found, segregated and designated as UNKNOWN X-3687-A and UNK X-3687-B. QMC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1966

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

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

DATE OF REPORT  
CORRECTED  
22 Nov. 1946

Imprint Identification Tag If Possible. DO NOT TYPE   In print on original.	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-541 (Formerly Nelson, Emanuel S.)		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Vicinity of Lihonag Leyte, P. I.	CAUSE OF DEATH KIA - GSW - head and chest	DATE OF DEATH 16 Dec. 44
--	--	-----------------------------

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) Nelson, Emanuel S. T/Sgt 20251348, changed to Unknown X-541, per ltr WD OMC, Wash., 25, D.C., file Q GYG 292 dtd 30 Oct. 46 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 B. Fiddler, Jr.*  
GEORGE B. FIDDLER, JR.  
Captain, Inf.

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	HOOR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 June 45	0900 hrs	Shelter Half	Reg. Cross			1094

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Rock Hill #1, Leyte, P. I.	PLOT No. 1 ROW No. 2 GRAVE No. 3
--	---	--

TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES None	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected Rep't of Re-interment buried in bottle with body. Corrected metal tag buried with body and attached to 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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
MARSHALL, Mahlon A.	Pfc	39 125 510	"G" Co 511th Inf	1093

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
MILLE, Harlan J.	S/Sgt	38 285 556	Hq. 3rd Bn. 511th Inf	1095

SIGNATURE OF PERSON PREPARING REPORT /s/t/ Cpl. Jack G. Slagle, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ JOSEPH I. PHILIAN, Capt., CAC
--	--

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.**


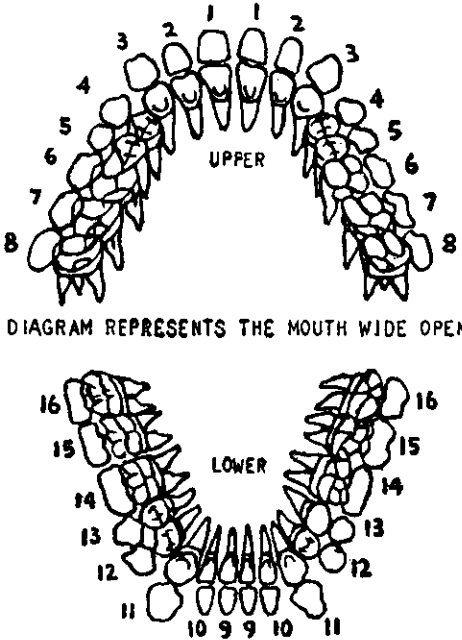




**INSTRUCTIONS:**

(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.

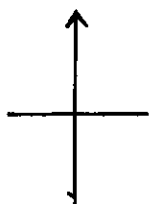
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

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



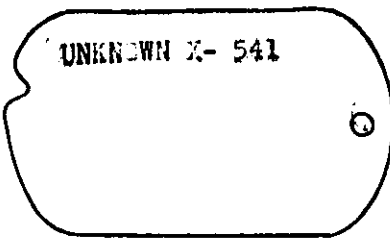
REMARKS:



RESTRICTED

U 5189 1094

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)DATE OF REPORT  
CORRECTED  
22 Nov. 1946

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			
		NAME (Last, first, middle initial)		SERIAL No.	
		UNKNOWN X-541 (Formerly Nelson, Emanuel S.)			
		GRADE	ORGANIZATION	BRANCH OF SERVICE	
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH	
Vicinity of Mahonag Leyte, P. I.		KIA - GSW - head and chest		16 Dec. 44	
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		Nelson, Emanuel S. T/Sgt 20251348, changed to Unknown X-541, per ltr WD OQMG, Wash., 25, D.C., file QMGYG 293 dtd 30 Oct. 46 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 Leyte #1, P. I.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	GRAVE No.
22 June 45	0900 hrs	Shelter half	Reg. Cross		1094
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE				
Yes	USAF Cemetery Rock Hill #1, Leyte P. I.			PLOT No.	ROW No.
				1	2
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY		
None	None		Corrected Rep't of Re-interment buried in bottle with body. Corrected metal tag buried with body and attached to 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.
MARSHALL, Mahlon A.		Pfc	39 125 510	"G" Co 511th Inf	1093
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.
MILLE, Harlan L.		S/Sgt	38 285 556	Hq. 3rd Bn. 511th Inf	1095
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT		
Cpl. Jack G. Slagle, GRS			JOSEPH M. PHELAN, Capt., CAC		
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.					

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16-48997-1

**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.

11 DEC 1946  
11 DEC 1946

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

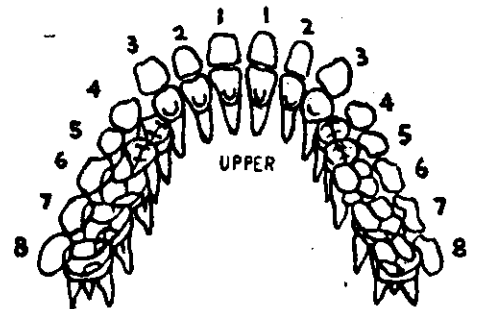
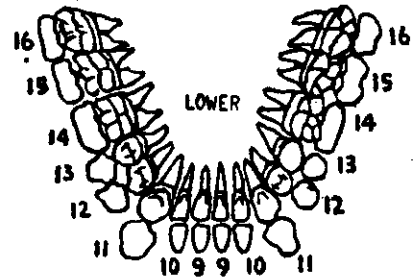
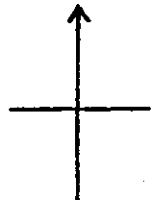


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS: