

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 work Lcys #1 X-62

SUBJECT

also Manila maps X-3661 ✓

QMC FORM 1121  
1 Aug 45

QMCMT 293  
GHS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

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

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

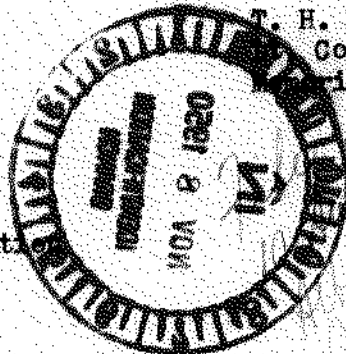
Unknown X-60 (formerly X-166, USAF Cem #5, Finsch., N.G.)  
Unknown X-104 (formerly Unknown X-148, USAF Cem #5, Finsch., N.G.)  
Unknown X-485 (formerly Unknown X-128, USAF Cem #5, Finsch., N.G.)  
Unknown X-2227 (formerly Unknown X-612, USAF Cem #1, Leyte, P.I.)  
Unknown X-2300 (formerly Unknown X-641, USAF Cem #1, Leyte, P.I.)  
Unknown X-2321 (formerly Unknown X-617, USAF Cem #1, Leyte, P.I.)  
Unknown X-3404 (formerly Unknown X-338, USAF Cem #1, Leyte, P.I.)  
Unknown X-3407 (formerly Unknown X-341, USAF Cem #1, Leyte, P.I.)  
Unknown X-3661 (formerly Unknown X-62, USAF Cem #1, Leyte, P.I.)  
Unknown X-3747 (formerly Unknown X-10, USAF Cem #1, Leyte, P.I.)  
Unknown X-4577  
Unknown X-4898  
Unknown X-5067

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

FOR THE QUARTERMASTER GENERAL:

T.A.Fields:jdk  
Salser  
JW

cc: Administrative Section



T. H. METZ  
Colonel, QMC  
Special Division

REB

NJS

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFPO 707

SUBJECT: Unidentifiable Remains

16 May 1949

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-26	UNKNOWN X-3404
" X-60	" X-3407
" X-104	" X-3661
" X-485	" X-3747
" X-2227	" X-4577
" X-2300	" X-4898
" X-2321	" X-5067



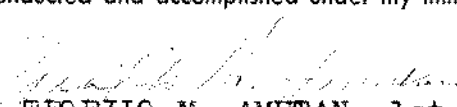
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

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

14 Incls:

QMC Forms 1044 w/certificates  
of Unidentifiability.

		Interred 11 Oct. 48 B 7 3 Ft. McKinley		<b>DISINTERMENT DIRECTIVE</b> <i>Caremark</i> CARL E. H. MARK Cemetery Superintendent			
		NAME AND BURIAL LOCATION OF DECEASED USAF CEMETERY LEYTE NO 1				DIRECTIVE NUMBER 7740 00083	
NAME		SERIAL NUMBER		RANK		DATE OF DEATH	
		UNKNOWN X-000062		<i>2nd Lt</i>		15 05 48 DAY MONTH YEAR	
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY LEYTE NO 1						0 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
		1527	PHILIPPINE ISLANDS			5	
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>							
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN			
FORT MC KINLEY NATIONAL CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)							
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>							
NAME		SERIAL NUMBER		RANK		DATE OF DEATH	
(Maus No.) UNK X-62 UNK X-3661						27 Sept 48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER						PERRY E. WHITE Embalmer <small>NAME AND TITLE</small>	
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>							
NATURE OF BURIAL				CONDITION OF REMAINS			
Shelter Half				Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES 1							
2 Identification tags read Maus UNK X-3661							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY		EMBALMER (Signature)			
27 Sept 48		PERRY E. WHITE		 PERRY E. WHITE			
CASKET SEALED BY				SHIPPING ADDRESS VERIFIED BY			
PERRY E. WHITE				TEOFILO M. AMUTAN, 1st Lt., Inf			
CASKET BOXED AND MARKED		DATE		BY			
27 Sept 48		27 Sept 48		HORACE L. ALLISON			
				Sgt., Inf			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
 TEOFILO M. AMUTAN, 1st Lt., Inf <small>SIGNATURE OF GRS INSPECTOR</small>							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							
REMARKS: Unidentifiable - OQMG							

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <i>AGPS Mausoleum</i>		TO <i>Fort McKinley Military Cemetery</i>	
KIND OF CONVEYANCE <i>Truck</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Conertmark</i>	DATE <i>11 OCT 1949</i>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILGOM ZONE  
APO 900

*2/11/49*

3 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 62, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1527, USMC Leyte #1, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



E. B. McVEMAR  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

*Encl # 10*

Received 31 May 49 OQMG  
Not identifiable from  
information presently  
available Fields - 6 June 49

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3661 (Formerly Unk X-62 Leyte No. 1)				2. DATE OF REPORT 3 May 1949	
3. NAME OF CEMETERY AGNES MEMORIAL CEMETERY		4. PLOT 812	5. ROW U	6. GRAVE 5423	7. DATE OF DISINTERMENT
				REINTERMENT	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6' 1/3"		10. COLOR OF HAIR UTD	
11. RACE Unknown					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  NONE					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  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  NONE					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  NONE					

"UNIDENTIFIABLE"  
OF REASON OF LACK OF SUFFICIENT EVIDENCE

*Incl 7 102*



18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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><i>Tooth Missing</i></p>	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<p><i>Gold Crown, Porcelain Crown</i></p>	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p><i>Gold Bridge</i></p>	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p><i>Gold Filling, Silver Filling</i></p>	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSED							
MANDIBLE								MISSED							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

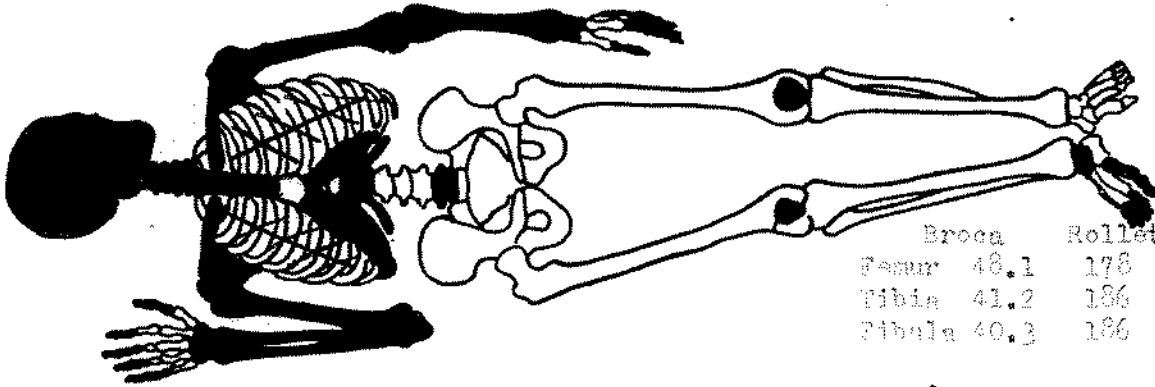
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth present with remains.

*James J. McDevott*  
 JAMES J. McDEVOTT  
 Laboratory Officer, OTC



19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca	Roller
Femur	48.1	178
Fibula	41.2	186
Fibula	40.3	186

Estimated height: 6' 1/3"

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 - 4 1/2 lbs.

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. MADENHOTT  
 Laboratory Officer, CTF

SIGNATURE

*James J. Madenholt*

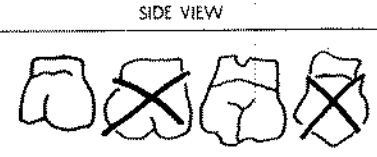
## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3661 (Formerly UNK X-62, USAF Cemetery #1, Leyte, P.I.)				2. DATE OF REPORT 10 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5423	7. DATE OF DISINTERMENT 29 Dec 47
				REINTERMENT STORAGE 11 Feb 48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UPD		9. ESTIMATED HEIGHT 6'1/3'		10. COLOR OF HAIR UPD	
11. RACE UPD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) substitute I.D. tags with following information: UNKNOWN X-62 One (1) Paper tag with following number: 1527 All tags placed with remains.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  UPD- Due to condition of remains					
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Over great portion of upper appendages and also tibia and proximal bones.			
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  None					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  None					

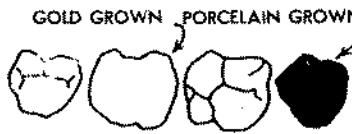
18.

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:



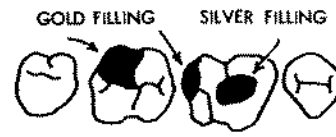
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



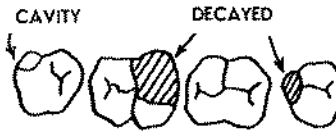
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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												
<i>maxilla + tooth missing</i>																											
SIDE VIEWS														SIDE VIEWS													
TOP VIEWS														TOP VIEWS													
UPPER														UPPER													
LOWER														LOWER													
SIDE VIEWS														SIDE VIEWS													
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16												
<i>Mandible + tooth missing</i>																											

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

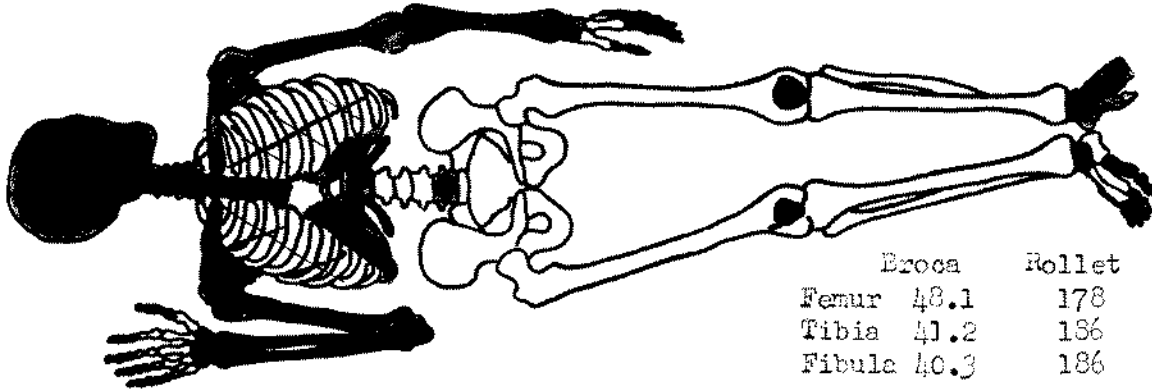
**REMARKS:** Maxilla and mandible missing. No loose teeth found with remains.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2d Lt., MSC

/s/ John H. Bennett Jr.  
/s/ R. F. Stevenson

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca	Hollet
Femur	48.1	178
Tibia	41.2	186
Fibula	40.3	186

Estimated height 6'1/3"

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 official I.D. tags found with remains.  
Circumference of skull unable to determine, missing.  
Estimated weight of remains is 4 1/2 lbs.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
1st Lt., MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
/p/ ROBERT F. STEVENSON (Ungraded)  
CIP Laboratory, Manila, P.I.

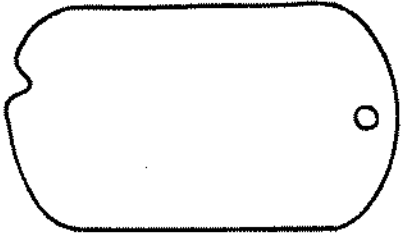
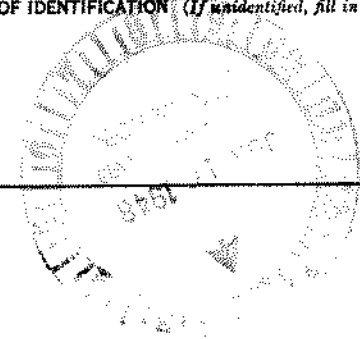

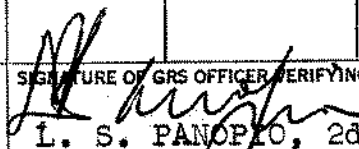
SIGNATURE  
/s/ Robert F. Stevenson

/acd


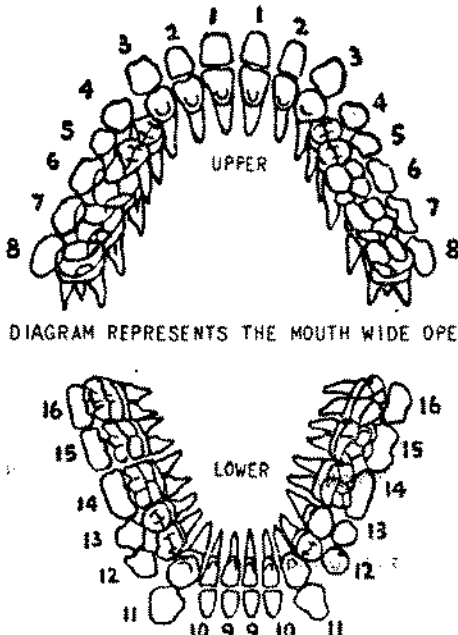





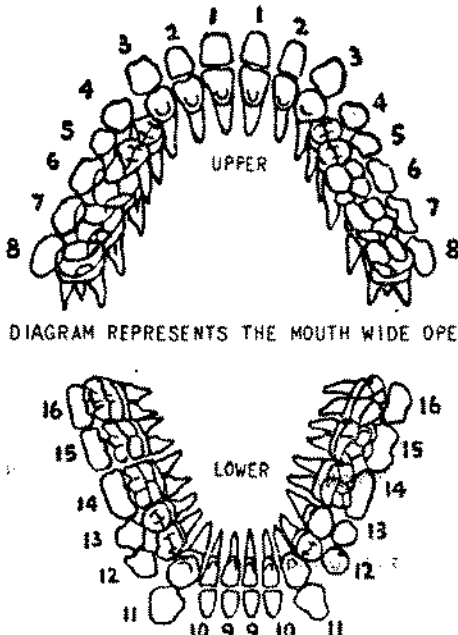





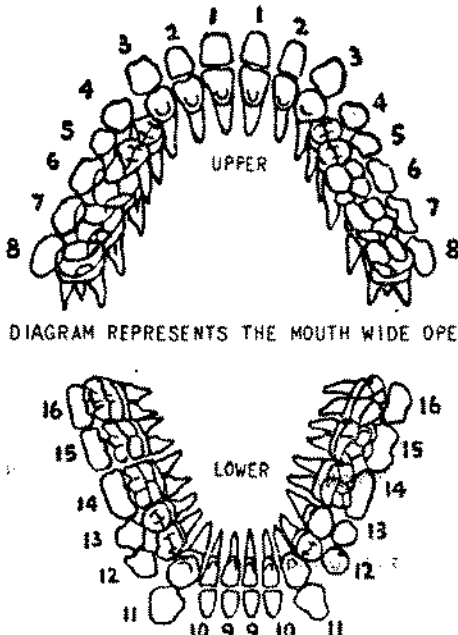




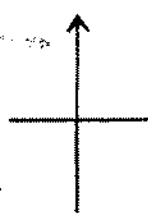
JUN 18 1948

RESTRICTED

U 62

WD GMC 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	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				SERIAL NO.	
		NAME (Last, first, middle initial) UNKNOWN X-3661 (Formerly UNK X-62 USAF Cemetery #1, Leyte, P.I.)				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 Lilean, Panaon Island, Leyte, P.I.		CAUSE OF DEATH KIA			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) 					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORER Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. MANGER BAY CRYPT 5423	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Leyte, P.I.				PLOT No.	ROW No.	GRAVE No. 1527
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORER Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORER UNKNOWN X-3662-A			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 5424	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORER UNKNOWN X-3660			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 5422	
SIGNATURE OF PERSON PREPARING REPORT  W. C. AQUINO, T/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 2d Lt., INF				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.																
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS														
	COLOR OF EYES	COLOR OF HAIR															
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND														
	LAUNDRY MARKS																
	OTHER IDENTIFICATION CLUES																
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%; text-align:center;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">                  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td style="text-align:center;">                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td style="text-align:center;">                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td style="text-align:center;">                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td style="text-align:center;">                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="3">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY             </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
FILLINGS				 SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES				 CAVITY DECAYED													
MISSING TEETH				 TOOTH MISSING													
CROWNED TEETH				 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK				 GOLD BRIDGE													
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																	
LEFT THUMB																	
RIGHT THUMB																	
RIGHT INDEX FINGER																	
RIGHT MIDDLE FINGER																	
RIGHT RING FINGER																	
RIGHT LITTLE FINGER	REMARKS:  <div style="text-align:right; margin-right: 50px;">  </div>																
19 MAY 1948	OMC Form 1044, 1044-A and 1044-B accomplished.																

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

27 U-62

UNKNOWN X-62

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Liloan,	Panaon Island,	Leyte,	P.I.		KIA
(Place of death)	(Date of death)			(Cause of death)	

1000 hrs 1 July 1945	USAF Cemetery Leyte #1, P.I.	
(Time and date of burial)	(Name of Cemetery)	(Name of coordinates of location)

1527			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 Isolated burial GC (1370.46-1230) Map N936 12442/1, Sheet 5

Metal tab buried with remains and attached of 5, Central PI 1/250,000

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

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

Religion

Body buried on	RIGHT MORTON, A.		Lt(jg)		1528
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT MILLS, Charles H.	32 244 644	Tec 5	Hvy Maint	1526
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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



IF DECEASED UNIDENTIFIED

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

Height:	Apparent Nationality:
Weight:	Laundry marks:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached? No, decapitated

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

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

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

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

*John E. Bobis*  
 John E. Bobis, S/Sgt, GRS  
 (Signature of officer or other person reporting burial)

*Francis M. Simon*  
 FRANCIS M. SIMON, 1st Lt., CMC  
 (Verified by Army GRS Officer)

LEFT HAND

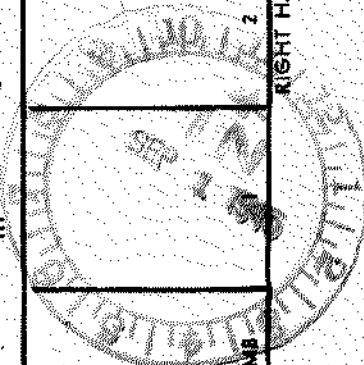
2

1

THUMB

RIGHT HAND

THUMB



IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME