

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Left #1 X-63 (also Manila manila X-3715)

SUBJECT

Formerly Tachoban #2 X-36

QMC FORM 1121
1 Aug 45

CXC 65

DEPT ARMY QUARTERS
GREENWICH CANTONMENT

6002

JUL 6 9 37 AM '49

1949 JUL 5 9 14 0

O. R. M. S.
TEL & CAB SECTION

65

HUA40

MUB11

PP UEPOG

24

HKA13

24

PP UMP ZVA

MSG NO

GX 11319

P/R UEPOG UAPBG 222

S. T. G.

050315Z

ACCT NO

QMC

DE UMPKD 03B

MC TW NO

57523

P/R 050315Z

1949 JUL 5 AM 10:23

FM CG PHILCOM

TO UEPOG/QMNG WASH DC (QMNGMO)

INFO UAPBG/CINCFE

WD GRNC

6/29/49

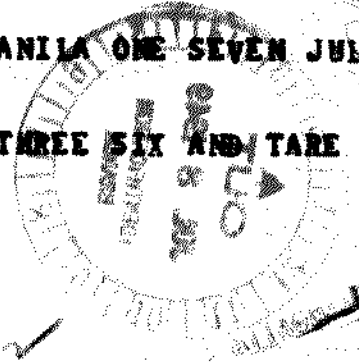
293 X-36
P.I. Jacobson #2

57020

GEORGE XRAY ONE ONE THREE ONE NINE GSGR REURMSG WCL TWO THREE ONE
FOUR ONE PD UNK XRAY THREE SIX TACLOBAN NBR TWO GRAVE NBR THREE
 THREE FOUR IDENTIFIED BY MEMBER OF ORGN FROM PERSONAL EFFECT FOUND
 ON REMAINS IN ONE NINE FOUR FIVE PD REINTERRED AS TARE FOUR MAURICE
 NOW WATSON ONE
 FOUR ONE ZERO SIX SIX SIX ZERO GRAVE ONE TWO FOUR
 ONE USAF CEM LEYTE NBR ONE CMA STORED MAUSOLEUM MANILA HANGAR EIGHT
 ONE ZERO BAY MAN CRYPT FOUR TWO FOUR NINE AND REPATRIATED TO ZI
 BISTR POINT ZERO FIVE ON DD NBR SEVEN SEVEN FOUR ZERO ZERO EIGHT
 TWO ONE ZERO ON USAT DALTON VICTORY DEPARTED MANILA ONE SEVEN JULY
 FOUR EIGHT PD TRUE COPIES RECORDS OF UNK XRAY THREE SIX AND TARE
 FOUR WATSON BEING FWDD AIRMAIL PD

MEMORANDUM DIVISION 45262

Mc... dd



File 79049

3/13

293 unkl FI X-36 Tacloban #2

COMM DEPT OF ARMY WASH

UNCLASSIFIED

COMMENPHILCOE MANILA PI

PRIORITY

PRIORITY

X

CIRCFE TOKYO JAPAN

FROM QUANT

WCL 73141

POST NET OF REINTEMENT AND ALLIED PAPERS BE FWD SAP FOR REPAIRS OF

XRAY 36 TACLOBAN NO 2

ADMINISTRATIVE BRANCH
JUN 29 7 14 PM '49
MEMORIAL DIVISION

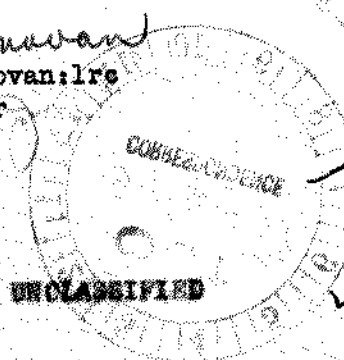
JUN 29 4 26 PM '49

TEL & CAB SECTION

PI



M. Donovan
M. Donovan:lrs
Salser
JW



293 Japan
293
291830Z

met

REB

TEB

GRAVES

QUANT LT. WINDSOR EXT 74158

JUN 49

J. G. HOLLOWAY
LT. COLONEL, QMC, WASH DIV

MSGT 208
GHS Far East

26 April 1949

SUBJECT: Resolution of Unidentified Remains

**TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGSC, PHILIPPINE ZONE**

1. Reference is made to the following Unknown remains, formerly interred in USAP Cemetery, Leyte Isl, P.I., now stored at AGSC Mausoleum, Manila, Philippine Islands:

X-2849 B	(formerly X-413)
X-2718	(formerly X-42)
X-3726 A	(formerly X-43)

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

FOR THE QUARTERMASTER GENERAL:

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

D. Degansiro
Sals or
JW

HES

HJS

cc--Administrative Section

*File 10 Aug 50
Reta Penning*

1 /bpm		Interred 23 Mar 1950 L 9 71 Ft. Kinley <i>Carl R. Mark</i> CARL R. H. MARK Cemetery Superintendent DISINTERMENT DIRECTIVE					
		SECTION A NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00084		DATE 15 05 48 DAY MONTH YEAR
NAME			SERIAL NUMBER UNKNOWNX-000063		RANK	ARM 0	
CEMETERY USAF CEMETERY LEYTE NO 1			DISPOSITION OF REMAINS 0		DATE OF DEATH 7701 80 CODE DIST. PT.		
PLOT	ROW	GRAVE	COUNTRY 1555 PHILIPPINE ISLANDS			CAUSE OF DEATH 6	
SECTION B — CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY NATIONAL CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)				NAME AND ADDRESS OF NEXT OF KIN			
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME (Maus No.) UNK X-63 UNK X-3715		SERIAL NUMBER		RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY ALBION H McLELLAN JR 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 / 2 Maus Tags show - UNK X-3715							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 27 Sept 48		BY ALBION H McLELLAN JR		EMBALMER (Signature) <i>Albion H. Mclellan Jr</i> ALBION H McLELLAN JR			
CASKET SEALED BY ALBION H McLELLAN JR		SHIPPING ADDRESS VERIFIED BY CHARLES R. BATES, 1st Lt., USAFR					
CASKET BOXED AND MARKED DATE 27 Sept 48		BY HORACE L. ALLISON Sgt., Inf		SIGNATURE OF GRS INSPECTOR <i>Charles R. Bates</i> CHARLES R. BATES, 1st Lt., USAFR			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 23 1950

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

/add

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X -3715		(Formerly UNK X-63, USAF Cemetery #1, Leyte, P.I.)			2. DATE OF REPORT 4 March 49	
3. NAME OF CEMETERY AGRS MALABON, MCHLA, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 0"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	-------------------------------------	---------------------------------	------------------------

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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Classified 15 April 1999 **00000**
 Not identifiable from
 information presently
 available 25 Apr 49

Incl #13

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
Top Views															
LOWER															
Side Views															
← MANDIBLE								MISSING →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

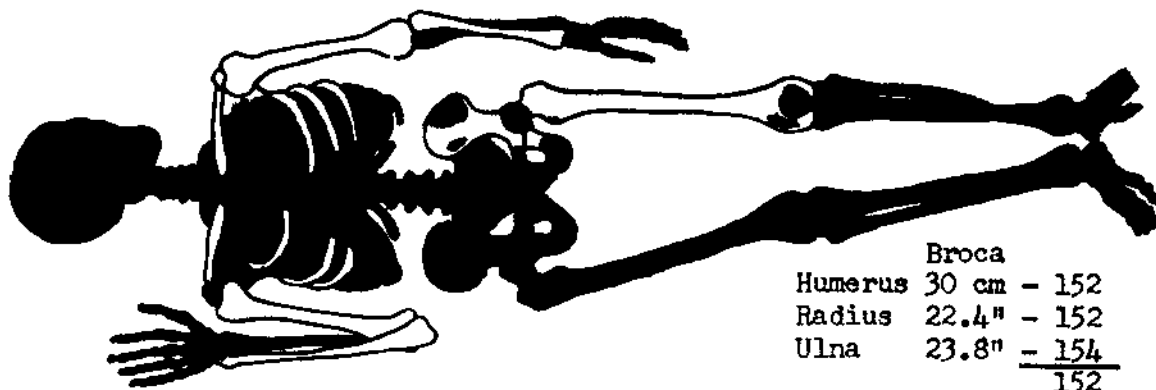
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: No maxillary and mandibular teeth found with remains.

"UNIDENTIFIABLE" *J.J. McSweeney*

BY REASON OF LACK OF DENTAL RECORDS EARL B LOPES
Sgt., Med.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height of remains 152 3/4 cm. or 5'0"

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 burial bottle, identification tags, personal effects, or other means of identification received with remains.
Estimated weight of remains - 2 lbs.
No skull nor teeth received.
Unable to determine the physical height due to the condition of remains.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

J. J. McDERMOTT
Laboratory Officer, CIP

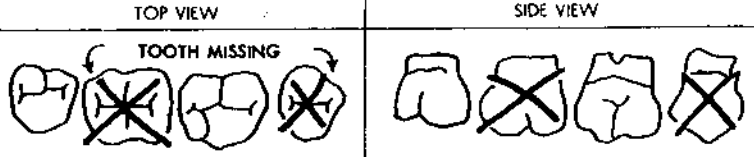
SIGNATURE

J. J. McDermott

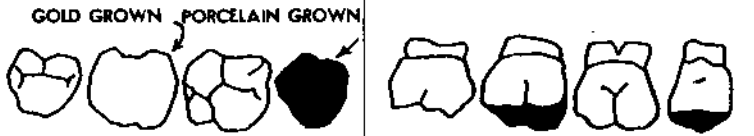
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3715		(Formerly UNK X-63 (USAF Cemetery #1, Leyte, P.I.)			2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW V	6. GRAVE 5587	7. DATE OF DISINTERMENT 29 Dec 47	
					REINTERMENT STORAGE 12 Feb 48	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 0"	10. COLOR OF HAIR UTD		11. RACE UTD		
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 - Skeletal chart and Dental chart attached.						
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						

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



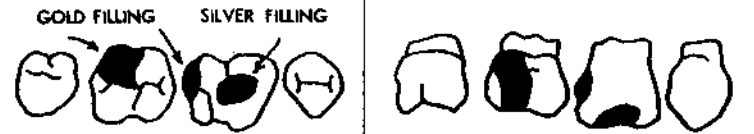
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



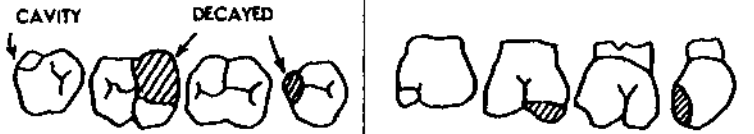
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← Maxilla								Missing →							
SIDE VIEWS															
UPPER															
LOWER															
← Mandible								Missing →							
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."

REMARKS: No maxillary and mandibular teeth found with remains.

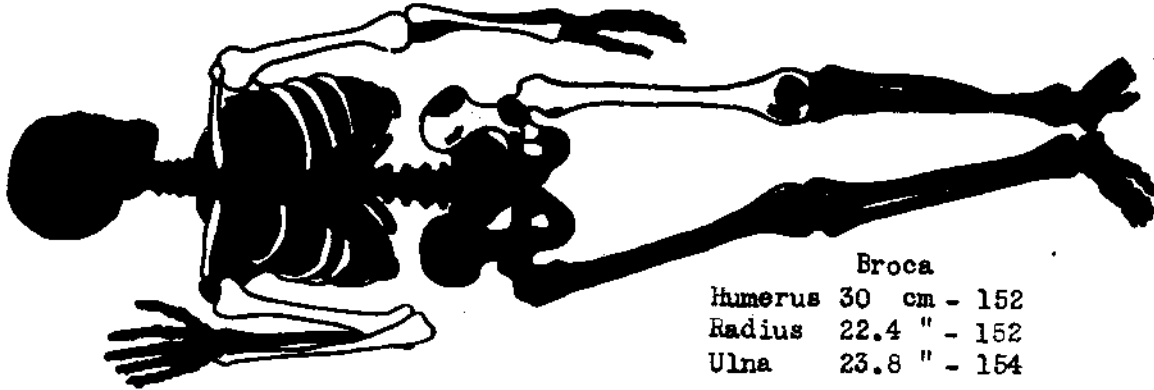
CERTIFIED TRUE COPY;

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

s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-3715



Broca
 Humerus 30 cm - 152
 Radius 22.4 " - 152
 Ulna 23.8 " - 154

Estimated height of 152 3/4 or
 remains. 5' 0"

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 Follow-
 ing Anatomical Parts: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI burial bottle, I. D. tags, personal effects,
 or other means of identification received with remains. Estimated
 weight of remains 2 lbs. No skull nor teeth received. Unable
 to determine the physical height due to the condition of remains.

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/ CLEMENT G. SWAN Emb. Sr. Ung.
 C-064862 CIP Lab. Manila, P.I.

SIGNATURE

s/ Clement G. Swan

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

9 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-63

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

1555

2. Date of Disinterment

29 Dec 47

NEXT OF KIN: N o n e

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

Original made in shelter halve burhl. Tags found on remains
and on marker coincide with ROI on file.

Skeletal incomplete. Missing: Skull, and some major bones.

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

Sub tag

On Remains

Sub tag

What Identification Used Upon Reinterment: On Marker

Held for concentration

On Remains

Sub tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLSS Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings

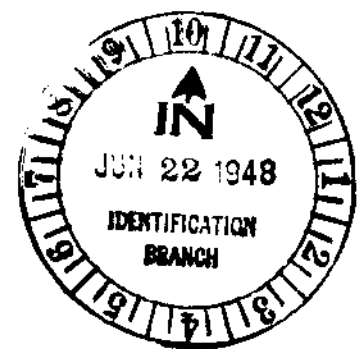
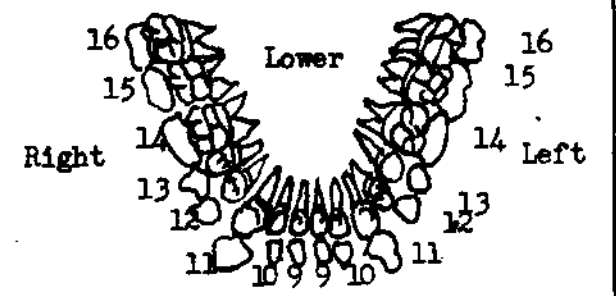
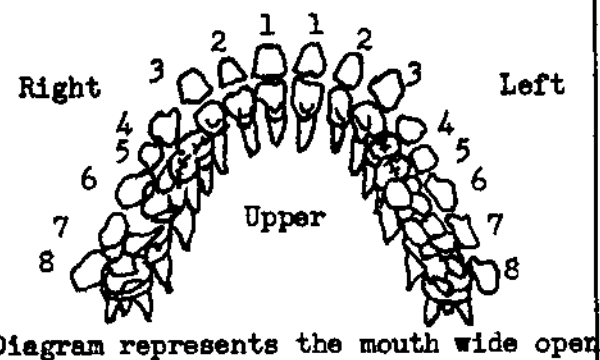


Caries (Cavities)



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



17-0887c-5

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1,
P. I.

UNKNOWN X-63, Grave 1555, Date 26 Aug 1945
USAF Cemetery Leyte # 1, P. I.

1. Remains of formerly UNKNOWN X-36, Grave Serial Number _____
Rank 399, USAF Cemetery Dulag # 1, Leyte, P. I. Organization _____

2. Disinterred (date): 26 Aug 1945 From (give complete location):
USAF Cemetery Leyte # 1, P. I.
By: Group Cpl Branch Unit Base K, GRS

3. Reburied (date): 26 Aug 1945 In (give complete location):
USAF Cemetery Leyte # 1, P. I.
By: Group Cpl Branch Unit Base K, GRS Nature of reburial blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Body badly decomposed, skull was missing--no tooth chart could be taken.

5. (a) Identification tags: Buried with body? no On grave marker? no
(b) Other means of identification found upon disinterment, and general remarks: Metal tags made by GRS buried with remains and attached to Marker.

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 _____

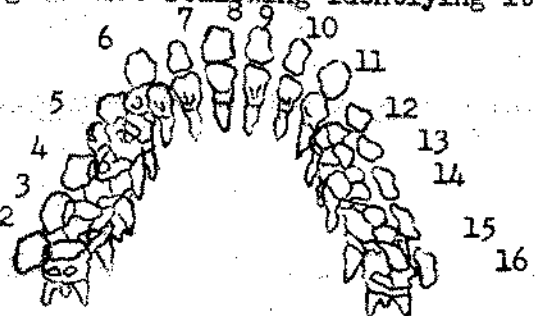
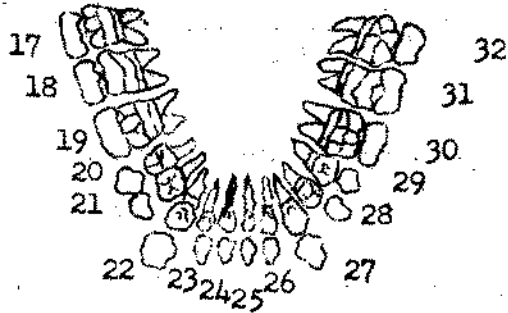


Diagram represents mouth wide open

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

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



7. Disinterment supervised by Cpl Branch Approved: Francis M. Simon, 1st Lt., QMC

(Title) GRO

8. Reburial supervised by Cpl Branch Approved: Francis M. Simon, 1st Lt., QMC







(Title) GRO

Handwritten note: Incl #24

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (a) 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
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity
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".		Decayed

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.

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

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

DATE OF REPORT
24 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		SERIAL No.
	NAME (Last, first, middle initial) UNKNOWN X-3715 (Formerly UNK X-63 USAF Cem #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 Dulag, Leyte, P.I.	CAUSE OF DEATH KIA	DATE OF DEATH 26 Oct 44
--------------------------------------	-----------------------	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unknown, fill in section 3 on reverse) [Vertical stamp: RECORDED & INDEXED]
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL STORAGE 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STONED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5587
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WAS THIS A REBURIAL? (Yes or no) 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. 1555
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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) STONED UNKNOWN X-3716	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5588
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3714	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5586

SIGNATURE OF PERSON PREPARING REPORT V G AQUINO 175 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPIO, 2d Lt. INF
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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.

347 8761 72 1948

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

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS:

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

12 MAY 1948

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

92

8719
8719

UNKNOWN A-03

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P.I.			26 October 1944		KIA
(Place of death)			(Date of death)		(Cause of death)
1100 hrs 1 July 1945	USAF Cemetery Leyte #1, P.I.				
(Time and date of burial)	(Name of Cemetery)		(Name of coordinates of location)		

1555

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 USAF Cemetery Dulag #1, Leyte, P.I. Grave 399

Metal tag buried with remains and attached to marker.

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

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

				Religion
Body buried on	RIGHT DIERKER, William C.	0-513 637	1st Lt	Corps Art
	(Name)	(Serial number)	(Rank)	V Amp Corps
				1556
				(Grave number)
Body buried on	LEFT SCHMIDT, John P.	36 604 474	Pfc	184 Inf
	(Name)	(Serial number)	(Rank)	(Organization)
				1554
				(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

No. 1247

RESTRICTED

RESTRICTED

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.

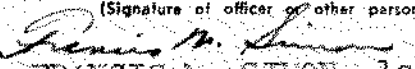
(If possible, have medical personnel take a tooth chart)

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, S/Sgt, GRS
 (Signature of officer or other person reporting burial)


 FRANCIS M. SIMON, 1st Lt., OMC
 (Verified by Army GRS Officer)

LEFT HAND

THUMB


 RECEIVED
 2 SEP 1945

RIGHT HAND

THUMB

1945 27 1945 3719

UNKNOWN X-36

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte Is. P.I.			26 October 1944		Body to Decomposed KIA -to Diagnos Cause
(Place of death)	(Date of death)		(Cause of death)		
1430 1 November 1944	USAF Cemetery Dulag #1		Dulag, Leyte, P.I.		
(Time and date of burial)	(Name of cemetery)		(Name or coordinates of location)		

399	11	1	Cross
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

Embossed Plate attached to Marker Religion - Unknown

One copy of GR Form #1 placed in sealed bottle and buried with Body

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

			Army Pilot atchd
Left	(If no identification tags, but identity definitely established, give particulars)		
Body buried on XXXX Dierker, William C.	0513637	1st Lt.	Amph Corps USMC 398
Right	(Name)	(Serial number)	(Rank) (Organization) (Grave number)
Body buried on XXXX Schmidt, John P.	36604474	Pfc	Co 184th Inf 400
	(Name)	(Serial number)	(Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

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

Dual 16

NONE

Incl 297

IF DECEASED UNIDENTIFIED

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

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

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

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

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

possible
502nd AAA; 7th QM Co; 722nd Eng Dpt Det

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

Lovilla G. Attenberger

(Signature of officer or other person reporting burial)
Lovilla G. Attenberger, Psc 4

(Verified by Army GRS Officer)

Robert W. Greer, 2nd Lt Inf

LEFT HAND

4

3

2

1

THUMB

8075 65A

RECEIVED

13 JAN 1945

Fingerprints not obtainable because of badly decomposition of Body

THUMB

1

2

3

4

RIGHT HAND

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

1. 6715