

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Junk Letters #1 X-66 (also Manus Manila X-3682)

SUBJECT

Formerly 293 Junk Tabletop X-38

QMOMT 293
ONS Far East

10 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-497 (formerly Unk X-71 Finschhafen #5)
Unknown X-3123
Unknown X-3682 (formerly Unk X-66 Leyte #1)
Unknown X-3707 (formerly Unk X-532 Leyte #1)
Unknown X-3756 (formerly Unk X- 93 Leyte #1)
Unknown X-3797
Unknown X-3800
Unknown X-3801
Unknown X-4005 (formerly Unk X-2 Finschhafen #3)
Unknown X-4020 (formerly Unk X-3 Finschhafen #3)
Unknown X-4923
Unknown X-3742 (formerly Unk X-1 Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

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

REB

J. Miller:lrc

Salser

JW

cc--Administrative Section

NJS

COPY

GSCR 293.9

16 May 1949

SUBJECT: Unidentifiable Remains

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

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

Unknown X-497	Unknown X-3742
" X-1707	" X-3756
" X-3123	" X-3797
" X-3147	" X-3800
" X-3150	" X-3801
" X-3168	" X-4005
" X-3426	" X-4020
" X-3682 ✓	" X-4923
" X-3707	

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

FOR THE COMMANDING GENERAL:

17 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

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

/ifj

/fms

1

Interred 10 Oct. 49
D. 14 213 Ft. McKinley

DISINTERMENT DIRECTIVE

Case R Mark

CART R. H. MARK
Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00086

DATE
15 05 48
DAY MONTH YEAR

NAME: *GRS* UNKNOWN X-000066 SERIAL NUMBER: *GRS* RANK: *GRS* ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

PLOT: 1696 ROW: COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FORT MCKINLEY NATIONAL CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-66 (Maus No.) UNK X-3682 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept 48

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: ROBERT F. STEVENSON 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 tags Maus No UNK X-3682

REMAINS PREPARED AND PLACED IN CASKET DATE: 27 Sept 48 BY: ROBERT F. STEVENSON

CASKET SEALED BY: ROBERT F. STEVENSON EMBALMER (Signature): *Robert F. Stevenson* ROBERT F. STEVENSON

CASKET BOXED AND MARKED: 27 Sept 48 BY: HORACE L. ALLISON Sgt., Inf SHIPPING ADDRESS VERIFIED BY: HONORIO V. AURELIO, 1st Lt., Inf

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE 10 OCT 1949

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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY MILITARY CEM	DATE MEXA	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

293 - Unk. X - 34 P. I. (Taeloban)

Letter

18 Oct 45

FROM: O MG
TO: CG, USAF in the Far East APO 501, c/o FM, San Francisco, Cal
FOR: QM

SUBJ: Identification of Unknown Deceased.

293 - Unk. (Misc) P. I. (Taeloban)

jpm

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

4 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 66, Plot _____,
Row _____, Grave 1696, 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:


W. B. MCNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 27 May 1949 OQM
Not identifiable from
information presently
available 10 June 1949

J. Miller

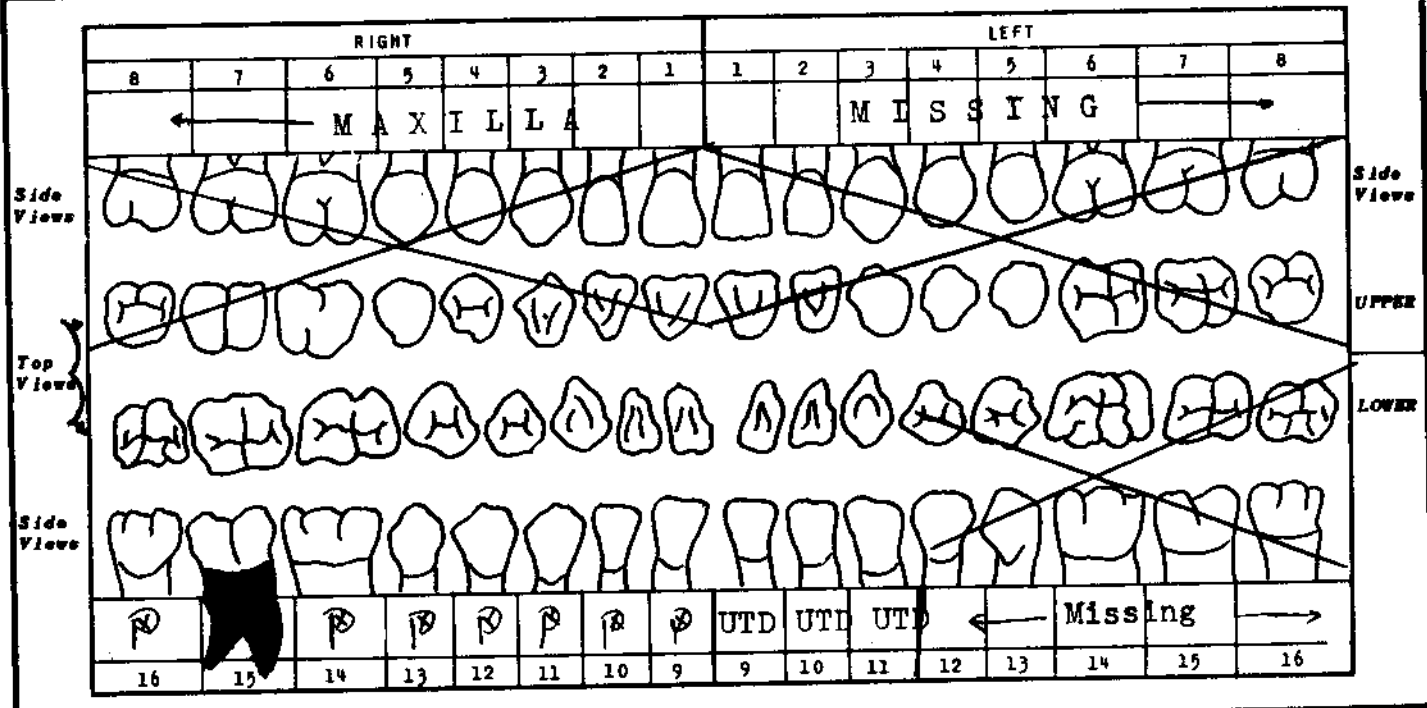
Encl #8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2682 (Formerly UNK X-66 Leyte # 1)			2. DATE OF REPORT 4 May 49		
3. NAME OF CEMETERY		4. PLOT 812	5. ROW U	6. GRAVE 5446	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 4' 9 1/6"	10. COLOR OF HAIR U T D		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">U T D</p>					
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 <p style="text-align: center;">NONE</p>					
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) <p style="text-align: center;">NONE</p>					

Final # 82

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
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:			



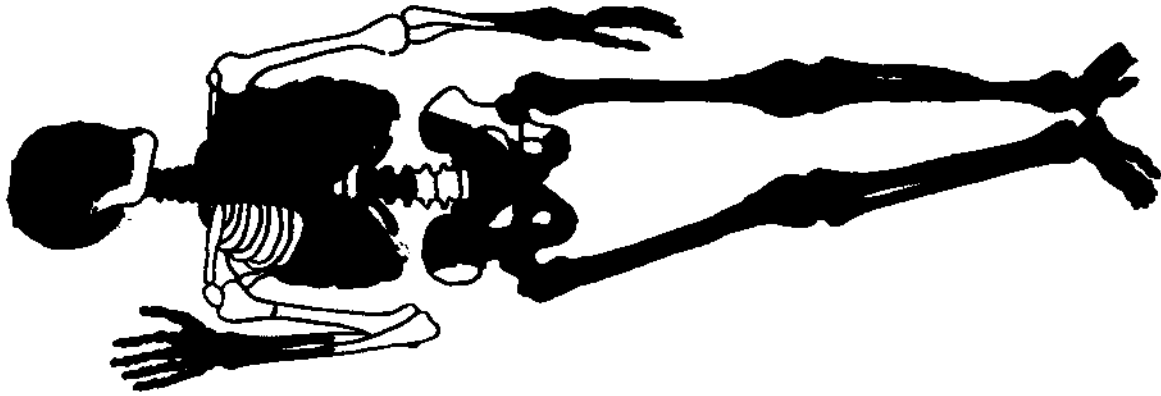
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L-9-10-11- unable to determine whether X or P due to condition of alveolar process. Maxilla missing, no maxillary teeth present with remains. R-15 crown broken most tips present in alveolar process.

J. J. Mc Dermott
J. J. McDERMOTT

Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 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

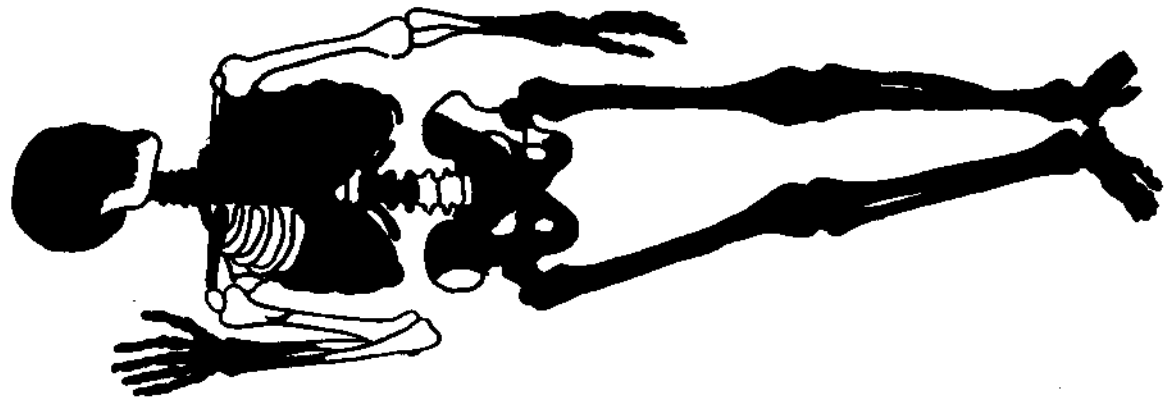
JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DAT.

1. REMAINS OF UNKNOWN X-3682 (Formerly UNK X-66, USAF Com Lgts #1, 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 5446	7. DATE OF DISINTERMENT 6 Jan 48
					REINTERMENT 11 Feb 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 4'9-1/6"		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">NONE</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">UTD - Skeletal chart and tooth chart attached.</p>					
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 <p align="center">NONE</p>					
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) <p align="center">NONE</p>					

19. BLACK OUT PARTS OF BODY NOT RECOVERED



L/R

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, I. D. tags, personal effects or other means of identification received with remains. Estimated weight 2 lbs. No skull 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

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1,
P. I.

UNKNOWN X-66, Grave 1696,
USAF Cemetery Leyte # 1, P. I. Date 26 Aug 1945

1. Remains of formerly UNKNOWN X-38, Grave 379,
USAF Cemetery Dulag # 1, Leyte, P. I. Serial Number _____
Rank _____ Organization _____

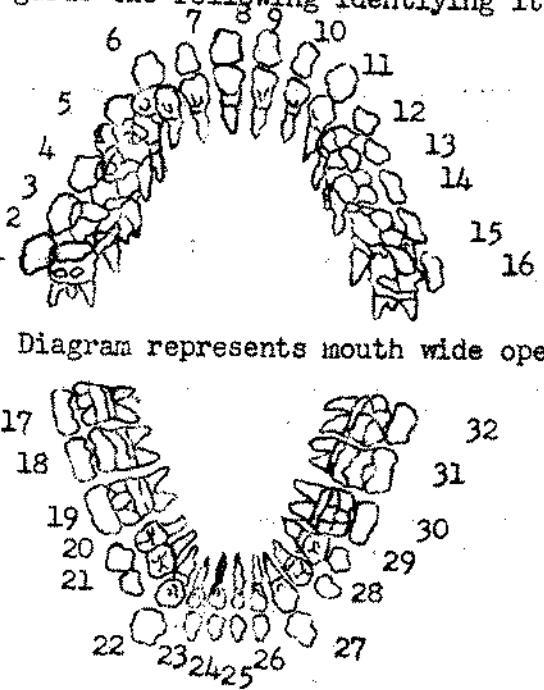
2. Disinterred (date):
26 Aug 1945 From (give complete location):
USAF Cemetery Leyte # 1, P. I.
By: Group Cpl Branch Unit Base K, GRS

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:
Badly decomposed, skull missing--tooth chart could not 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 _____
(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: 2nd # 26

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

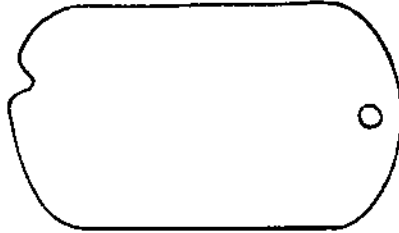
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT
20 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3682 (Formerly UNK X-6, 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 Dulag Area, Leyte, P.I.	CAUSE OF DEATH KIA-shrapnel wounds, multiple and drowning	DATE OF DEATH 3 Nov. 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 identified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	REPAIR BRANCH RECORDS BRANCH JAN 7 2 40 PM '48 HEADQUARTERS DIVISION

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	PLOT No.	ROW No.	GRAVE No.
11 Feb 48	1000	Casket	None	812	U	5446

WAS THIS A REBURIAL? (Yes or no) Yes	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. 1696
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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
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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) UNKNOWN X-3683	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5447
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3680	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5445

SIGNATURE OF PERSON PREPARING REPORT
V. C. ARGUERO, QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT
L. S. PANOPIC, 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

Section 3.—U. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


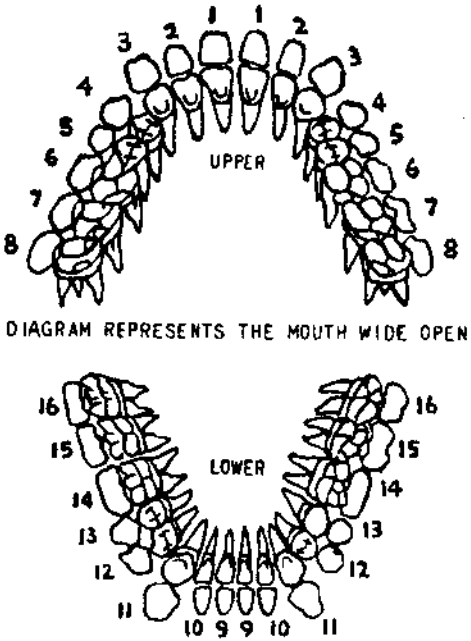




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

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

12 MAY 1948

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

8718

(TM 10-630 AND AR 30-1815)

UNKNOWN X-66

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Dulag Area, Leyte, P.I. 3 November 1944 KIA-shrapnel wounds, mult,
(Place of death) (Date of death) and drowning (Cause of death)

0900 hrs 4 July 1945 USAF Cemetery Leyte #1, P.I.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

1696 (Grave number) 1696 (Row number) (Plot number) Reg. Cross (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 379 (X-38)
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 identity definitely established, give particulars) Religion

Body buried on RIGHT LUDWIG, Elias A. 36 219 577 Sgt Co A, 17 Inf 1697
(Name) (Serial number) (Rank) (Organization) (Grave number)
Body buried on LEFT BOWIE, Royce R. 34 479 932 Pfc Co B, 17 Inf 1695
(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
(*) No. 1247

RESTRICTED

RESTRICTED

JAN 27 1945

8718

UNKNOWN X-38

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag Area, Island of Leyte, P.I.			3 November 1944	Shrapnel Wounds Mult and Drowning	
1020	3 November 1944		USAF Cemetery Dulag #1	Dulag, Leyte, P.I.	
(Time and date of burial)			(Name of cemetery)		(Name or coordinates of location)

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
379	10	1	Cross

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?)

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

Body buried on Left Right	Ludwig, Elias A.	36219577	Sgt.	Go A, 17th Inf 378
	(Name)	(Serial number)	(Rank)	(Grave number)
Body buried on Left	Alicando, Crisologo	No. 64	None	Vol Guerilla 380
	(Name)	(Serial number)	(Rank)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

21A

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:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

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

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

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

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

Lovillo G. Stulenyer
 (Signature of officer or other person reporting burial)
 Lovillo G. Stulenyer, Tec 4
Robert W. Greer
 (Verified by Army GRS Officer)
 Robert W. Greer, 2nd Lt Inf

8076 

4	
3	
2	
1	
THUMB	

LEFT HAND

4	
3	
2	
1	
THUMB	

RIGHT HAND

Fingerprints not obtainable because Body had laid in water for several days and was badly decomposed

RECEIVED
 13 JAN 1945