

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Leyte #1 7-75

SUBJECT

✓  
Clear 293 Ink Manila Mass 7-3728

QMC FORM 1121  
1 Aug 45

QMC 298  
GMS Far East

17 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 ZONE

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

Unknown X-4535  
Unknown X-229  
Unknown X-2330 (formerly X-500, USAF Cemetery Leyte #1, P.I.)  
Unknown X-3425 (formerly X-195, USAF Cemetery Leyte #1, P.I.)  
Unknown X-3728 (formerly X-75, USAF Cemetery Leyte #1, P.I.)  
Unknown X-3684 (formerly X-79, USAF Cemetery Leyte #1, P.I.)

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

3. QMC Form 1044 for Unknown X-4194 was transmitted this Office for review. Records indicate that subject unknown was segregated into two remains designated Unknowns X-4194-A and X-4194-B. Request clarification.

FOR THE ACTING THE QUARTERMASTER GENERAL:

R.Little:lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cinops

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

REB

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707  
28 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:

UNKNOWN	X-229	AGRS	Mslm	UNKNOWN	X-2330	AGRS	Mslm
"	X-449	AGRS	Mslm	"	X-2383	AGRS	Mslm
"	X-990	AGRS	Mslm	"	X-3037	AGRS	Mslm
"	X-1079	AGRS	Mslm	"	X-3425	AGRS	Mslm
"	X-1098	AGRS	Mslm	"	X-3684	AGRS	Mslm
"	X-1126	AGRS	Mslm	"	X-3728	AGRS	Mslm
"	X-1149	AGRS	Mslm	"	X-4118	Manila #2	
"	X-1157	AGRS	Mslm	"	X-4194	AGRS	Mslm
"	X-1428	AGRS	Mslm	"	X-4503	AGRS	Mslm
"	X-1578	AGRS	Mslm	"	X-4505	AGRS	Mslm
"	X-1668	AGRS	Mslm	"	X-4535	AGRS	Mslm
"	X-2078	AGRS	Mslm				

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

23 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

18 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 75, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1831, USMC USAF Cem. 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. McNEEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 8/10/49 ..... OQMG  
Not identifiable from  
information presently  
available File 8/10/49 Ident. Br.

Inch # 18'

X-3666 AGRS  
LETTER 22 June 49

QMGT 293  
GRS Far East

13 May 1949

SUBJECT: Disapproval of Board Findings

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

1. Reference is made to the attached Field Board Findings recommending the individual identification of the following Unknowns:

X-3414 AGRS Mausoleum, Manila, P.I.  
as: Pvt. Harold R. Fear 37225517

X-3321 AGRS Mausoleum, Manila, P.I.  
as: Pvt. Benjamin H. Burton 32859534

✓ X-3728 AGRS Mausoleum, Manila, P.I.  
as: T/4 Peter P. Coccari 32923314

X-3418 AGRS Mausoleum, Manila, P.I.  
as: Pvt. Ray Beeson 39188522

X-3416 AGRS Mausoleum, Manila, P.I.  
as: Pfc. Richard W. Trevor 37677775

X-3654 AGRS Mausoleum, Manila, P.I.  
as: Pvt. Bernie O. Aaberg 37576340

2. Subject proceedings are being returned by this Office as additional dental data has been obtained on the personnel involved. It is recommended that a re-investigation be made by your Office and findings forwarded.

3. Further reference is made to the attached Field Board Findings dated 8 March 1949, recommending the identification of Unknown X-3790A as Pvt. Oscar Daily, 37674136, and Field Board Findings dated 2 April 1949, recommending the same Unknown X-3790A as T/5 Leonard E. Meier, 37309112. Clarification of this discrepancy is requested.

FOR THE QUARTERMASTER GENERAL:

16 Incls:  
1 - 8 Bd Proceedings as stated  
9 - 16 Forms 79

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

/ifj

<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 /cms  <b>1</b> </div>	Interred 28 Jul 1949 L 8 81 Ft. McKinley <i>Carrollmark</i> <b>CARL R. H. LARK</b>			<b>DISINTERMENT DIRECTIVE</b>		
	Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00094		DATE 15   05   48 DAY   MONTH   YEAR	
NAME UNKNOWN		SERIAL NUMBER X-000075		RANK	ARM 0	DATE OF DEATH DAY   MONTH   YEAR 7701   80 CODE   DIST. PT.
CEMETERY USAF CEMETERY LEYTE NO 1					DISPOSITION OF REMAINS 0	
PLOT	ROW	GRAVE 1831	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-75 (Maus No.) UNK X-3728		SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISTINTERRED 27 Sept 48
IDENTIFICATION TAG ON <input 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-3728						
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 27 Sept 48 DATE BY		HORACE L. ALLISON Sgt., Inf		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.						
					<i>Charles R. Bates</i> CHARLES R. BATES, 1st Lt., USAFR SIGNATURE OF GRS INSPECTOR	
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						16 AUG 1949 REPATRIATION BRANCH NEW ORL. <i>Ally</i>

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGFS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>20 JUL 1949</b>

## 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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3728 (Formerly UNK X-75, Leyte #1)</b>				2. DATE OF REPORT <b>20 July 1949</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	W	5719	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

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

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**

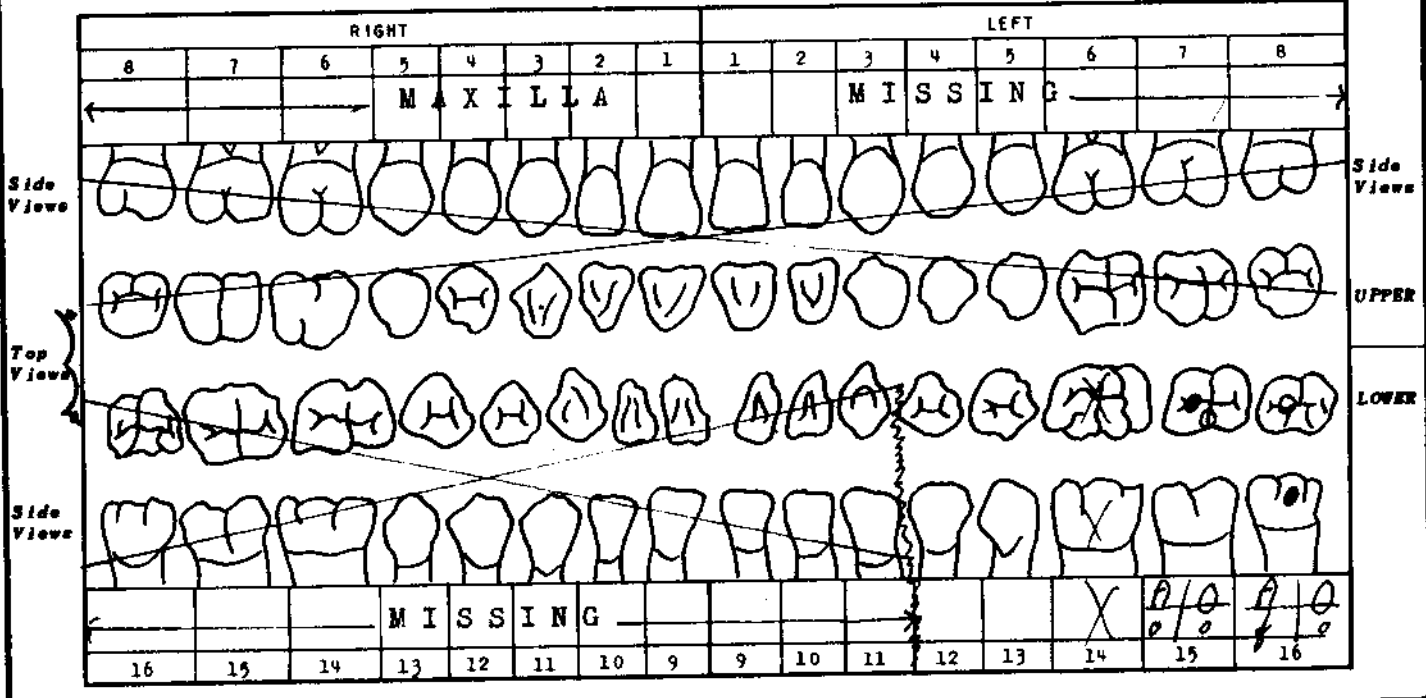
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Incl. # 18<sup>2</sup>*



TOOTH CHART

<p>18. MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</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."

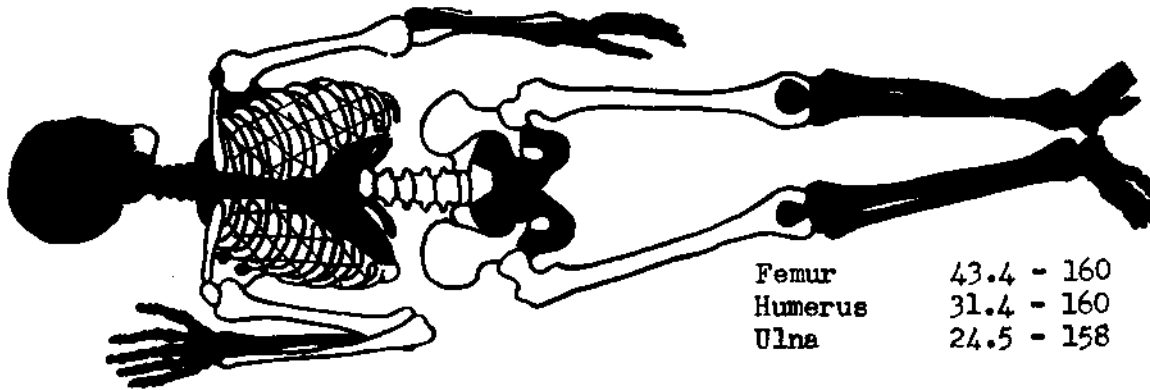
Maxilla missing no maxillary teeth present with remains.  
Mandibular missing from R16 - L11.

**"UNIDENTIFIABLE"**

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

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 159-1/3 cms or 5'3"

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 - 3½ lbs.

**"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

DENTAL CHART

Unknown X- 3728

Name: COCCARI, Peter P.  
T/4 32932314

R-8 M  
R-7 A  
R-6 X  
R-5 I  
R-4 I  
R-3 L  
R-2 L  
R-1 A

R-8  
R-7  
R-6 X  
R-5  
R-4  
R-3  
R-2  
R-1

L-1 M  
L-2 I  
L-3 S  
L-4 S  
L-5 I  
L-6 N  
L-7 G  
L-8

L-1  
L-2  
L-3  
L-4  
L-5  
L-6  
L-7  
L-8

R-16 M  
R-15 A  
R-14 N  
R-13 D  
R-12 I  
R-11 B  
R-10 L M  
R-9 E I

R-16  
R-15  
R-14 X  
R-13  
R-12  
R-11  
R-10  
R-9

L-9 I  
L-10 N  
L-11 G  
L-12  
L-13  
L-14 X  
L-15 oA - carious o  
L-16 fA - carious o

L-9  
L-10  
L-11  
L-12  
L-13  
L-14 X  
L-15  
L-16

Est Ht.: 5' 3"

Ht: 5' 5 1/4"  
Age: 23  
Chart: 17 May 43

Tinberg  
Investigator

IDENTIFICATION CHECK LIST

DATE

14 April 1949

UNKNOWN X- NO. OR OTHER DESIGNATION

X-3728

CEMETERY

AGRS, Mausoleum, Manila, P.I.

PLC Hangar  
812

ROW Bay  
W

GRAV Crypt  
5719

IDENTIFIED AS

COCCARI, Peter P.

T/4

32932314

ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN
DATE AND PLACE OF DEATH	X		
CAUSE OF DEATH	X		
DENTAL CHART	X		
COLOR HAIR			
ESTIMATED HEIGHT	X		
ESTIMATED WEIGHT			
SCARS, FRACTURES, ETC.			
LAUNDRY MARKS			
SHOE SIZE			
TYPE CLOTHING			
IDENTIFICATION TAG			
PERSONAL EFFECTS			
STATEMENT OF CIVILIANS			
ENEMY RECORDS			
EMERGENCY MEDICAL TAG			
PAY BOOK (EM/OFF.)			
SIGNED STATEMENT OF IDENTITY			

REMARKS

Field Board Findings received recommending the individual identification of Unknown X-3728 as T/4 Peter P. Coccari, 32932314.

T/4 Coccari was killed in action on Dulag, Leyte, P.I., 25 October 1944 when a Japanese bomber scored a direct hit upon an ammunition and gasoline supply dump near which T/4 Coccari and several other men were working. Most of the remains recovered were badly mutilated and burned as a result of the explosion.

When the remains were originally recovered they were designated Unknown X-34 and interred at USAF Cemetery, Dulag #1, P.I., later transferred to USAF Cemetery, Leyte #1, P.I., and redesignated Unknown X-75. Remains are now stored at Manila Mausoleum as Unknown X-3728.

The time, place and cause of death of T/4 Coccari are in agreement with information for Unknown X-3728. Physical and dental information of Unknown X-3728 and T/4 Coccari were compared with all other decedents killed by the explosion with negative results.









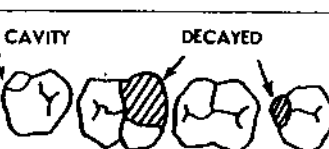
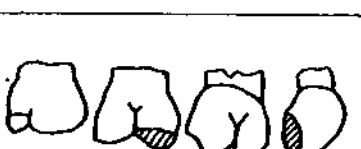
It is recommended that the identification of Unknown X-3728, as proposed by the Field, be approved.

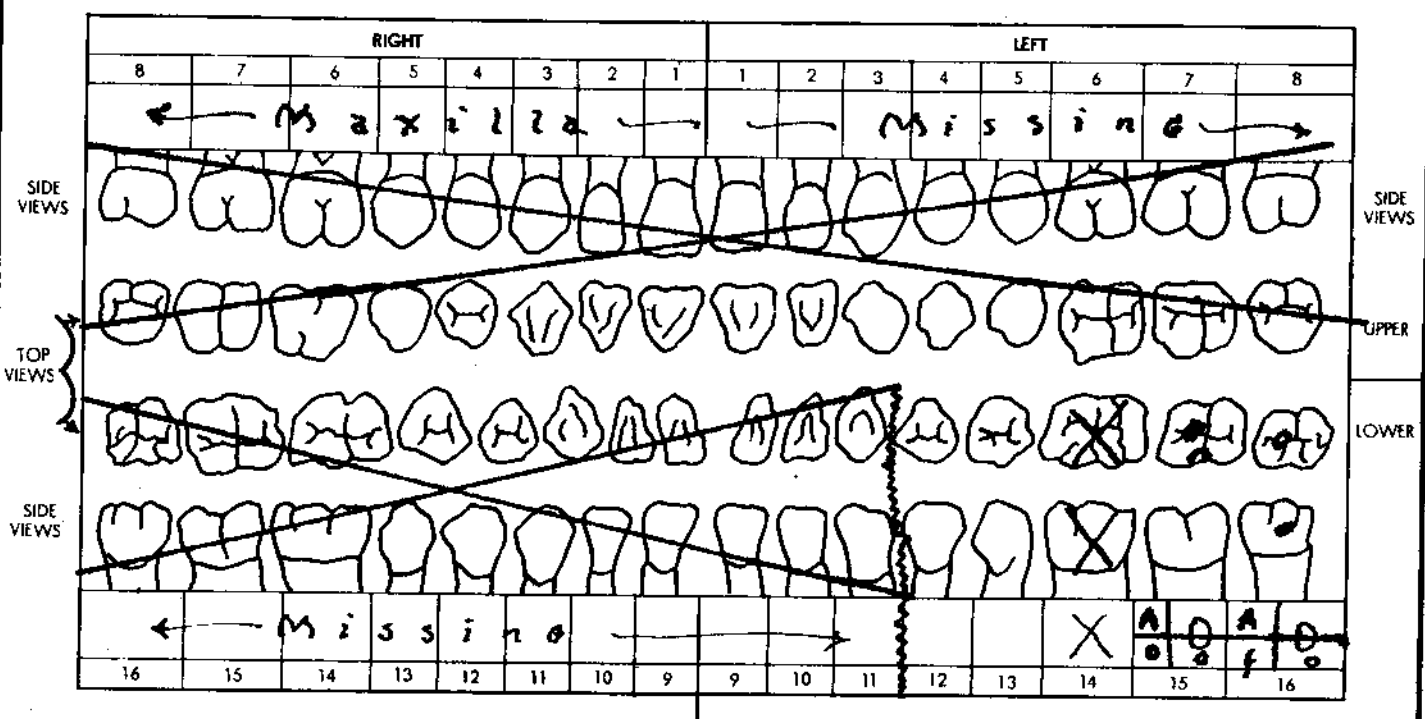
## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3728 (Formerly Unk X-75 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 12 Feb 48			
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 812	5. ROW W	6. GRAVE 5719	7. DATE OF DISINTERMENT 26 Dec 47	REINTERMENT 14 Feb 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'3"		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 ? <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						

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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		



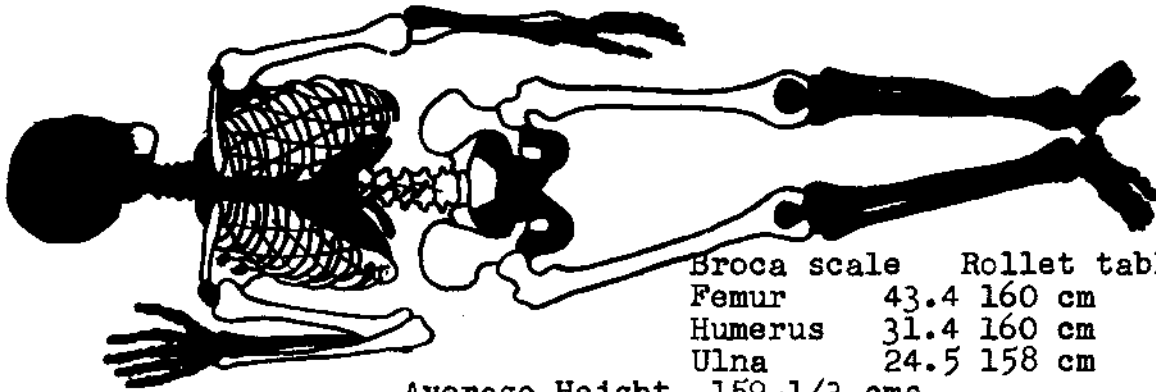
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla missing no maxillary teeth present with remains.  
Mandibular missing from R-16 to L-11.

CERTIFIED TRUE COPY:  
*E. T. Gamboa*  
E T GAMBOA 2d Lt., MSC

/s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



41R

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 identification tags, personal effects, burial bottle, or other means of identification found with remains. Skeletal remains badly decomposed. Skeletal remains shows no evidence of burns as stated in previous ROI.

Circumference of skull is unobtainable due to condition of remains, no skull.

Estimated weight of remains 3½ lbs.

CERTIFIED TRUE COPY:

*A. J. 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

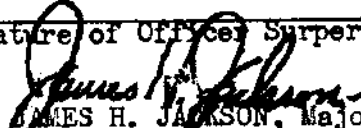
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JOHN J CONNORS SP-6  
CIP Lab., Manila, P.I.

SIGNATURE

/s/ John J Connors

X-728

OMO Form 1044 Rev. 1 Apr. 1945		RESTRICTED		Date 8 January 1948	
REPORT OF DISINTERMENT FOR IDENTIFICATION					
1. Remains of (Name)  UNKNOWN X-75			Serial Number		
Grade		Organization			
Name, Number and Location of Cemetery  USAF Cemetery Leyte #1, P.I.			Plot	Row	Grave No.  1831
2. Date of Disinterment  26 December 1947		NEXT TO KIN: -			
3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.  Original made in shelter halve burial. Skeletal remains. Skull, maxilla missing. Half mandible found. Substitute 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.   JAMES H. JACKSON, Major, TC.					



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**

Tooth Missing      Tooth Missing

**Crowned Teeth**

Gold Crown      Porcelain Crown

**Bridgework**

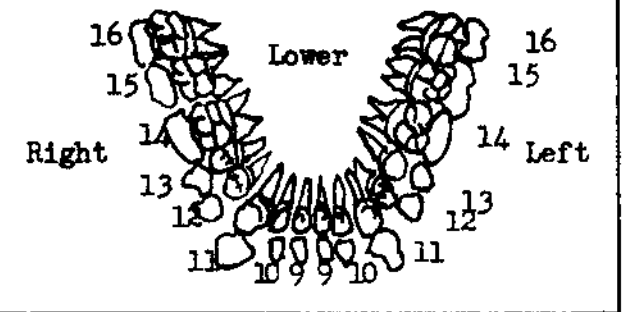
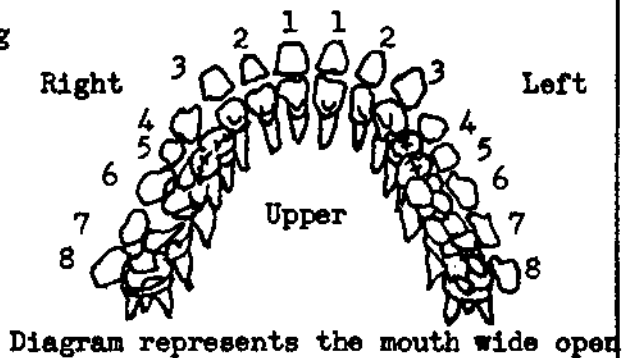
Gold & Porcelain Bridge      Gold Bridge

**Fillings**

Silver Filling      Gold Filling  
Gold Filling      Gold Filling

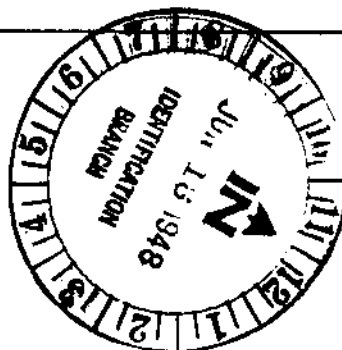
**Caries (Cavities)**

Cavity      Decayed  
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".

**Remarks**



5-34880-41

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1, P.I.

UNKNOWN X-75 Grave 1831, USAF Cemetery Leyte # 1, P. I. Date 26 Aug 1945

1. Remains of formerly UNKNOWN X-34, Grave Serial Number  
Rank 336, 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:  
Badly decomposed--skull was 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) \_\_\_\_\_

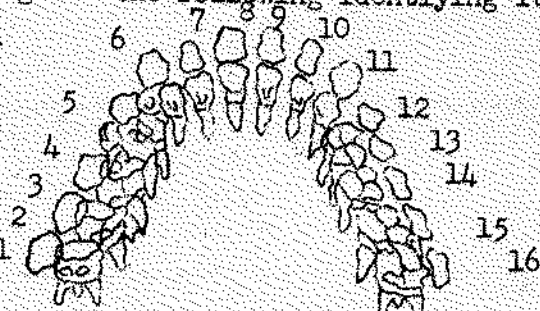
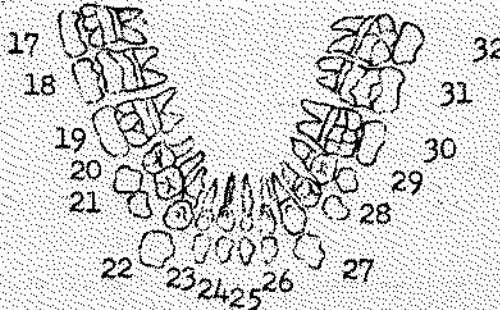


Diagram represents mouth wide open



7. Disinterment supervised by Cpl Branch Approved: FRANCIS M. SIMON, 1st Lt., QMC  
(Title) GRO




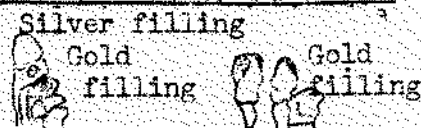

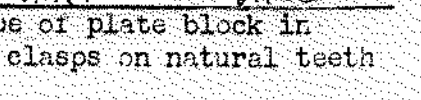
8. Reburial supervised by Cpl Branch Approved: FRANCIS M. SIMON, 1st Lt., QMC  
(Title) GRO

*Handwritten initials: JH 113*

## 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.

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:	
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
<b>CARIES (CAVITIES)</b>	Outline location and size of cavities, shade in thus:	
<b>DENTURES (PLATES)</b>	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.

RESTRICTED

JUN 18 1948

U3190

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

28 Feb 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-3728 (Formerly Unk X-75  
USAF Cem 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, Leyte, P.I.

CAUSE OF DEATH

KIA—badly burned and decomposed

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 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

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 14 Feb 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. W	GRAVE No. CRYPT 5719
--	--------------	---	---------------------------------	-----------------	--------------	----------------------------

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 Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 1831
---	---	----------	---------	-------------------

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) UNKNOWN X-3732-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5720
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3727	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5718
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT AQUINO T/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPLO, 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 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.

**19 MAY 1948**

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

## REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

5

UNKNOWN X-75

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-badly burned and decomposed
(Place of death)			(Date of death)		(Cause of death)
1600 hrs 4 July 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of Cemetery)		(Name of coordinates of location)

1891

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 336, USAF Cemetery Dulag # 1, Leyte, P. I. (UNKNOWN X-34)

Metal tag buried with remains and attached to Marker.

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

Religion

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

Body buried on RIGHT	Mc ENANEY, Donald A.	6 938 561	Tec 4	H&S Co 776 Amph Tk	1832
	(Name)	(Serial number)	(Rank)	(Organization)	Bn (Grave number)
Body buried on LEFT	KRZOS, John A.	36 022 606	Sgt	Co K 17 Inf	1830
	(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 RESTRICTED

(\*) No. 1247

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

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

**Impossible to take tooth chart on disinterment.**  
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.:

Possible 502nd AAA, 7th QM Co, or 722 Engr Dep Det.

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

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

Francis M. Simon, 1st Lt., QMC  
(Verified by Army GRS Officer)

4	
3	
2	
1	
THUMB	5

LEFT HAND

4	
3	
2	RECEIVED 2 SEP 43
1	
THUMB	

RIGHT HAND

**UNKNOWN X-34**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag,	Island of	Leyte,	P.I.	26 October 1944	KIA - Badly Burned and Decomposed
1800	29 October 1944	USAF Cemtery	Dulag #1	Dulag, Leyte, P.I.	
(Time and date of burial)		(Name of cemetery)		(Name or coordinates of location)	

336	9	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 attache dto 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)

Left	Body buried on	<del>DELT</del> McEnaney, Donald A.	6938561	Tec 4	H&S Co 776th	335
Right	Body buried on	<del>DELT</del> Krzos, John A.	36022606	Sgt. Co K	17th Inf	337
		(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

81A

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, ~~records~~ 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 LAND-MARKS.

*James G. Fulmer*  
\_\_\_\_\_  
(Signature of person reporting burial)  
*Robert W. Greer* "ec 4"  
\_\_\_\_\_  
(Verified by Army GRS Officer)

Robert W. Greer, 2nd Lt Inf

8075 65A

4  
3  
2  
1  
LEFT HAND  
THUMB

4  
3  
2  
1  
RIGHT HAND  
THUMB  
Fingerprints not obtainable because condition of Body was badly Burned and Decompose