

FILE IDENTIFICATION TOPPER

FILE NUMBER

292 rank Sgt #1 X-83

SUBJECT

also 293 rank major Ymanila X-3664

GHC FORM 1121
1 Aug 45

MEMORIAL OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred - 18 Jan 1951

Section 3, Grave No. 1278

JOSEPH J. WALSH, Acting Supt., NMCP

SECTION A
NAME AND BURIAL LOCATION OF DECEASED
Leyte #1 X-83

DIRECTIVE NUMBER
7740 00101

DATE
15 | 05 | 48
DAY | MONTH | YEAR

NAME: UNKNOWN X-000083 (Manila Maus X-3666) SERIAL NUMBER: X-000083 RANK: ARM: Q DATE OF DEATH: DAY | MONTH | YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS: 0492 CODE 64 DIST. PT.

PLOT: ROW: GRAVE: 2149 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 65

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ~~FORT MCKINLEY NATIONAL CEMETERY~~
~~MANILA PHILIPPINE ISLANDS~~
National Memorial Cemetery of the Pacific
(BY ADMINISTRATIVE ORDER) Hon., I.H.
NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X- 83 (Maus) Unknown X-3666 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept '48

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: PERRY E. WHITE 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 1

(2) Identification tags read Maus. - Unknown X-3666

REMAINS PREPARED AND PLACED IN CASKET DATE: 27 Sept '48 BY: PERRY E. WHITE

CASKET SEALED BY: PERRY E. WHITE EMBALMER (Signature): PERRY E. WHITE

CASKET BOXED AND MARKED DATE: 27 Sept 48 BY: HORACE L. ALLISON, Sgt INF SHIPPING ADDRESS VERIFIED BY: TEOFILO M. AMUTAN, 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.

Teofil M. Amutan
TEOFILO M. AMUTAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

NAT FILE RECORDS ANNOTATED DATE: 2 February 51 NAME: [Signature] BR. MEM. DIV.

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	DATE

2. SHIPPED

FROM U. S. ARMY MAUSOLEUM		TO Hawaiian Dist. Center	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Joseph P. Simoni</i> JOSEPH P. SIMONI	DATE 16 Jan 51	SIGNATURE OF RECEIVER <i>Leroy F. Turner</i> LEROY F. TURNER, Adm. Asst.	DATE 16 Jan 51

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

MSGT 293
CRS Pacific

1 February 1951

SUBJECT: Identification of World War II Deceased

Counsel with - 293 Unknown Leyte # 1 X-83

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the Certificates of Unidentifiability for the remains of the following:

Unknown X-9, 77th Div Cem Okinawa, Unit D, Page 38
" X-576, Manila Mausoleum, formerly Unknown X-30,
USAF Cem #1, Finschhafen, New Guinea, Unit D,
Page 38
293 " X-3666, Manila Mausoleum formerly Unknown X-83, USAF
Cem Leyte #1, P.I., Unit D, Page 43.

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

FOR THE QUARTERMASTER GENERAL:

G. Palmer
C.C. Salser:lrc

THOMAS E. COX
Capt QMC
Memorial Division

RJP

cc--Cincfe
cc--Philcom
cc--Administrative Section

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3666 (Formerly UNK A-82, U.S. Cem. Leyte #1, P.I.)			2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGHS Mausoleum, Manila, P.I.	4. PLOT HANGER	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF DISINTERMENT
	812	U	5429	17 Dec 47
REINTERMENT STORAGE 11 Feb 48				

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 5' 6-3/8"	10. COLOR OF HAIR U.T.D.	11. RACE U.T.D.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

Stanley E. Ray

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

U.T.D.

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

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

110
let's see
 1 Feb 51
 Identification Branch

23 January 51
 30 Jan 51 H.E. Palmer

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

TOP VIEW

SIDE VIEW



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

GOLD GROWN PORCELAIN GROWN



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

GOLD BRIDGE



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

GOLD FILLING SILVER FILLING



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

CAVITY DECAYED



51679

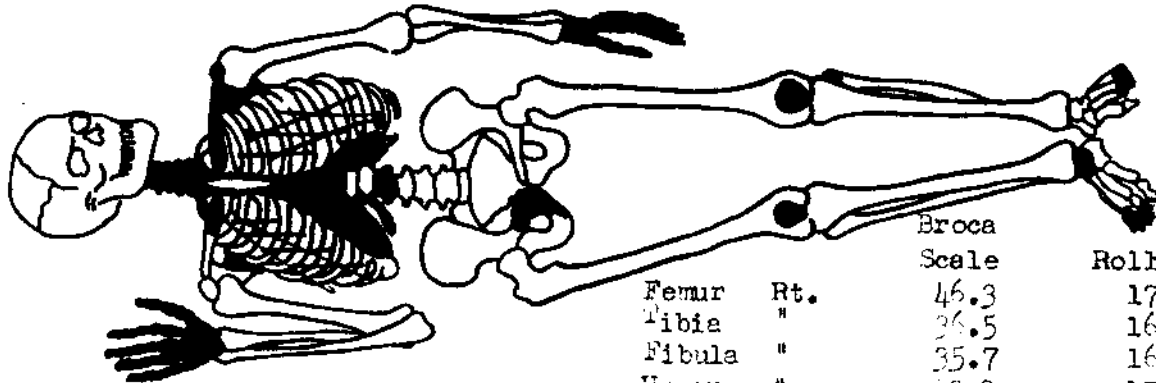
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	cavity		A		P		P	P	P	P	A		A	A	A	
			od								od		od	om	o	
SIDE VIEWS															SIDE VIEWS	
TOP VIEWS																
SIDE VIEWS																
	A				P	P	P	P			P	A	A		X	
	D											od	od			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

CERTIFIED TRUE COPY: /s/t/ G. T. GARBOA 2d Lt., MSC

TRUE COPY: H. B. McNEELAR Capt., JAG

/s/ John J. Connors



Average Height - 168 2/3 cm.

		Broca Scale	Roller-Table
Femur	Rt.	46.3	170 Cm.
Tibia	"	26.5	166 "
Fibula	"	35.7	164 "
Humerus	"	33.3	170 "
Radius	"	24.5	170 "
Ulna	"	26.5	172 "

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 on remains. Skeletal remains shows evidence of slight burns.

Circumference of the skull 21 1/2 inches.

Estimated weight of remains 6 1/2 lbs.

A TRUE COPY:

[Handwritten Signature]
 M. B. McNEER
 Capt.,

CERTIFIED TRUE COPY:

/s/t/ G. T. GAMBOA
 2d Lt.,

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 Laboratory, Manila, P.I.

SIGNATURE
 /s/ John J. Connors

QMGMT 293
GRS Pacific

1 February 1951

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the Certificates of Unidentifiability for the remains of the following:

Unknown X-9, 77th ^{P.O. 310} Cemetery, Okinawa, Unit D, Page 38
" X-576, Manila Mausoleum, formerly Unk X-30, USAF
Cem #1 Finschhafen, New Guinea, Unit D, Page 38
" X-3666, Manila Mausoleum formerly Unknown 83, USAF
Cem Leyte #1, P.I., Unig D, Page 43.

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

FOR THE QUARTERMASTER GENERAL:

G. Palmer:lro
Salser

THOMAS E. COX
Capt QMC
Memorial Division

EJF

cc--Admin Sec
cc--Cincfe
cc--Philcom

293 unk PT X-3666 Maus Manely

OMC 295
AGPS Far East

22 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 Field Board Findings, dated 3 March 1949, recommending the individual identification of Unknown X-3666, AGPS Mausoleum, Manila, P.I., as Pvt., Carl E. Reaser, 33636196.

2. Subject findings are being returned by this Office as the dental chart accomplished for Unknown X-3666 does not compare favorably with the dental information submitted for Pvt. Reaser. However, additional dental information is being submitted for Pvt. Reaser, as well as for other unidentified deceased involved in the same explosion, and it is recommended that a re-investigation be made and this Office advised of your findings.

3. Further reference is made to attached copy of letter from this Office, dated 13 May 1949, to which reply has not been received.

FOR THE QUARTERMASTER GENERAL:

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

- 28 Incls:
- 1 - Bd Findings (Reaser)
- 2 - Cpy ltr dtd 13 May 49
- 3 - OCMG Form 371 (in dup) (Carson)
- 4 - " " " (in dup) (Cesa)
- 5 - " " " " " (Corcoran)
- 6 - " " " " " (Conley)
- 7 - " " " " " (Faulise)
- 8 - " " " " " (Lehngood)
- 9 - " " " " " (McNutt)
- 10 - " " " " " (Witters)
- 11 - Form 79 (Andrews)
- 12 - " " (Buzzard)
- 13 - " " (Clark)
- 14 - " " (Demarti) w/attchs
- 15 - " " (Gross) "
- 16 - " " (Gutierrez) "

293 GRS (Far East)

incls w/10 + field 295

M 22
OCMG
MGR BR

QRCMT 295

GHS Far East

SUBJECT: Identification of World War II Deceased

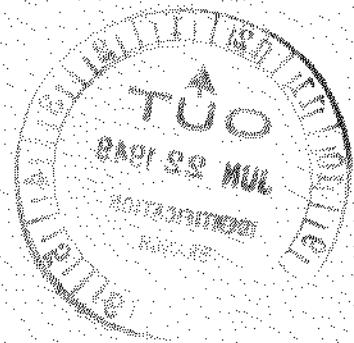
Ltr 22 June 1951

- 17 - Form 79 (Johnson)
- 18 - " " (Miller)
- 19 - " " (Mocciare)
- 20 - " " (O'Leary) w/attchs
- 21 - " " (Parson)
- 22 - " " (Paustain) w/attchs
- 23 - " " (Rowe)
- 24 - " " (Southworth)
- 25 - " " (Straight) w/attchs
- 26 - " " (Thurber) "
- 27 - " " (Wagner) "
- 28 - " " (Wilson)

REB

NJS

Z. Sparks: lrc *ZMS*
Salser *CS*
JW *JW*



JUN 22 1 22 PM '51
COMM MGR CR

6

DISINTERMENT DIRECTIVE

293 Hrkx - 83 P.I. (Leyte)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7740 00101

DATE 15 03 48 DAY MONTH YEAR

NAME UNKNOWN X - 000083

SERIAL NUMBER RANK ARM

DATE OF DEATH DAY MONTH YEAR

CEMETERY USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS CODE 7701 DIST. PT. 80

PLOT ROW GRAVE COUNTRY 2149 PHILIPPINE ISLANDS

CAUSE OF DEATH

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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN

RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL OTHER MEANS OF IDENTIFICATION

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY BY

EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Uk-Seyte #1 (misc)
X-79 X-83 X-123 X-139 X-151

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Uk-Seyte #1 X-79

10/6/50
Dnd

RECLASSIFICATION SHEET

FILE UNDER NO. 293 Unk. ~~U.S.~~ X-83 (Layts #1).

3 Apr. 1947.

4TH IND.

FROM: OQIG.
TO: CO, Philippine Army Command, apo 707.

RE: Comparison of tooth charts cannot be accurately made with ID records for personnel listed in 3rd Ind., with Unks. X-79, I-83 123; 139 140 inasmuch as QIG FORMS 104, for some are incomplete and not understood....

DOCUMENT FILED UNDER NO. 293 Unk. P.I. (Misc.). (Layts #1).

OP

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte # 1, P. I.

UNKNOWN X-83 Grave 2149 Date 26 Aug 1945

USAF Cemetery Leyte # 1, P. I.

1. Remains of formerly UNKNOWN X-30, Grave 250, USAF Cemetery Dulag # 1, Leyte, P.I.
Rank _____ Organization _____ Serial Number _____

2. Disinterred (date): 26 Aug 1945 From (give complete location): USAF Cemetery Leyte # 1, P. I.

By: Group ~~REXELIAN~~ Unit Base K, GRS
Cpl Wm Branch

3. Reburied (date): 26 Aug 1945 In (give complete location): USAF Cemetery Leyte # 1, P. I.

By: Group ~~REXELIAN~~ Unit Base K, GRS Nature of reburial blanket
Cpl Wm Branch

4. Report as to nature of original burial and condition of body upon disinterment:
Badly decomposed, several teeth missing due to decomposition.

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 _____

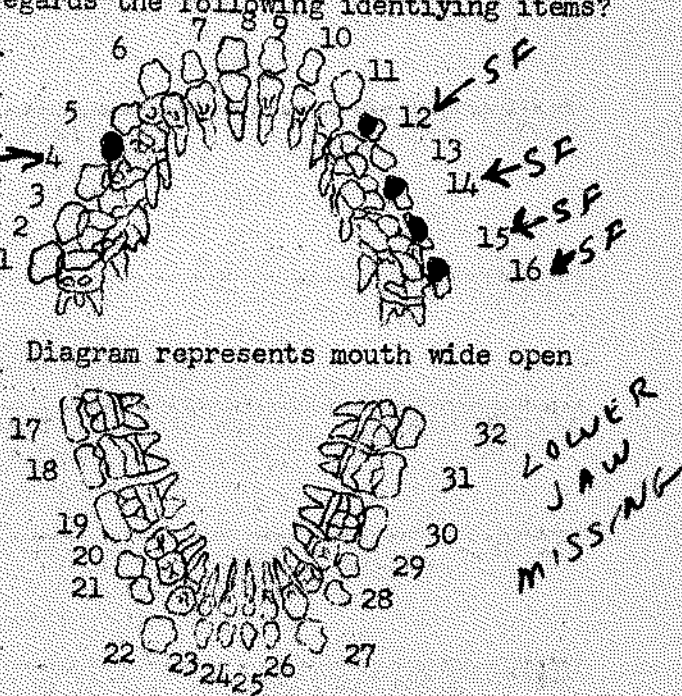
(d) Hair on face-Color _____

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 Wm Branch Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO

8. Reburial supervised by Cpl Wm Branch Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO

26 Aug 45

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.




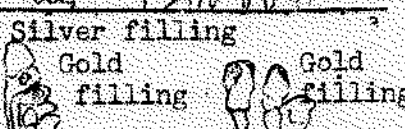
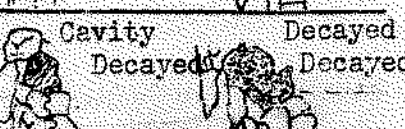
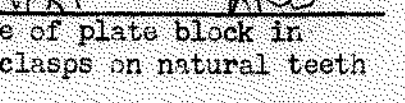
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect,

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 Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity Decayed
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".		Cavity 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.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3666 (Formerly UNK X-83, USAF Cem Leyte #1, P.I.)			2. DATE OF REPORT 11 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5429	DISINTERMENT	REINTERMENT STORAGE
				17 Dec 47	11 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 6-3/8"	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
---------------------------------	----------------------------------	-------------------------------	----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U. T. D.

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

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

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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:	TOP VIEW	SIDE VIEW
	TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN 	
	GOLD BRIDGE 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE 	
	GOLD FILLING SILVER FILLING 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING SILVER FILLING 	
	CAVITY DECAYED 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY DECAYED 	
	CAVITY DECAYED 	

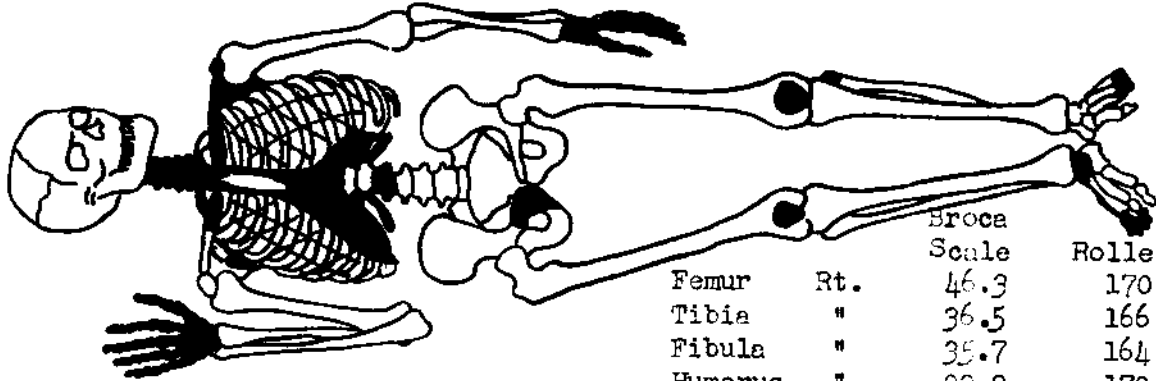
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	<i>empty</i>		<i>A</i>		<i>B</i>		<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>		<i>A</i>		<i>A</i>	<i>A</i>		
	<i>o</i>		<i>ok</i>								<i>ok</i>		<i>ok</i>	<i>om</i>	<i>o</i>		
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	SIDE VIEWS
	<i>A</i>				<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>				<i>B</i>	<i>A</i>	<i>A</i>	<i>X</i>		
	<i>o</i>											<i>ok</i>	<i>ok</i>				
	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."

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

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



		Broca Scale	Rollet Table
Femur	Rt.	46.3	170 Cm.
Tibia	"	36.5	166 "
Fibula	"	35.7	164 "
Humerus	"	33.3	170 "
Radius	"	24.5	170 "
Ulna	"	26.5	172 "

Average Height - 168 2/3 cm.

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 on remains. Skeletal
 remains shows evidence of slight burns.

Circumference of the skull 21 1/2 inches.

Estimated weight of remains 6 1/2 lbs.

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/ JOHN J. CONNORS, SP - 6

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ John J. Connors

OMC Form 1044 Rev. 1 Apr. 1945		RESTRICTED		Date	
REPORT OF DISINTERMENT FOR IDENTIFICATION				7 May 1947	
1. Remains of (Name)				Serial Number	
UNKNOWN X-83					
Grade		Organization			
Name, Number and Location of Cemetery			Plot	Row	Grave No.
USAF Cemetery Leyte #1, P. I.					2149
2. Date of Disinterment					
6 May 1947					
3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.					
Shelter halve burial - completely decomposed.					
4. What Identification Found at Time of Disinterment: On Marker					
Unknown Tag					
On Remains					
Unknown Tag					
What Identification Used Upon Reinterment: On Marker					
Unknown Tag					
On Remains					
Unknown Tag					
5. Signature of Officer Supervising Disinterment and Reinterment.					
<i>William C. Clark</i>					
WILLIAM C. CLARK, 1st Lt., OMC					

RESTRICTED

IDENTIFICATION DENTAL CHART

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

7 May 1947

UNKNOWN X-83

DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Dulag, Leyte, P. I.

USAF Cemetery Leyte #1, P. I.

2149

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A	A											A	A	X	TYPE	
LOCATION			of												od	od		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE					A				⊗	⊗	⊗		A		A	A	A	TYPE	
LOCATION					od								od		od	om	o	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
		
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
		
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
		
FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
		
TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
		
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

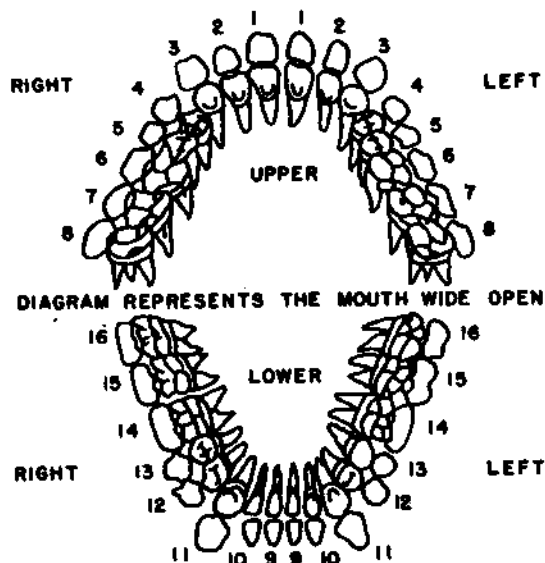
INSTRUCTIONS:

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

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

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

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



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William C. Clark
VERIFIED BY GRS OFFICER

WILLIAM C. CLARK, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

7 May 1947
DATE

RESTRICTED

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

DEC 11 1944

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) 293 UNKNOWN X-83 USAF Cemetery Leyte #1, P.I. (Manila Maus X-3666)		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-suffocation, shrapnel wound, mult.	DATE OF DEATH 27 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

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
U. S. ARMY MAUSOLEUM, AGRS-PAZ

DATE OF BURIAL 3 Nov 50	HOUR	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	BOOK BOOK NO. SECTION Casket
				Manila Section 196

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.	BOOK BOOK NO. CRYPT 812 U 5429
--	---	---

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) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
---	-------------------	-------------------------	---------------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, Major, JMC
--	--

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 UNIDENTIFIED REMAINS.


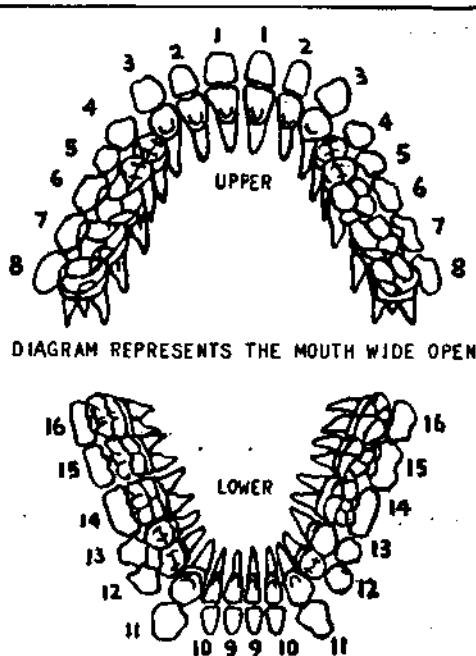




INSTRUCTIONS:

(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.

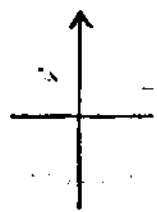
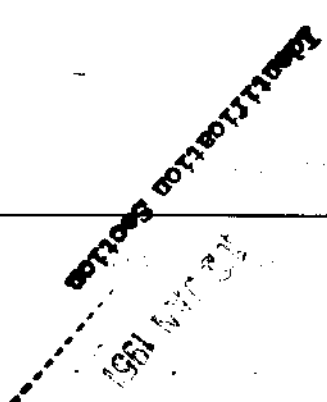
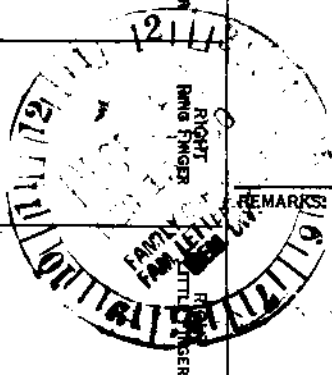
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

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



/vel.

RESTRICTED

JUN 18 1948

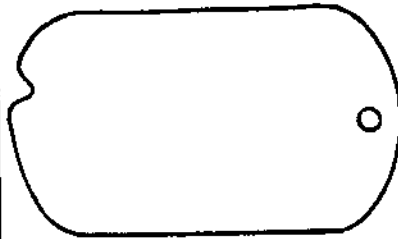
3133

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

ST-343F

DATE OF REPORT

20 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3666 (Formerly UNK X-83
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, Leyte, P.I.

CAUSE OF DEATH

KIA - badly burned-suffocation,
shrapnel wounds, mult.

DATE OF DEATH

27 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 2 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

APO SAN JOSE CEMETERY, 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	5429

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	5429

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	5429

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	5429

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	5429

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	5429

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	5429

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	5429

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	5429

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.


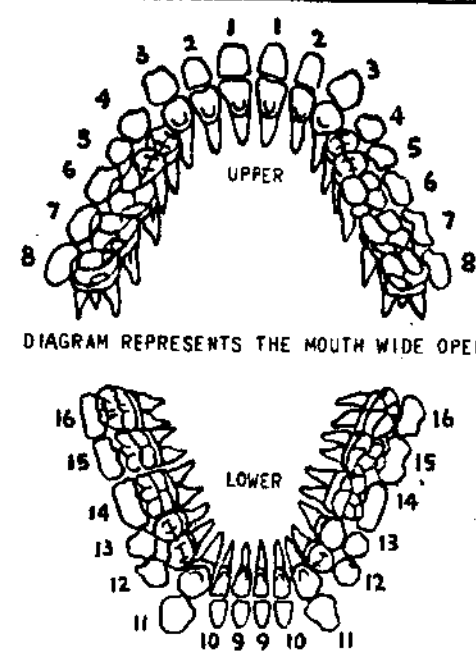




INSTRUCTIONS:

(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.

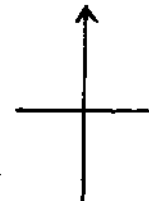
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>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.

19 MAY 1948

HMB

RESTRICTED

RE

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

2

8548

Registration
(Revised May 11, 1943) **83**
UNKNOWN X-83

(Last name) Dulag, Leyte, P. I.	(First)	(Initial)	(Serial number) 27 Oct 1944	(Rank) KIA-badly burned-suffocation,	(Organization)
(Place of death) 1000 hrs 10 July 1945	(Date of death)		(Cause of death) shrapnel wounds, (unit)		
(Time and date of burial)	(Name of cemetery) USAF Cemetery Leyte # 1, P. I.		(Name or coordinates of location)		
2149				R g 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 250, USAF Cemetery Dulag # 1, Leyte, P. I. (UNKNOWN X-30)

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	SEASABAUGH, Hester F.	35 352 346	Tec 4	Co B, 50 Engr	2150
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	MILLER, Robert H.	34 313 283	Pvt 1c1	Co F, 17 Inf	2148
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

List only personal effects **FOUND ON BODY** and disposition of same: **NONE** **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:
Color of eyes: Number of rifle:
Color of hair: Wear glasses? 36
Race: Is tooth chart attached? Yes

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

Tooth chart taken 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:

John E. Bobis
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, t Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

2

RIGHT HAND

4

3

2

1

THUMB

Grave 2149
REGISTER OF DENTAL PATIENTS AT
USAF CAMP LLOYD Layte // 1. P. I.
THEHONK 2-89

(1) SURNAME			(2) CHRISTIAN NAME					
(3) RANK		(4) COMPANY		(5) REGIMENT OR STAFF CORPS				
(6) AGE, YEARS		(7) RACE		(8) NATIVITY		(9) SERVICE, YEARS		
						(10) DISEASE OR INJURY WITH LOCATION, APPLICATIONS, SEQUELAE	(11) DATES AND NATURE OF TREATMENT AND OPERATIONS	(12) RESULTS AND REMARKS
						Upper right # 5-DIA		
						Upper left # 6-DIA		
						# 7-MOA		
						# 8-POA		
						Lower jaw missing.		

Lloyd Morrow, Pvt 1st, ORC

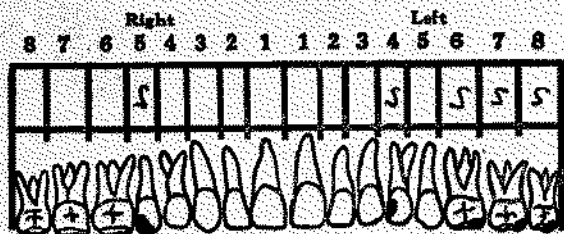
Dental Corps, U. S. A.

183

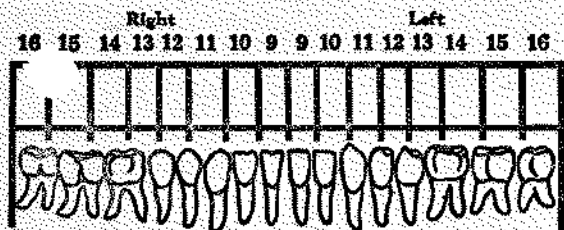
2

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 10 July 19 45

Harold Morrow
Harold Morrow, Pvt 1st, USMC

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



27 Jan 45

8548

UNKNOWN X-30

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte Island, P.I.			27 October 1944	KIA - Badly Burned	
(Place of death)			(Date of death)	Suffocation, Shrapnel Wounds	
1645	27 October 1944		USAF Cemetery Dulag #1	Dulag, Leyte, P.I.	Mult.
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

250

7

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 showing

Unknown Number

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

Left

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

Body buried on ~~RIGHT~~ Sensebaugh, Hester F. 35352346 Tec 4 Co B, 50th Eng 249

Right

Body buried on ~~LEFT~~ Miller, Robert A. 34313283 Pfc Co F, 17th Inf 251

(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:

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.:

NONE

Note below any identifying clues found, such as letters, photographs, probable 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.

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

8075 **USA**

4	
3	
2	
1	
	THUMB

LEFT HAND

4	
3	
2	
1	
	THUMB

RIGHT HAND

Fingerprints not obtainable because of Badly Burned condition of Body

RECEIVED
 11 JAN 1945