

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Rest #1 X-9

SUBJECT

~~Also maus-manila X-3746~~

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 80291

DATE

23 05 49  
DAY MONTH YEAR

NAME

UNKNOWN X. 9

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

UNKNOWN CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

311

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY  
FT. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

EMBALMER (Signature)

CASKET SEALED BY

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
AUG 2 1949

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER: 7740 00033  
 DATE: 15 | 05 | 48  
DAY MONTH YEAR

NAME: UNKNOWN  
 SERIAL NUMBER: X-000009  
 RANK: 0  
 ARM: 0  
 DATE OF DEATH: \_\_\_\_\_  
DAY MONTH YEAR

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

PLOT: \_\_\_\_\_ ROW: \_\_\_\_\_ GRAVE: 311 COUNTRY: PHILIPPINE ISLANDS  
 CAUSE OF DEATH: 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: 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 DISINTERRED: \_\_\_\_\_  
 IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: UNKNOWN RELIGION: \_\_\_\_\_ IDENTIFICATION VERIFIED BY: \_\_\_\_\_  
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: \_\_\_\_\_ CONDITION OF REMAINS: \_\_\_\_\_

OTHER MEANS OF IDENTIFICATION: \_\_\_\_\_

MINOR DISCREPANCIES 1: \_\_\_\_\_

REMAINS PREPARED AND PLACED IN CASKET

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ EMBALMER (Signature): \_\_\_\_\_

CASKET BOXED AND MARKED: \_\_\_\_\_ SHIPPING ADDRESS VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ 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

**CANCELLED**

FILE  
 APR 22 1949

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

# RECORD OF CUSTODIAL TRANSFER

MEMORIAL DIVISION  
 JUL 1 3 42 PM '99  
 DEPARTMENT OF  
 RECORDS BRANCH

## 1. SHIPPED

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

## 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 (BY VERIFICATION CODES) UNLESS OTHERWISE NOTED	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

1 ✓

Interred 9 June 1949  
L 8 51 Ft. McKinley  
*Caremark*

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE  
L-8-51

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 80291

DATE  
23 05 49  
DAY MONTH YEAR

NAME: UNKNOWN X - 9  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: USAF CEMETERY LEYTE NO. 1, P. 1.  
PLOT: [ ] ROW: [ ] GRAVE: 311  
DISPOSITION OF REMAINS: 7701 80  
CODE: [ ] DIST. CTR.: [ ]

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. MCKINLEY, P. 1.

NAME AND ADDRESS OF NEXT OF KIN  
(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOW"X-9  
SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: 8 June 49

IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: [ ] RELIGION: [ ] IDENTIFICATION VERIFIED BY: A. J. ROBERTSON  
NAME AND TITLE: Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half  
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
2 Mausoleum Tags - Unk X-3746 Form X-9 Leyte #1.

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 8 June 49 BY: A. J. ROBERTSON

CASKET SEALED BY: A. J. ROBERTSON  
EMBALMER (Signature): *A. J. Robertson*  
A. J. ROBERTSON

CASKET BOXED AND MARKED  
DATE: 8 June 49 BY: WEYMAN L MCGUIRE, SGT, MC  
SHIPPING ADDRESS VERIFIED BY: J. J. McDERMOTT

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
*J. J. McDermott*  
J. J. McDERMOTT  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
1-9 JUL 1949  
REPATRIATION BRANCH  
MILITARY DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>UNITED STATES MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE <b>8 JUN 1949</b>

## 2. SHIPPED

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

ATTENTION  
 RECORDS BRANCH  
 JUN 25 2 02 PM '49  
 NATIONAL ARCHIVE

## 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



ORIG 293  
GHS Par East

2 May 1949

SUBJECT: Resolution of Unidentifiable Remains

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGIS, PHILIPPINE COM

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

X-1434	(Formerly X-217, Santa Barbara #1, P. I.)
X-1435	(Formerly X-218, Santa Barbara #1, P. I.)
X-2135	(Formerly X-156, Santa Barbara #1, P. I.)
X-2245	(Formerly X-613, Leyte #1, P. I.)
X-2251-A	(Formerly X-616-A, Leyte #1, P. I.)
X-3254	(Formerly X-161, Leyte #1, P. I.)
X-3429	(Formerly X-329, Leyte #1, P. I.)
X-3746	(Formerly X-9, Leyte #1, P. I.)

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

FOR THE QUARTERMASTER GENERAL:

F. H. METZ  
Lt. Colonel, GSC  
Memorial Division

T. Fields:jck  
Selsler  
JW

cc: Administrative Section

RFB

NJS



# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3746</b> (Formerly UNK X-9 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT <b>12 Feb 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>V</b>	6. GRAVE <b>5611</b>	7. DATE OF DISINTERMENT <b>23 Dec 47</b>
					REINTERMENT STORAGE <b>12 Feb 48</b>
<b>PHYSICAL DESCRIPTION</b>					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 5"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>UTD - Skeletal chart and tooth chart attached.</b>					
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  <b>NONE</b>					
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)  <b>NONE</b>					

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	M	A	X	I	L	L	A		M	I	S	S	I	V	S	
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	M A N D I B L E								M A N D I B L E							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

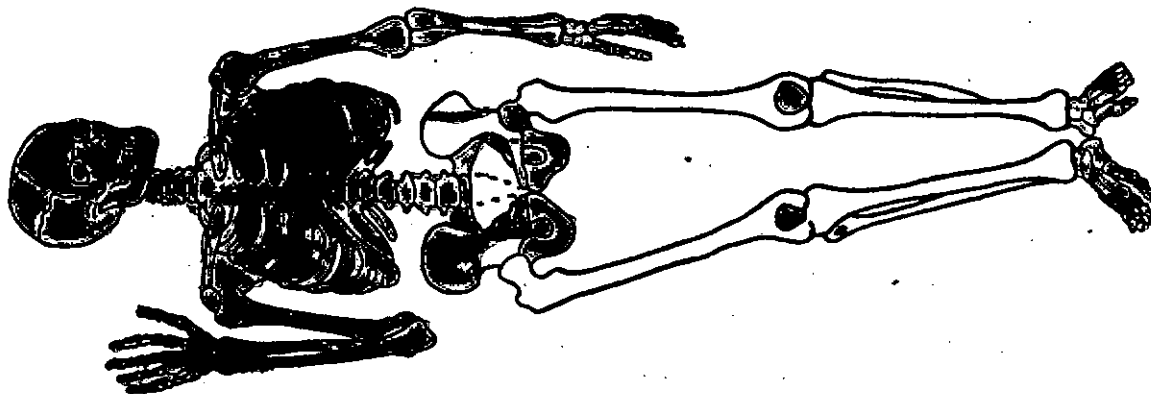
REMARKS: No maxillary & mandibular teeth found with remains.

CERTIFIED TRUE COPY:

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

/s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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, ID tags, personal effects, or other means of identification received with remains. Estimated weight 4 lbs. No skull nor teeth received. Unable to determine the physical height due to the condition of remains.

CERTIFIED TRUE COPY:

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

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 O-062862  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G. Swan

5 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X 9

Serial Number

---

Grade

Organization

---

---

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

311

2. Date of Disinterment

1430 hrs 23 Dec 47

Next of kin:

---

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

Original made in shelter halve burial. Skeletal remains. Skull, maxillary, and mandible missing. Tags on remains and on marker coincide with ROI on file.

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

Sub Tag.

On Remains

Sub 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*  
JAMES H. JACKSON, Major, TC



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3746 (Formerly Unk X-9 USAF Cemetery Leyte #1, P. I.)			2. DATE OF REPORT 25 March 49		
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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

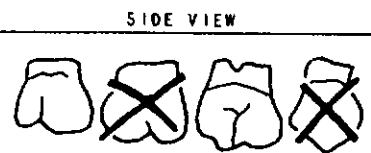
**"UNIDENTIFIABLE"**

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

Received 22 Apr 49 0000  
 Not identifiable from  
 information presently  
 available F.A. Kielder  
28 Apr. 49

*Incl #10*

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



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



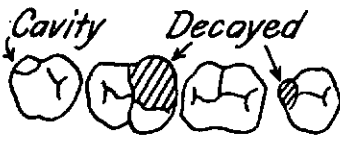
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		M A X I L L A								M I S S I N G							
Side Views	UPPER																
	LOWER																
Top Views	UPPER																
	LOWER																
Side Views	UPPER																
	LOWER																
		M A N D I B L E								M I S S I N G							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No maxillary and mandibular teeth found

with remains.

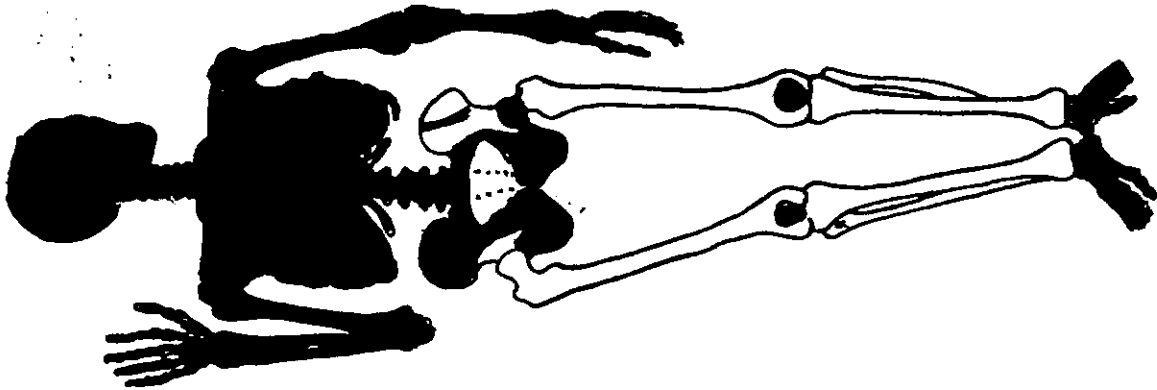
**"UNIDENTIFIABLE"**

*J. J. McDemott*  
J. J. McDEMOTT  
Laboratory Officer, GIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, burial bottle, identification tags,  
personal effects or other means of identification  
received with remains.

**"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

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

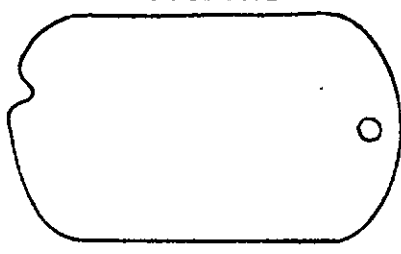
SIGNATURE

JUL 15 1948 /acm

RESTRICTED

U- 5586

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>	DATE OF REPORT <p style="text-align: center;">24 Feb 48</p>
-------------------------------------------------------------------	--------------------------------------------------------------------------	----------------------------------------------------------------

<i>Imprint Identification Tag If Possible. DO NOT TYPE</i>  	Section 1.—IDENTIFICATION.		
GRADE  <p style="text-align: center;">Unknown</p>	NAME (Last, first, middle initial) <b>UNKNOWN X-3746 (Formerly UNK X-9 USAF Cemetery Leyte #1, P.I.)</b>		SERIAL NO.  <p style="text-align: center;">Unknown</p>
	ORGANIZATION  <p style="text-align: center;">Unknown</p>		BRANCH OF SERVICE  <p style="text-align: center;">Unknown</p>
	RACE  <p style="text-align: center;">Unknown</p>	RELIGION  <p style="text-align: center;">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	CAUSE OF DEATH  <p style="text-align: center;">KIA</p>		

PLACE OF DEATH <b>Area of Dagami, Leyte, P.I.</b>	CAUSE OF DEATH <p style="text-align: center;">KIA</p>	DATE OF DEATH <p style="text-align: center;">Unknown</p>
------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <p style="text-align: center;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If undecipherable fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <p style="text-align: center;">Yes (2)</p>	<div style="text-align: center;"> <p><i>Received 22 Apr. 49</i></p> <p><i>Not identifiable from information presently available T.A.F. 2105 28 Apr. 49</i></p> </div>

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Feb 48	1100	Casket	None	812	V	5611

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			311

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)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3749				5612

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3741				5610

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>V. O. AQUINO, T/5, QMC</i>	L. S. PANOPIO, 2d Lt., INF

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

*367*

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.


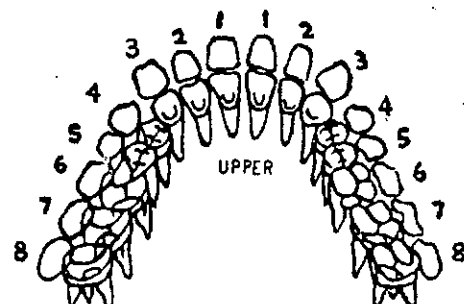
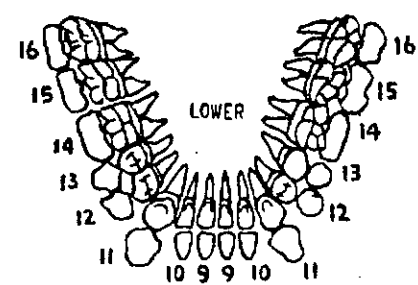




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

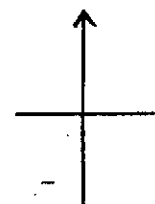
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

**Probable American**

FILLINGS		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

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

**JUN 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

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

**RESTRICTED**

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

16178

16178

**UNKNOWN AMERICAN SOLDIER X-9**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<b>Area of Dagami, Leyte, P.I.</b>				<b>KIA</b>	
(Place of death)			(Date of death)	(Cause of death)	
<b>1000 hrs 5 June 1945</b>			<b>USAF Cemetery Leyte, P.I.</b>		
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

**311**

(Grave number)

(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 842, (X-81)**

**Metal tag buried with body 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 <b>RIGHT</b>	<b>UNKNOWN AMERICAN SOLDIER X-10</b>				<b>312</b>
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on <b>LEFT</b>	<b>WHISENANT, Billie R.</b>	<b>38 369 734</b>	<b>Pvt</b>	<b>866 AA Bn</b>	<b>310</b>
(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**

**RESTRICTED**

(9)  
1039

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.

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

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
 FRANCIS M. SIMON, 1st Lt, OMC

(Verified by Army Officer)

LEFT HAND

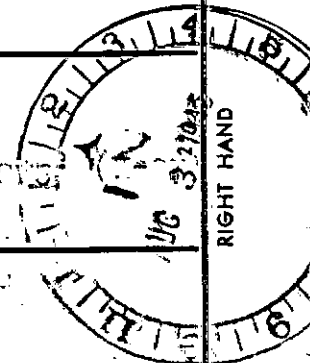
2

3

THUMB

RIGHT HAND

THUMB



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

16178

UNKNOWN AMERICAN SOLDIER X-81

Area of (Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
 Dagami, Leyte, P. I. KIA, result of EA

(Place of death) (Date of death) (Cause of death)  
 1400 hrs. 22 Feb 1945 USAF Cemetery, Dulag # 1, Leyte, P. I.

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
 (22 Feb 1945) reburial

842

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

Religion

DISINTERRED from isolated grave 3 miles due South of Dagami, Leyte, P. I.; Grid co-ordinates 1347.37-1:50,000 1384.39. Special Polyconic Grid Map, Leyte, P. I.

Report of Reinterment buried (In Bottle) (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 RIGHT WHISENANT, Billie B. 38 369 734 Pvt 866. AA Bn 843 P. I.

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN AMERICAN SOLDIER X-80 841

(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

(2i) 1226



**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 - 7
Race :	Is tooth chart attached ? NO

**No Skull**  
(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.**

Sgt Francis P. Weimeschkirch, GRS

(Signature of officer or other person reporting burial)

ROY F. SULZBACHER, Lt., GMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED  
13 JUN 1945

RIGHT HAND