

FILE IDENTIFICATION TOPPER

FILE NUMBER

292 unk key #1 X-93

SUBJECT

also 293 unk mass prints X-3756

QUART 293
GRS Far East

10 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-497 (formerly Unk X-71 Finsch. #5)
Unknown X-5125
Unknown X-3682 (formerly Unk X-86 Leyte #1)
Unknown X-3707 (formerly Unk X-532 Leyte #1)
Unknown X-3756 (formerly Unk X-93 Leyte #1)
Unknown X-3797
Unknown X-3800
Unknown X-3801
Unknown X-4005 (formerly Unk X-2 Finsch. #3)
Unknown X-4020 (formerly Unk X-3 Finsch. #3)
Unknown X-4925 ()
Unknown X-3742 (formerly Unk X-1 Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

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

COPY

OSGP 293.0

16 May 1949

SUBJECT: Unidentifiable Remains

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

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

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

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

FOR THE COMMANDING GENERAL:

17 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., AGP
Asst Adj Gen

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

4 May 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-93, Plot _____,
Row _____, Grave 2814, USMC Leyte #1, _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


M. B. McNEEMAN
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 22 May 1949 OQMG
Not identifiable from
information presently
available

10 June 1949
J. Miller J. Sec

Encl. # 11

211

nfm- 1		Interred 10 October 1949 D 3 102 Ft. McKinley <i>Carroll H. Mark</i> CART. R. H. MARK Cemetery Superintendent			DISINTERMENT DIRECTIVE			
SECTION A NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00120		DATE 15 05 48 DAY MONTH YEAR			
NAME		SERIAL NUMBER <i>JP</i> UNKNOWN X-000093		RANK		DATE OF DEATH DAY MONTH YEAR		
CEMETERY USAF CEMETERY LEYTE NO 1			ARM 0		DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6	
PLOT		ROW		GRAVE		COUNTRY		
				2814		PHILIPPINE ISLANDS		
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-93 (Maus) Unk X-3756		SERIAL NUMBER		RANK		DATE OF DEATH		
						27 Sept. '48		
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY ALBION H. McLELLAN JR Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT								
NATURE OF BURIAL Shelter half				CONDITION OF REMAINS Skeletal				
OTHER MEANS OF IDENTIFICATION								
MINOR DISCREPANCIES / (2) tags show (Maus) - Unk X-3756								
REMAINS PREPARED AND PLACED IN CASKET								
DATE 27 Sept. '48		BY		ALBION H. McLELLAN JR				
CASKET SEALED BY ALBION H. McLELLAN JR		EMBALMER (Signature) <i>Albion H. Mclellan</i> ALBION H. McLELLAN JR						
CASKET BOXED AND MARKED		DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF.		SHIPPING ADDRESS VERIFIED BY 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.								
REMARKS: Unidentifiable - OQMG								

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>[Faint text]</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Faint text]</i>	DATE <i>[Faint text]</i>	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 UNKNOWN X-3756 (Formerly Unk X-93 Leyte No. 1)				2. DATE OF REPORT 4 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.		4. PLOT 812	5. ROW V	6. GRAVE 5613	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10 1/2"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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? 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"

Ind # 11A

18. TOOTH CHART

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

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

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

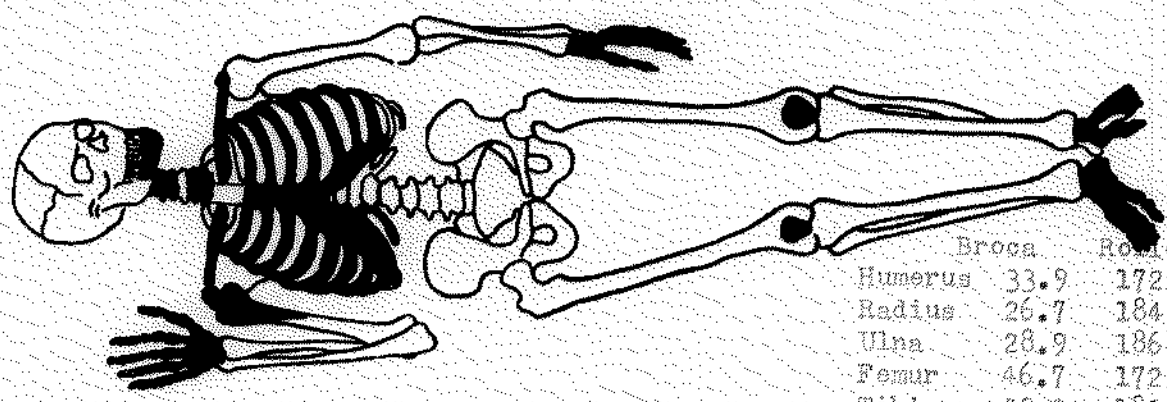
No mandibular teeth present with remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, OIP

19. BLACK OUT PARTS OF BODY NOT DISCOVERED



	Broca	Rolet
Humerus	33.9	172
Radius	26.7	184
Ulna	28.9	186
Femur	46.7	172
Tibia	39.3	180
Fibula	38.9	180
		179

Estimated Height - 5'10 3/8"

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 - 5 1/2 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
JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE
James J. McDerrott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3756 (Formerly UNK X-93 USAF Cem 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 RANGER BAY V	6. GRAVE CRYPT 5613	7. DATE OF DISINTERMENT 15 Dec 47	REINTERMENT 12 Feb 48 STONAGE
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'10 3/8"		10. COLOR OF HAIR		11. RACE
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) substitute tags with the following information: UNKNOWN X-93 Tags placed with remains.						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D - Due to condition of remains.						
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 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						

48. 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 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 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X					⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			X
SIDE VIEWS								SIDE VIEWS							
UPPER								UPPER							
LOWER								LOWER							
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

REMARKS: Right ramus present but no teeth found. R6 and I6 shows sign of attrition.

CERTIFIED TRUE COPY:

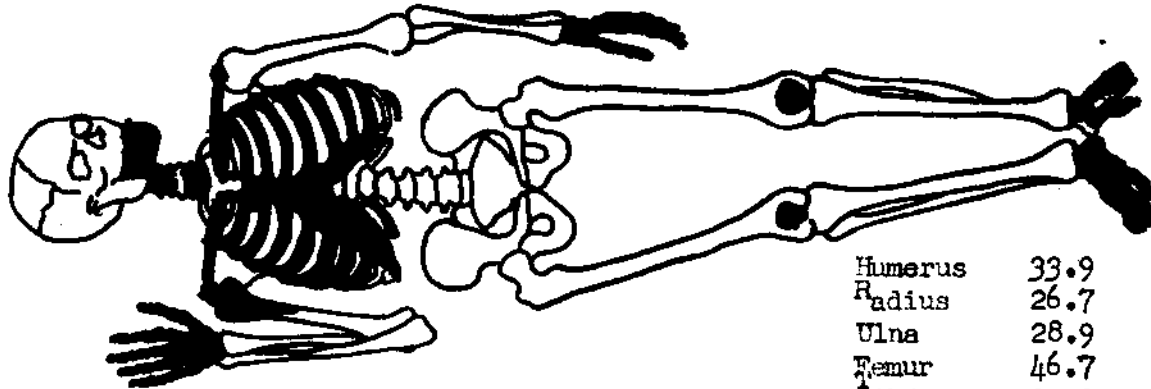
G. T. Gamba
G T GAMBGA

2d Lt MSC

/s/ Robert F Stevenson

/s/ John H Bennett, Jr

19. BACK OUT PARTS OF BODY NOT RECOVERED



Humerus	33.9	172
Radius	26.7	184
Ulna	28.9	186
Femur	46.7	172
Tibia	39.3	180
Fibula	38.9	180
		<u>179</u>

Estimated height - 5'10 3/8"

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 ID tags (official) or burial bottle found with remains. Circumference of skull is 21 1/8 inches. Estimated weight of remains is 5 1/2 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2nd 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/ ROBERT F STEVENSON, Ungraded
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F Stevenson

IDENTIFICATION DENTAL CHART

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

12 June 1946

DATE

UNKNOWN X-93

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

PLACE OF DEATH USAF CEMETERY LEYTE #1, P.I. PLACE OF BURIAL PLOT ROW GRAVE NO. 2814















	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	X						⊗	⊗	⊗	⊗	⊗	⊗	⊗			X	TYPE				
LOCATION																	LOCATION				

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE													⊗	⊗	⊗	⊗	TYPE				
LOCATION																	LOCATION				

→ MANDIBLE MISSING ←

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)	

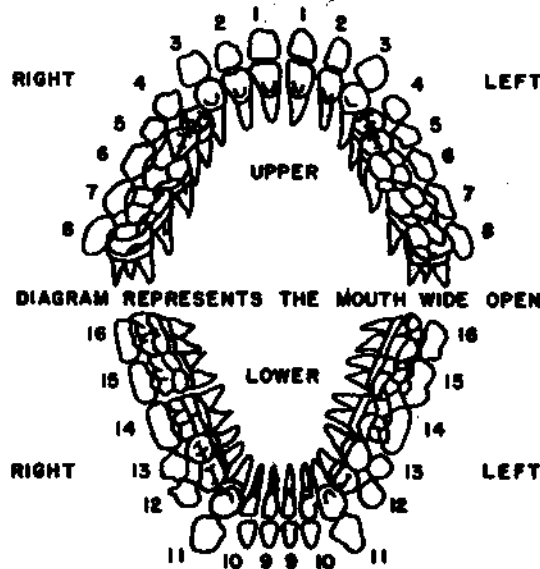
INSTRUCTIONS:

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:

Stephen G. Oliver
SIGNATURE OF PERSON WHO PREPARED CHART

Sgt. Stephen G. Oliver, GRS

NAME AND RANK TYPED OR PRINTED

GRS BASE K, LEYTE, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Yorke F. Knapp
VERIFIED BY GRS OFFICER

YORKE F. KNAPP, 1st Lt., QMC

NAME AND RANK TYPED OR PRINTED

12 June 1946


DATE

/cbf

JUN 15 1948

RESTRICTED

U- 17

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE		DATE OF REPORT 24 Feb 48			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.								
NAME (Last, first, middle initial) UNKNOWN X-3756 (Formerly UNK X-93) 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 Unknown		CAUSE OF DEATH DOW-multiple-shattered mandibles-multiple fracture of right arm.				DATE OF DEATH Unknown				
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 12 Feb 48		HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5613		
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.						PLOT No.	ROW No.	GRAVE No. 2814
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-3758				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5614			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3749				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5612			
SIGNATURE OF PERSON PREPARING REPORT D. S. PANOPLO, 15, 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.										

2nd 369

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


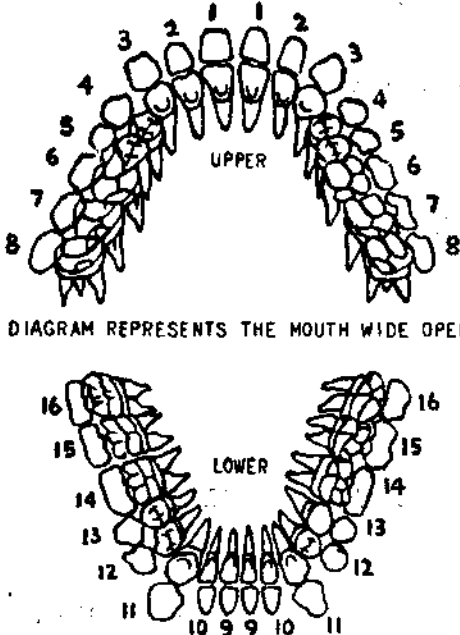




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

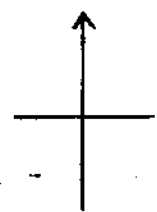
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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.

8 JUN 1948

HHB RESTRICTED RE
REPORT OF INTERMENT
(FM 10-630 AND AR 30-1815)

U42

UNKNOWN X-93

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
(Place of death)			(Date of death)	DOW-multiple-shattered mandibles- multiple fracture of rt. arm.	
1600 hrs 18 July 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of Cemetery)	(Name of coordinates of location)	

2814

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
Disposition of identification tags: Buried with body Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attached to marker Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
DISINTERRED from Grave 356, USAF Cemetery Limon # 1, Leyte, P. I.			
Metal tag buried with remains and attached to Marker (UNKNOWN X-6)			
(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	CAPERS, Robert J.	38 542 634	Pvt 1c1	Co A 127 Inf	2815
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	OWENS, Fred B.	32 942 288	Pvt 1c1	Co G 21 Inf	2813
	(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

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 rifles: _____
- 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.:

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, 1st Lt., QMC
 (Verified by Army QRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB