

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Leyte #1 X-94

SUBJECT

also 293 unk maus Manila X-3670

GNC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

14 September 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 remains now stored at AGRS Mausoleum, Manila, P.I.:

Unknown X-207
Unknown X-196
Unknown X-1497
Unknown X-3670 (formerly X-94, USAF Cemetery Leyte #1, P.I.)
Unknown X-2197 (formerly X-578, USAF Cemetery Leyte #1, P.I.)

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

FOR THE QUARTERMASTER GENERAL:

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

REB

R. LITTLE:jdk
BALL
JW
cc: Administrative Section
cc: Cinclaf

TEC

COPY

CSGR 293.9

APO 707
23 AUG 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 QMGMTU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-196	AGRS	Mslm	UNKNOWN X-1503	AGRS	Mslm
" X-814	"	"	" X-1625	"	"
" X-921	"	"	" X-1970	"	"
" X-1411	"	"	" X-3670	"	"
" X-1497	"	"	" X-4093	Manila #2	

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

FOR THE COMMANDING GENERAL:

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

10 Incls

QMC Forms 1044 w/certificates
of Unidentifiability

COPY

/frv

1

Interred 20 Oct 1949
N 15 169 r. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00121

DATE
15 05 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000094 0

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2817 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN
[Signature]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unk X-94 SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
(Maus) Unk X-3670 27 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN PERRY E. WHITE
 MARKER Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Shelter half Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 Identification tags read Maus Unk X-3670

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

CASKET SEALED BY EMBALMER (Signature)
PERRY E. WHITE *Perry E. White*
PERRY E. WHITE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept. '48 by HORACE L. ALLISON, Sgt. INF. 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.

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

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

16 SEP 1948
ADMINISTRATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Charles Mark</i>	DATE 20 AUG 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

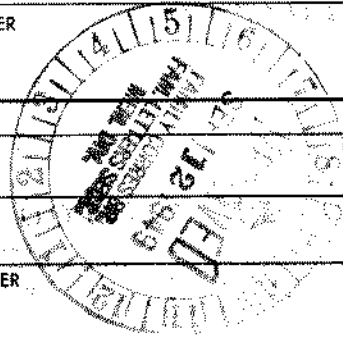
FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

25 July 1949
Date

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

The records pertaining to Unknown X- 94 , Plot _____,
Row _____, Grave 2817 , USMC USAF Cem Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

[Handwritten Signature]
S. B. MCNEEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 9/9/49 - Little QMG
Not identifiable from
information presently
available 9/12/49

Encl 9/

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3670 (Formerly UNK X-94 Layte #1)			2. DATE OF REPORT 29 July 1949		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5433	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4 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"

Handwritten signature

18.

TOOTH CHART

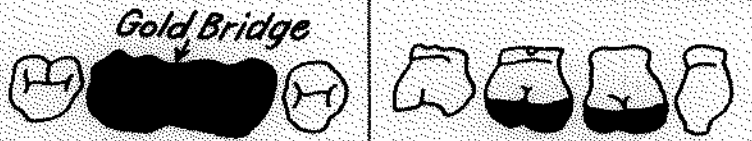
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



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



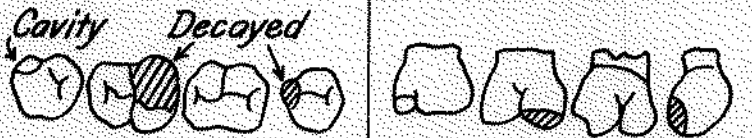
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← MAXILLA								MISSING →							
Side View								Side View							
Top View								UPPER							
Side View								LOWER							
16								16							
15								15							
14								14							
13								13							
12								12							
11								11							
10								10							
9								9							
8								8							

Partially impacted

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."

R7 is loose present with remains.

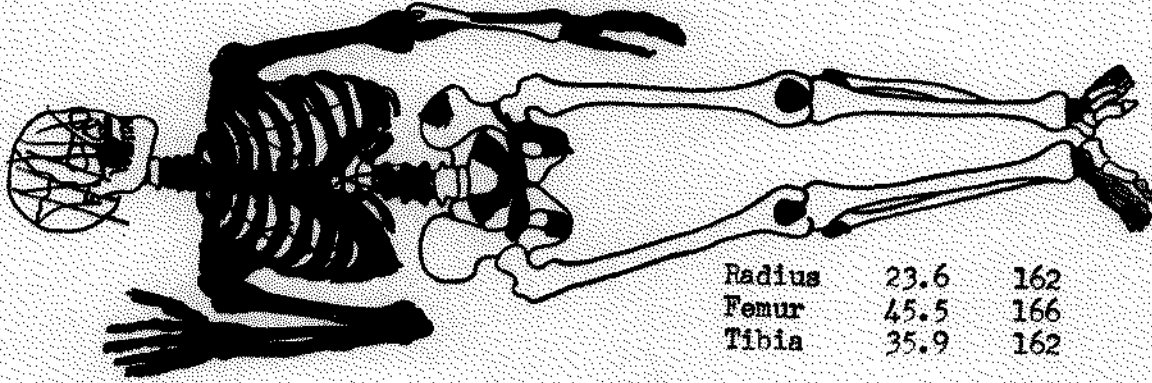
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT COVERED

Present: 1 cervical vertebrae
1 lumbar "



Radius	23.6	162
Femur	45.5	166
Tibia	35.9	162

Estimated height: 163 1/3 cms or 5'4 1/2"

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 - 4 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3670 (Formerly UNK X-94, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb '48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW U	6. GRAVE 5433	7. DATE OF DISINTERMENT 15 Dec '47
				REINTERMENT STORAGE 11 Feb '48	
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'4 1/2"		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS NONE					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) No ROI bottle, no I. D., or other means of identification. No personal effects received at CIP LAB. MANILA, P.I.					

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:	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 	

Maxilla missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>see remarks</i>		<i>see remarks</i>												
<i>impacted</i>															
			<i>see remarks</i>									<i>see remarks</i>			

Attrition

Attrition

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."

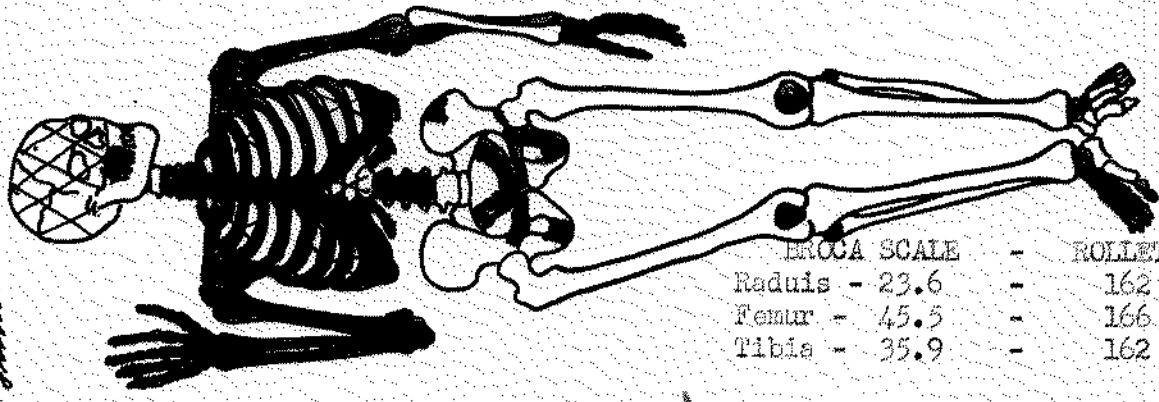
REMARKS: Maxilla posthumously missing from R1 thru R8. R5 and R7 found loose with remains. R5 is chipped on mesial and facial surface.
CERTIFIED TRUE COPY:

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

/s/ John H. Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECOVERED

1 - Cervical vertebrae
Fragments of thoracic vertebrae
and ribs
1 - Lumbar vertebrae



ROGGA SCALE	-	ROLLET TABLE
Radius - 23.6	-	162
Femur - 45.5	-	166
Tibia - 35.9	-	162

Aver. Ht. - 163 1/3 cm 02
5' 4 1/2"

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

Skull fractured
Estimated weight of remains - 4 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/ JAMES W. McCLANAHAN C-064983
CIP LAB MAUSOLEUM, MANILA, P.I.

SIGNATURE
/s/ James W. McClanahan

IDENTIFICATION DENTAL CHART

TO BE USED WITH OQMG 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-94

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

USAF CEMETERY LEYTE #1, P.I.

2817

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

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

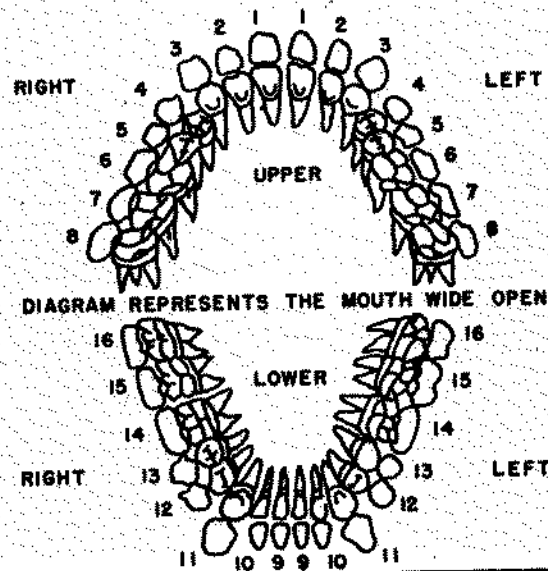
INSTRUCTIONS:

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 3/4), 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

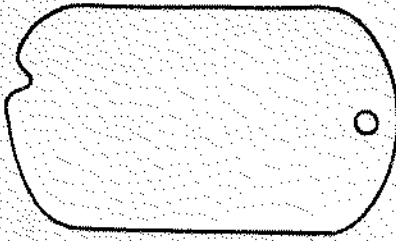
RESTRICTED

JUN 22 1948 U 3107

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

DATE OF REPORT

20 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION

NAME (Last, first, middle initial)

UNKNOWN X-3670 (Formerly UNK X-94,
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

Unknown

CAUSE OF DEATH

KIA

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	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	5433
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cemetery Leyte #1, P.I.					
				PLOT No.	ROW No.	GRAVE No.
						2817
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-3671						5434
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3669						5432
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
V C AQUINO T/5 OMC			LOS PANOFIC, 2d Lt Inf			

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

RESTRICTED

D-322

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.

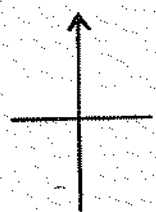
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

12 MAY 1948

RIGHT
LITTLE FINGER

RIGHT
RING FINGER

RIGHT
MIDDLE FINGER

RIGHT
INDEX FINGER

RIGHT
THUMB

LEFT
THUMB

LEFT
INDEX FINGER

LEFT
MIDDLE FINGER

LEFT
RING FINGER

LEFT
LITTLE FINGER

HHB RESTRICTED

RE

13494

13494

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

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

UNKNOWN X-94

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

1600 hrs 18 July 1945
(Time and date of burial)

USAF Cemetery Leyte # 1, P. I.
(Name of Cemetery) (Name of coordinates of location)

KIA

2817

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

Reg Cross

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

DISINTERRED from Grave 353, USAF Cemetery Limon # 1, Leyte, P. I.

Metal tag buried with remains and attached to Marker (UNKNOWN X-5)

(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 JOHNSON, James W. 34 477 337 Pvt 1c1 Co G 19 Inf 2818
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SCHWERBEL, Ralph C. 0 888 233 1st Lt Co D 127 Inf 2816
(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: EFFECTS LISTED ON PRIOR REPORT.

No. 1247

825 888

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79: 3/19/43).
If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: Apparent Nationality:
Weight: Laundry marks:
Colour of eyes: Number of rifle:
Colour of hair: Wear glasses?
Race: Is Tooth chart attached? **No**

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

Unable 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.:

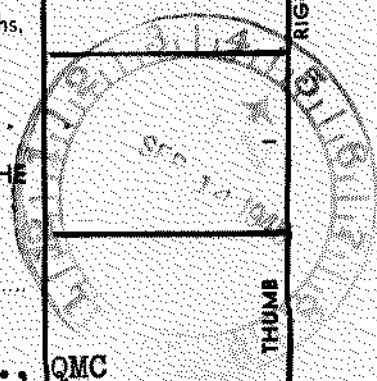
Belt buckle with the word "CONSTABULARY" found on remains on disinterment.

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. Sim
FRANCIS M. SIM, 1st Lt., QMC
(Verified by Army GRS Officer)



LEFT HAND
4
3
2
1
THUMB

RIGHT HAND
4
3
2
1
THUMB

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

RESTRICTED

CONFIDENTIAL

15434

REPORT OF INTERMENT
(TM: 10-630 and AR, 30-1815)

Unknown X-5
(Last Name) (First) (Initial) (Serial No.) (Rank) (Org)
KIA badly decomposed cause of death undeterminable-no EMT-prepared same
prior to interment
(Place of Death) (Date of Death) (Cause of Death)

1300 11 Jan 45 - USAF Cem Limon #1, Leyte, PI (Temp)
(Time and date of burial) (Name of Cemetery) (Name or co-ordinates of location)

353 9
(Grave number) (Row number) (Plot number) (Type of marker)
Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No

No identification or description of deceased-possible due to decomposition
(If no identification tags, what means of identification are buried with body?)
tion, duplicate of this rpt of int in iden bottle with body
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT ?
(Name) (Serial No.) (Rank) (Org) (Grave No.)
Body buried on LEFT Johnson, James W 34477337 Pfc Co G 19th Inf 353
(Name) (Serial No.) (Rank) (Org) (Grave No.)

(Name and address of EMERGENCY ADDRESS SEE) (Name and Address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same: 2 centavos
1 1-dollar bill, 2 1-guilder notes, 1 photo - turned over to Effects
QM Base K APO 72

556
556
JMLH 67

IF DECEASED UNIDENTIFIED

4	<p>TAKE FINGERPRINTS OF BOTH HANDS (AD 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:</p> <p>Height: undeterm Apparent nationality: undeterm Weight undeterm Laundry marks: undeterm Color of eyes: undeterm Number of rifle: undeterm Color of hair: undeterm War glasses? undeterm Race: undeterm Is tooth chart attached? undeterm</p> <p>(If possible, have med. pers. take a tooth chart)</p> <p>In space below, locate and describe any scars, birthmarks, moles, deformities, etc.: not practicable</p> <p>Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: none</p> <p>IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS. CERTIFIED TRUE COPY:</p> <p style="text-align: center;"><i>Merlin D Lewis</i> MERLIN D LEWIS, Capt, OMC</p> <p><u>/s/ Lowell V Beck</u> (Sig. of Lowell V Beck Sgt reporting Quartermaster Plat)</p> <p><u>/s/ Joel Richards, Jr.</u> <u>/t/ JOEL RICHARDS, JR., 1st Lt, OMC</u> (Verified by Army CRS Officer)</p>	1
3		2
2		3
1		4
THUMB		THUMB

RECEIVED