

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 work logbook 7-97

SUBJECT

Also 293 work notes 7-3671

QMC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

13 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 Unknown remains now stored at AGRS Mausoleum, Manila, P.I.:

Unknown X-224
X-226
X-399
X-401
X-404
X-1821 (formerly X-37 Finschhafen #1, N.G.)
X-3409 (formerly X-126, Leyte #1, P.I.)
X-3671 (formerly X-97, 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

R. Little:jdk
Salser
JW

REB

NJS

cc: Administrative Section

COPY

OSOP 293.0

SUBJECT: Unidentifiable Remains

17 May 1949

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 QMOMU 293, GMS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at ACHS 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-171	UNKNOWN X-2191
" Y-224	" X-1326
" X-226	" X-1344
" Y-399	" X-1621
" X-401	" X-1821
" Y-404	" X-3409
" X-1213	" Y-3671
	" X-4633

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

FOR THE COMMANDING GENERAL:

15 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MAISZAL
1st Lt., AGD
Asst Adj Gen



/frv

nfm

1

Interred 10 Oct. 1949
D 5 102 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00124

DATE
15 05 48
DAY MONTH YEAR

NAME
J.P.
UNKNOWN

SERIAL NUMBER
X-000097

RANK
2nd Lt.

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 COUNTRY
2871 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Unk X-97
(Maus) Unk X-3671

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 /
2 Identification tags read Maus Unk X-3671

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
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.

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM <u>AGRS Mausoleum</u>		TO <u>Fort McKinley Military Cemetery</u>	
KIND OF CONVEYANCE <u>Truck</u>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caspar H. Mark</i>	DATE <u>10 OCT 1949</u>

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>(BY AIR MAIL ORDER)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>FOR THE DIRECTOR</i>	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

5 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 97, Plot _____,
Row _____, Grave 2871, 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:

A. B. McNemar
A. B. McNemar
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received *2 June 49* OQMG
Unidentifiable from
information presently
available *Little & Duncanson*

Quilley

IDENTIFICATION DATA

2. REMAINS OF UNKNOWN Unknown X-3671 (Formerly Unk X-97 Leyte #1)			2. DATE OF REPORT 5 May 49		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5434	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7 5/8"	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

UTD

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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"ED 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							
<i>Side Views</i>															
<i>Top Views</i>															
UPPER															
<i>Side Views</i>															
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."

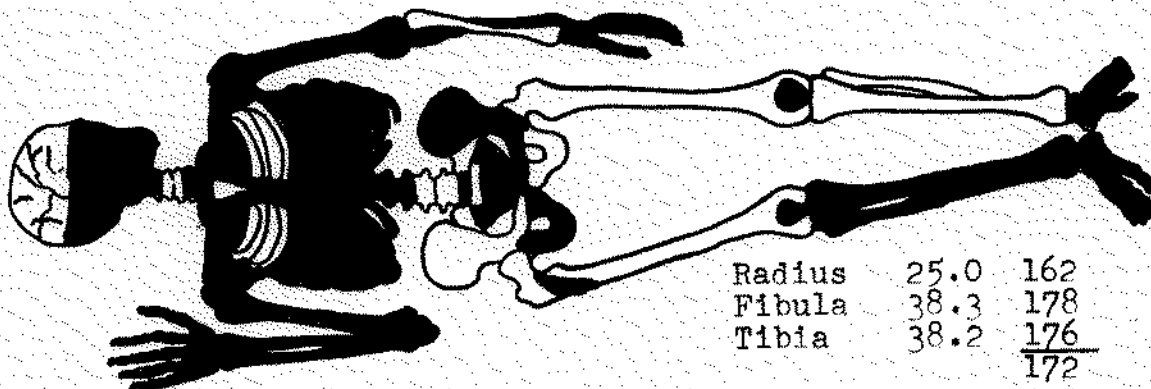
Only loose R3 and R11 teeth are present with remains.

J. J. McDERMOTT
 J. J. McDERMOTT
 Laboratory Officer, CIP

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height 5' 7 5/8"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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 - 3 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


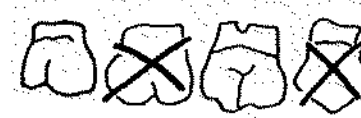








James J. Mc Dermott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3671 (Formerly UNK X-97, 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 5434	7. DATE OF DISINTERMENT REINTERMENT STORAGE 15 Dec 47 11 Feb 48	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5' 7-5/8"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">UTD - Due to condition of remains</p>						
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 <p style="text-align: center;">None</p>						
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) <p style="text-align: center;">None</p>						

18.

TOOTH CHART

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


maxilla ← → *missing*

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

mandible ← → *missing*

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 and mandible not present with remains. Teeth, R3 of maxilla and R11 of mandible, are present as tentatively identified.

CERTIFIED TRUE COPY:

 G. T. GAMBOA
 2d Lt. MSC

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5'7-5/8"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist 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 bottle, personal effects or I. D. tags found with remains. Nothing else found to warrant identification. Estimated weight of remains 3½ 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

CIP LAB MANILA, P.I.

SIGNATURE

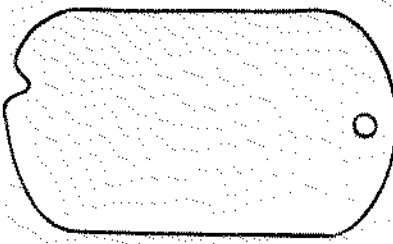
/s/ Robert F. Stevenson

/aam

RESTRICTED

JUN 18 1948

U 3134 A

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	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-3671 (Formerly UNK X-97, USAF Cemetery Leyte #1, P.I.)						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 Gibuanan, Leyte, P.I.		CAUSE OF DEATH Unknown				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 STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. U	GRAVE No. 5434		
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. 2871		
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-3672		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5435				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3670		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5433				
SIGNATURE OF PERSON PREPARING REPORT V C AQUINO 1/5 OMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT E S PANOPLO, 2d Lt Inf					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.									

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


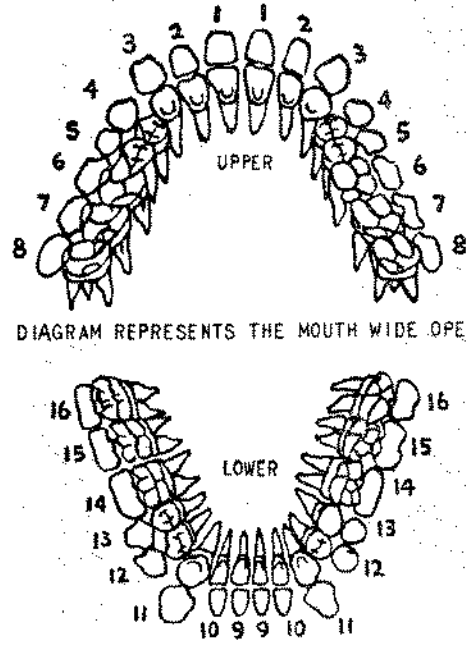




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

OTHER IDENTIFICATION CLUES

Unidentified American

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

RESTRICTED

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

8936

8930

UNKNOWN AMERICAN SOLDIER X-97

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

Gibuanan, Leyte, P.I.

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

1100 hrs 20 July 1945

USAF Cemetery Leyte #1, P.I.
(Name of cemetery) (Name or co-ordinates of location)

2871

(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 (X) Attached to marker Yes () No (X)

Religion

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. Grave 383 (X-54)
Metal tag buried with remains and attached to marker.

(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 VAIL, Kenneth J.

(Name) (Serial number) (Rank)

30 G,
34 Inf 2872
107th

Body buried on LEFT PREZAS, Roy G.

(Name) (Serial number) (Rank)

18 011 308 Pvt 8 Eng Bn 2870
(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. 70/1943).

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? **Yes**

(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., GMC
(Verified by Army GRS Officer)

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

THUMB

4
3
2
1

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right				Left											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	S													S	M

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 20 July, 1945

Charles Sego
 PVT Charles Sego, GRS
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)

X	X	X
---	---	---

Teeth replaced by fixed bridge
 (oval to include abutments)

⊖	X	⊖
---	---	---

Recd 8 Feb 45
3020

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

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

UNKNOWN AMERICAN SOLDIER X 54
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Gibuanan, Leyte, P.I.

(Place of death) (Date of death) (Cause of death)
0930 18 Nov 1944 USAF Cemetery, Tacloban # 1, Tacloban, Leyte, P. I.

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
0930 reburial

383 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

Report of interment buried (In Bottle) with remains

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

Remains disinterred from isolated grave. Grid coordinates 1329.4-1358.8 Map reference

(Carigara Special Map, no. identification tags, but identity definitely established, give particulars)
Leyte Island, P. I.

Body buried on RIGHT PREZAS, Roy G. 18 011 308 Pvt Trp A, 8th Engr Bn 384
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT VAIL, Kenneth J. G Co 34 Inf Regt 382
(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

