

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unit. Dept. # 1 C-16 # 213

SUBJECT

Formerly Unit. Dept. # 1 X-146

Also X-3790-B Manila ans. (Stamp)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3790-B (Formerly UNK X-146, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 13 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	W	5771	DISINTERMENT 6 May 47	REINTERMENT STORAGE 14 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D - Skeletal chart and tooth chart attached.

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 ?
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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)

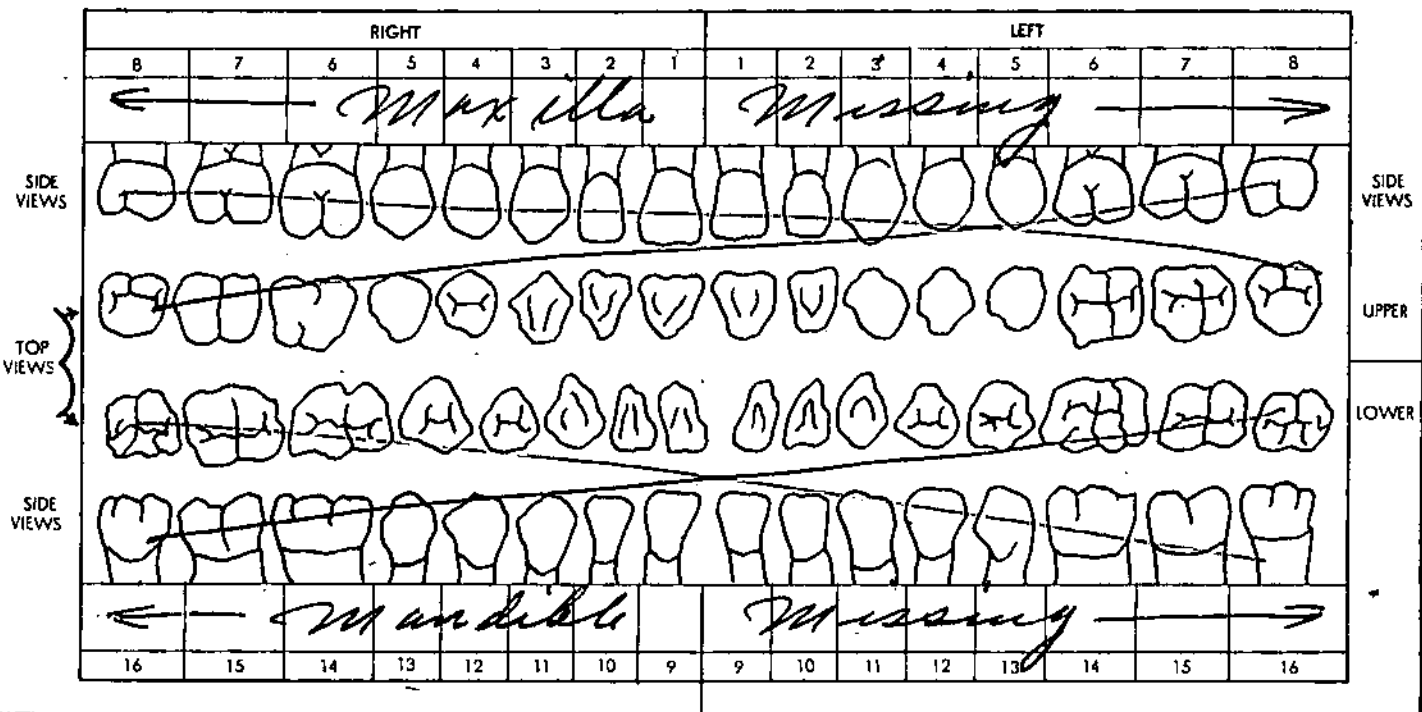
N O N E

*File
SEARCHED
8-10-48*

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>SIDE VIEW</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>	



DENTURES (PLATE): 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 and mandibular teeth found with remains.
 CERTIFIED TRUE COPY:

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

/s/ John J. Connors

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

While processing X-3790, AGRS, MAUSOLEUM, MANILA, P.I., two remains were found and segregated into UNK X-3790-A and X-3790-B. In processing X-3790-B, no ROI burial bottle, I. D. tags, personal effects, or other means of identification received with remains. Unable to determine the physical height because only broken radius and ulna of remains received.

CERTIFIED TRUE COPY:

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/ CLEMENT G SWAN EMB SR UNG C-064862
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Clement G. Swan



REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-146, Grave 3234 Serial Number _____

Rank ~~Organization~~ Formerly UNKNOWN X-12, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): _____

By: Group Tec 5 Napoli Unit Base K, GRS

3. Reburied (date): 26 Aug 45 In (give complete location): _____

USAF Cemetery Leyte #1, P.I. Grave 3236

By: Group Tec 5 Napoli Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:

Body completely decomposed but was able to take tooth chart.

5. (a) Identification tags: Buried with body? No On grave marker? No

(b) Other means of identification found upon disinterment, and general remarks: Metal tag made by GRS buried with remains and attached to marker.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics 1-2-4 MISS

(d) Hair on face-Color _____

Location _____

Quantity _____

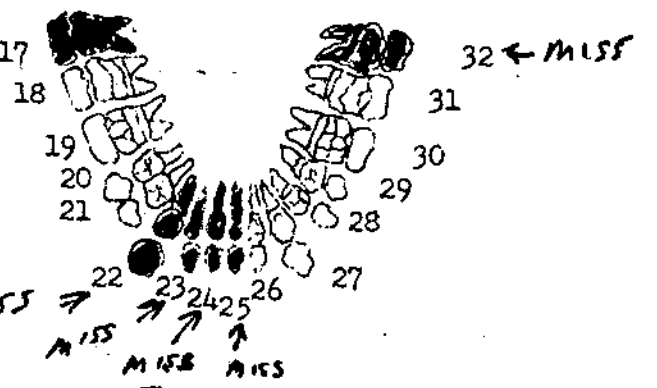
(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

MISS

(f) Wounds or missing parts (received at time of casualty) _____



Diagram represents mouth wide open



7. Disinterment supervised by Tec 5 Napoli

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

8. Reburial supervised by Tec 5 Napoli

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

Handwritten signature/initials

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.






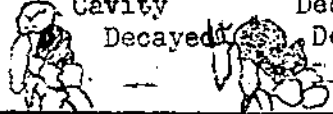
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity Decayed Decayed
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".		

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

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.

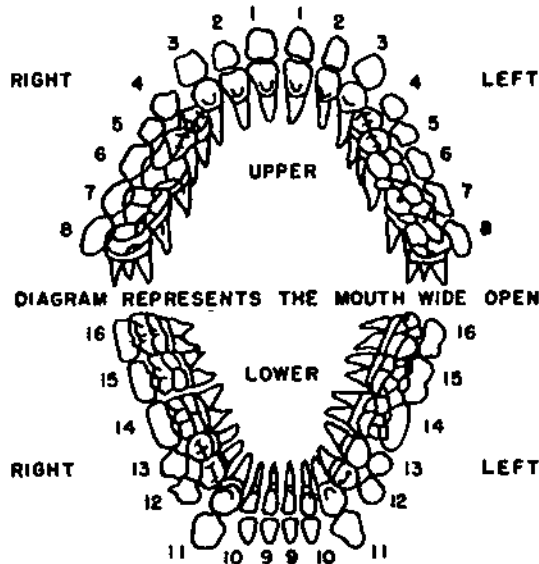


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

William C. Clark
VERIFIED BY GRS OFFICER

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

7 May 1947
DATE

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.

7 May 1947

DATE

UNKNOWN X-146

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Dulag, Leyte, P.I.

USAF Cemetery Leyte Fl, P. I.

3294

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

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

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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

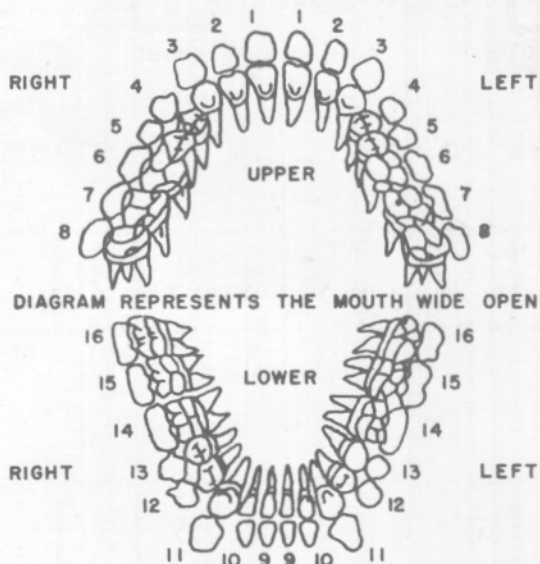
INSTRUCTIONS:

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:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

USAF Conatory Loyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William C. Clark
VERIFIED BY GRS OFFICER

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

7 May 1947
DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

7 May 1947

1. Remains of (Name)	Serial Number
UNKNOWN X-146	

Grade	Organization

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P. I.			3234

2. Date of Disinterment	
6 May 1947	

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

Shelter halve burial, body completely decomposed.

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

Unknown Tag

On Remains

Unknown Tag

What Identification Used Upon Reinterment: On Marker

Unknown Tag

On Remains

Unknown Tag

5. Signature of Officer Supervising Disinterment and Reinterment.

William C. Clark
WILLIAM C. CLARK, 1st Lt., QMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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

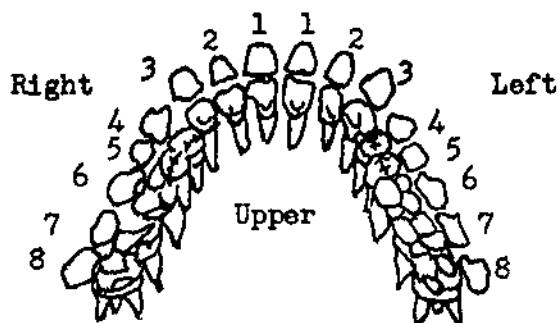
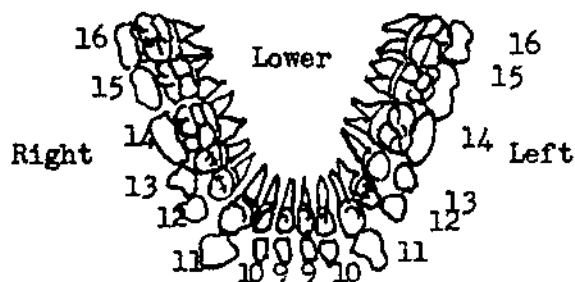


Diagram represents the mouth wide open



REPORT OF DISINTERMENT FOR IDENTIFICATION

7 May 1947

1. Remains of (Name)	Serial Number
UNKNOWN X-146	

Grade	Organization

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P. I.			3234

2. Date of Disinterment	
6 May 1947	

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

Shelter halve burial, body completely decomposed.

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

Unknown Tag

On Remains

Unknown Tag

What Identification Used Upon Reinterment: On Marker

Unknown Tag

On Remains

Unknown Tag

5. Signature of Officer Surpervising Disinterment and Reinterment.

William G. Clark
WILLIAM G. CLARK, 1st Lt., QMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown

Bridgework

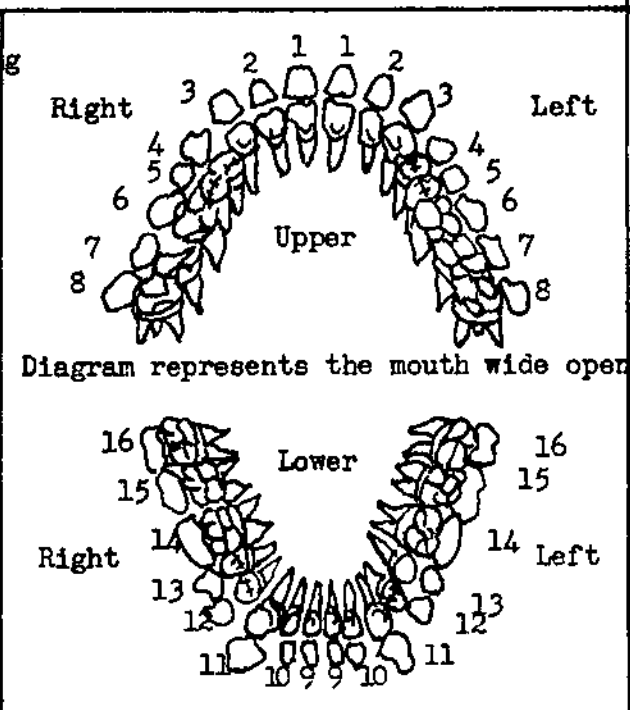
Gold & Porcelain Bridge Gold Bridge

Fillings

Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed
Decayed Decayed



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

A TRUE COPY:
Leander W. O'Neill
LEANDER W. O'NEILL
1st Lt., Inf.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P. I.

Date 26 Aug 45

1. Remains of UNKNOWN X-146, Grave 3234 Serial Number _____

Rank _____ ~~Organization~~ Formerly UNKNOWN I-12, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): _____

By: Group Tec 5 Napoli Unit Base K, GRS

3. Reburied (date) 26 Aug 45 In (give complete location): USAF Cemetery Leyte #1, P. I. Grave 3236

By: Group Tec 5 Napoli Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Body completely decomposed but was able to take tooth chart.

5. (a) Identification tags: Buried with body? No On grave marker? No
(b) Other means of identification found upon disinterment, and general remarks:
Metal tag made by GRS buried with remains and attached to marker.

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

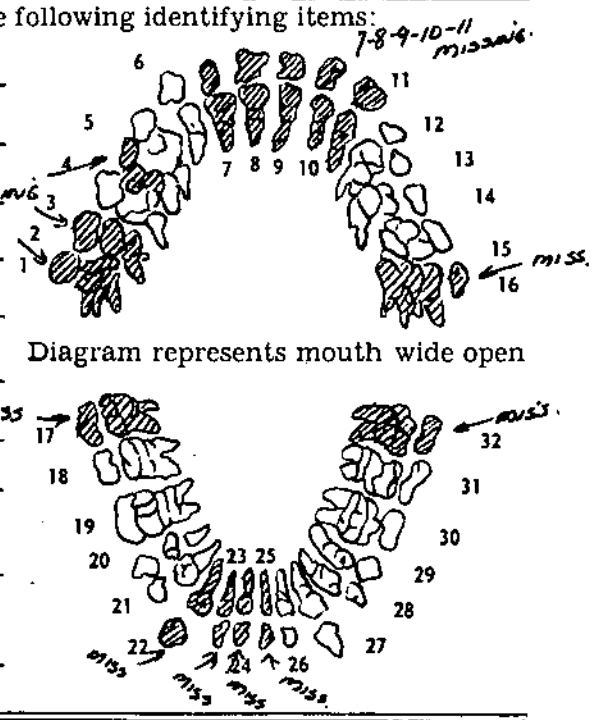
(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____



7. Disinterment supervised by /s/t/ Tec 5 Napoli Approved: /s/t/ FRANCIS M. SIMON, 1st Lt., QMC
(Title) GRO

8. Reburial supervised by /s/t/ Tec 5 Napoli Approved: /s/t/ FRANCIS M. SIMON, 1st Lt., QMC
(Title) GRO

Handwritten note: Aug 16

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

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

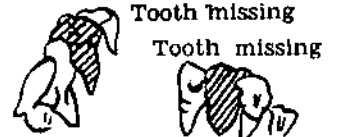
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



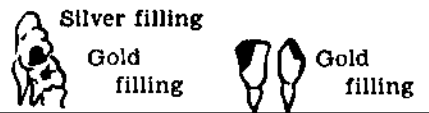
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



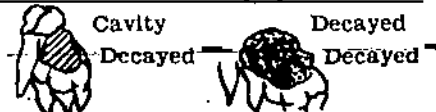
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

REHB RESTRICTED RE

8204

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

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

UNKNOWN X-146

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-body completely burned beyond recognition
(Place of death)		(Date of death)		(Cause of death)	
0900 hrs 25 July 1945	USAF Cemetery Leyte # 1, P. I.				
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		

3234

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 (<input checked="" type="checkbox"/>) Attached to marker Yes () No (<input checked="" type="checkbox"/>)			
Religion <u>DISINTERRED from Grave 178, USAF Cemetery Dulag # 1, Leyte, P. I.</u>			
<u>(UNKNOWN X-12)</u>			
<u>Metal tag buried with remains and attached to Marker.</u>			
(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 <u>RIGHT KROHN, Lloyd A.</u>	<u>37 309 539</u>	<u>Sgt 50</u>	<u>Engr Combat</u>	<u>3235</u>
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <u>LEFT UNKNOWN X-145</u>				<u>3233</u>
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

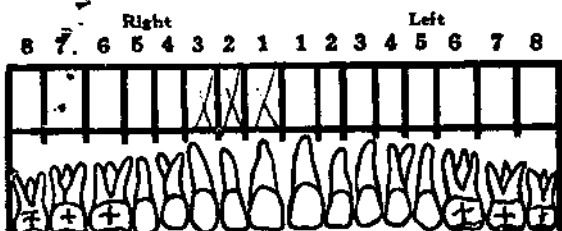
(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: NONE RESTRICTED.

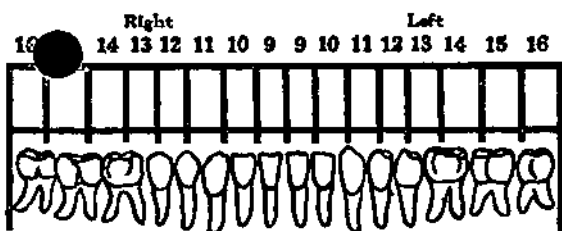
538

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 25 July, 19 45

Paul E. Leary, Sgt, GDS

Dental Corps, U. S. A.

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

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



19 Jan 45

6294

Unknown X- 12

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

Dulag, Island of Leyte, P.I. 26 October 1944 KIA - Body Completely Burned
(Place of death) (Date of death) beyond recognition

1225 26 October 1944 USAF Cemetery Dulag #1 Dulag, Leyte, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

178 5 1 Cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Embossed Plate attached to Marker Religion - Unknown

One copy of GR Form #1 placed in sealed bottle and buried with Body showing

Unknown Number

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

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

Body buried on ~~Right~~ **Left** Unknown X- 11 37302539 177
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on ~~Left~~ **Right** Unknown X-13 179
(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

1225

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, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, ~~or~~ organization of deceased, etc.:

possible
 502nd AAA; 7th QM Co; 722nd Dpt Det

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Lovillo G. Greer
 (Signature of officer or other person reporting burial)
 Lovillo G. Greer, 1st Lt.
 (Verified by Army GRS Officer)
 Robert W. Greer, 2nd Lt. Inf

7364 56A

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

Finger prints not obtainable. Body was completely burned beyond recognition

RECEIVED
 15 MAR 54
 15 1954

RESTRICTED

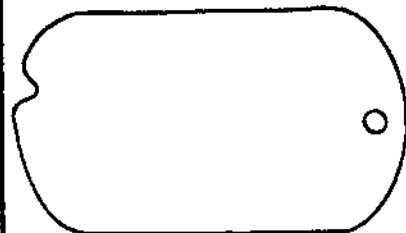
"I" 22 1948

U 3051

WD OMC FORM #042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT

2 Mar 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3790-B (Formerly UNK X-146
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

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)

See Remarks

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.	
14 Feb 48	1300	Casket	None	812	N	5771	
WAS THIS A REBURIAL? (Yes or no)	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.						3234
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-3794				5772			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-3788				5770			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
V. G. AQUINO 1/3 OMC			Calvin F. Finn CALVIN F. FINN, Maj., FA				

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

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

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

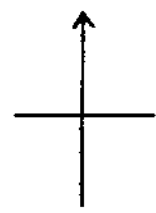
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT THUMB		

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



REMARKS: In processing UNKNOWN X-146, USAF Cemetery Leyte #1, P.I., bones of two bodies were found. They were segregated and designated as UNKNOWN X-3790-A and B, AGRS Mausoleum, Manila, P.I. Cross reference this case, UNKNOWN X-3790-B, with UNKNOWN X-3790-A. No personal effects found with the remains.
 QIC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1948