

FILE IDENTIFICATION TOPPER

FILE NUMBER

575

SUBJECT

Frank Leyter #1 X-575 (Alfred Maus Manila X-2362)

QMC FORM 1121
1 Aug 45

1/drs
K

Interred 29 Mar 1950
C 16 65 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **7740 81683**
DATE **10 05 50**
DAY MONTH YEAR

NAME **UNKNOWN X - 575**
SERIAL NUMBER
GRADE
ARM
RACE
RELIGION
CEMETERY **USAF CEMETERY LEYTE NO. 1, P. I.**
PLOT
ROW
GRAVE **8494**
DISPOSITION OF REMAINS
7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.**
NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-575**
SERIAL NUMBER
GRADE
DATE OF DEATH
DATE DISTINTERRED **June 3, 1949**
IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION
RELIGION
IDENTIFICATION VERIFIED BY
**RICHARD HOYT
Embalmer**
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half
CONDITION OF REMAINS
Skeletal
OTHER MEANS OF IDENTIFICATION
X-2362 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **3 June 49** BY **RICHARD HOYT**
CASKET SEALED BY **RICHARD HOYT** EMBALMER (Signature) **s/ Richard Hoyt**
CASKET BOXED AND MARKED **RAYMOND H TANGUAY** SHIPPING ADDRESS VERIFIED BY
DATE **3 June 49** BY **Sgt 1c, RA** **L. W. RICHARDSON, M/Sgt., RA**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

s/ L. W. Richardson, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*7 ell
6/14/50
R. H. Keins*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leuchmark</i>	DATE 9 MAY 1952

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE 80

7. SHIPPED

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

315

PHOTO RED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81683	DATE 10 05 50		
NAME UNKNOWN X - 575		SERIAL NUMBER	GRADE	ARM	RACE
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 8494	DISPOSITION OF REMAINS 7701 80
					CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*not
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2 ill
6/24/50
fill less
report Be*

QMCMR 293

GRS Far East

2 June 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

UNKNOWN X-89 4th Mar. Div. Cem., Iwo Jima, Unit 9, Page 1
" X-1665 AGRS Mausoleum, Manila, Unit 2, Page 18
" X-2362 (Formerly Unk X-575 Leyte #1) Unit 2, Page 13
" X-4449 AGRS Mausoleum, Manila, Unit 2, Page 22
" X-4957 AGRS Mausoleum, Manila, Unit 2, Page 24

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

JW

J. Miller:lak
Salser

JMN

cc: Administrative Section

cc: CINCPAC

DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

OMGOD 532.3
Kansas City

10 November 1949

SUBJECT: Present Status of Certain Unknowns

TO : Commanding Officer, QM Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. Reference your recent inquiries concerning the present status of the following named Unknowns, you are advised that the Resolution Section, Memorial Division, reports they have not yet been identified:

Unknown X-2362, AGRS, Mausoleum, Manila, P. I.
Unknown X-3688, " " " "
Unknown X-5048, " " " "

2. Correspondence from the Bureau pertaining to these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:
Corres.

M. J. INGEMAN
Major, QMC
Field Service Division

X OMGOD 293, UNKNOWN X-2362, MANILA FI (AGRSMAUSOLEUM)

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDBG 890712

HOC/AID/mj
11 August 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-2362

Plot Unk, Row _____, Grave _____, USMC AGRS Mausoleum,

Manila, PI, have been held at this Bureau as of 1 Aug 49

2. Bureau inspection of the effects has been made and the following description furnished for reference:

(formerly Unk X-575, USAF Cem, Leyte #1, PI)

1 Officer's cap insignia

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster

242 Unk Plot, Manila X-2362

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
WILCOM ZONE

GRPZ 293

APG 900

10 151

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, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the remains of UNKNOWN X-2362 AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data.

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

FOR THE COMMANDING OFFICER:

1 Incl
QMC Forms 1044 w/Certificate
of Unidentifiability

[Signature]
B. McNAMAR
Capt., QMC
Asst. Adjutant

Mr. Clark P. U.

Major [unclear]

X-2362

*NAT. FILE
U. Muller
1st 1.5 sec
14 Dec 1950*

1. FILE UNDER NO. 293 - Unk. P. I. X-575-A (Leyte No. 1)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter
3. DATE: 19 Aug 49
4. FROM: Hqs., PhilCom, U. S. Army, APO 707
5. TO: TONG
6. SUBJECT: Cancellation of Letter Suffixes of Former Cemetery Unknown
Numbers of Unknowns Considered Unidentifiable
X-575-A, Leyte No. 1 X-2362-A
X-3824-B, Manila No. 2 X-1116
.....

7. DOCUMENT FILED UNDER NO. 293 - GRS, Far East (Ident.)
mab

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

751

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

CSGR 292.9

AFD 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 8 AUG 1949

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

1. A recent reprocessing of Unknown remains presently stored at AFPS Macolara, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with the Unknowns declared Unidentifiable.

2. In view of the above, it is requested all records your office pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

UNKNOWN X-1776-A	UNKNOWN X-3405-A	UNKNOWN X-3770-A	UNKNOWN X-4758-A
" X-2342-A	" X-3378-A	" X-3833-A	" X-4759-A
" X-2766-A	" X-3597-A	" X-3836-A	" X-4761-A
" X-2889-A	" X-3613-A	" X-4173-A	" X-4762-A
" X-3089-A	" X-3634-A	" X-4314-A	" X-4771-A
" X-3265-A	" X-3679-A	" X-4315-A	" X-4772-A
" X-3289-A	" X-3686-A	" X-4533-A	" X-4776-A
" X-3315-A	" X-3687-A	" X-4725-A	" X-4792-A
" X-3340-A	" X-3704-B	" X-4740-A	" X-4805-A
" X-3408-A	" X-3729-A	" X-4752-A	

3. All records in this Headquarters pertaining to the above Unknowns have already been amended accordingly.

FOR THE QUARTERMASTER GENERAL:

/s/ John H. Weston, Jr.
JOHN H. WESTON, Jr.
1st Lt AFD
Asst Adj Gen

AIR MAIL

OMM 293

1st Incl.

Unknown 3-9758

P. 1. (lay's #1)

SUBJECT: Request for Information

Department of the Army, OMM, Washington 25, D. C. 22 December 1948

To: Commanding General, Philippine Command, APO 707, c/o Postmaster,
San Francisco, California, Attn: OMM, Filipino Zone

In compliance with request made in basic communication, a thorough search of records this office reveals that the name associated with serial number 70114 is 1st Lt. George Wilson Henderson, who failed to return from a mission over Kiel, Germany, 13 June 1943.

FOR THE QUARTERMASTER GENERAL:

T. H. WETZ
Lt. Colonel, OMM
Memorial Division

JLB

ay

X 293
Chf. P.I. X-293 B / (Masonburn, Mason)

98

AIR MAIL

QMCS 293

1st Ind.

Unknown X-575B

P. I. (Layte #1)

SUBJECT: Request for information

Department of the Army, OQMG, Washington 25, D. C. 22 December 1948

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster, San Francisco, California, Attn: AGNS, Philcom Zone

In compliance with request made in basic communication, a thorough search of records this office reveals that the name associated with serial number 730114 is 1st Lt. George Wilson Hendershot, who failed to return from a mission over Kiel, Germany, 13 June 1943.

FOR THE QUARTERMASTER GENERAL:

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

Spink CWR

JCM

JAB

smv

JAB

✓



✓ X 293 Hendershot, George Wilson
✓ X 293 Unit. P. I. X-2362 B (Mausoleum, Manila)

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSER 293

SUBJECT: Request for Information

AFD 707

5 NOV 1948

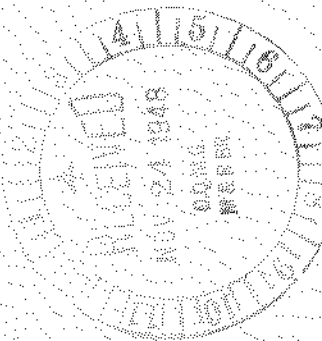
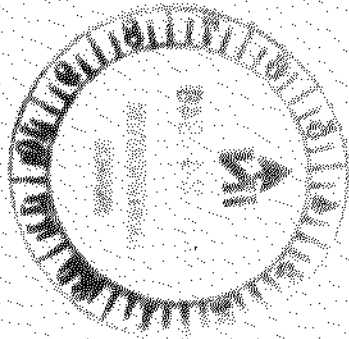
TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. Report of Interment for Unknown I-575B, USAF Cemetery Leyte #1, Leyte, P. I. (currently designated as Unknown I-2962-B, AGHS Mausoleum, Manila, P. I.), indicates that an officer's cap insignia and a piece of aluminum bearing the number 730 114 were found with remains. Subject Unknown was recovered from an isolated burial on Mt. Pina, Leyte.

2. It is requested that an attempt be made to associate above-mentioned number with casualties in the Leyte Area, and information be furnished this office together with OQMG Form 371 and any additional data which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen



Handwritten: 493 Unknown - 575B. P.I. (Leyte #1)

af

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AF0 900

16 May 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 575, Plot _____,
Row _____, Grave 8494, USMC Leyte No. 1, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

K. B. McNEEMAR
K. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Received 24 May 1950 *0000*

Not identifiable from
information presently
available

J. Miller Ident. Sec.
31 May 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2362 (Formerly X-575 Leyte No. 1)				2. DATE OF REPORT 16 May 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				Age: 22-27 yrs.	
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 6'1"	10. COLOR OF HAIR U. T. D.		11. RACE White	

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

N o n e

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Right femur, left & right tibia and fibula**

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

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

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	
		A odt					P	P				P		A o	X	
																Side Views
																UPPER
																Side Views
																LOWER
			P	P	P	P	P	P	P	P	P	P			X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

broken

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."

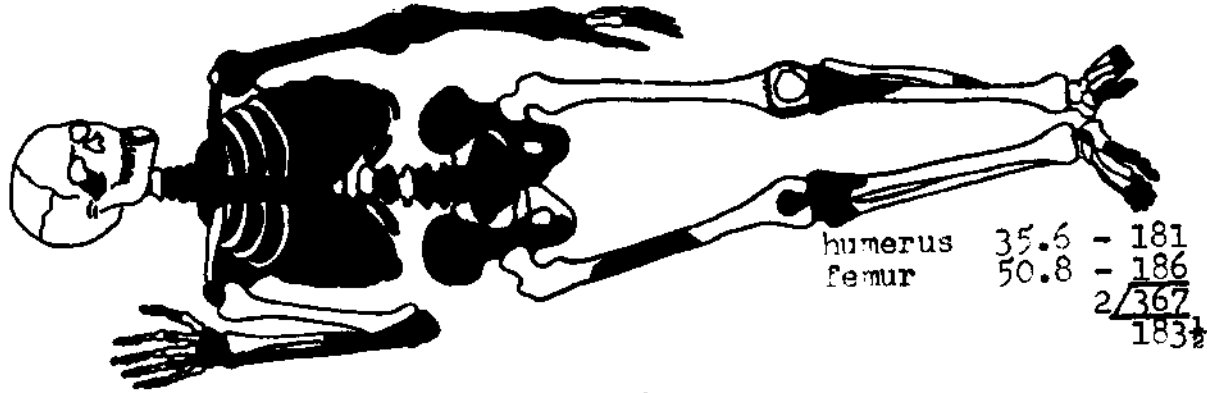
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 6'1"

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 identification tags, personal effects or any other means of identification found with remains.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
 Chief Identification Section

SIGNATURE

Paul R. Nichols

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.

18 March 1947
DATE

UNKNOWN X-575
LAST NAME FIRST INITIAL RANK SERIAL NO.

Mt. Pina ORGANIZATION
PLACE OF DEATH USAF Cemetery Leyte #1, P.I. 8494
PLACE OF BURIAL PLOT ROW GRAVE NO.















	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE			A					P	P						A	X
LOCATION			DO												O	

FRACT 11

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE				P		P	P	P	P	P	P	P				X
LOCATION																

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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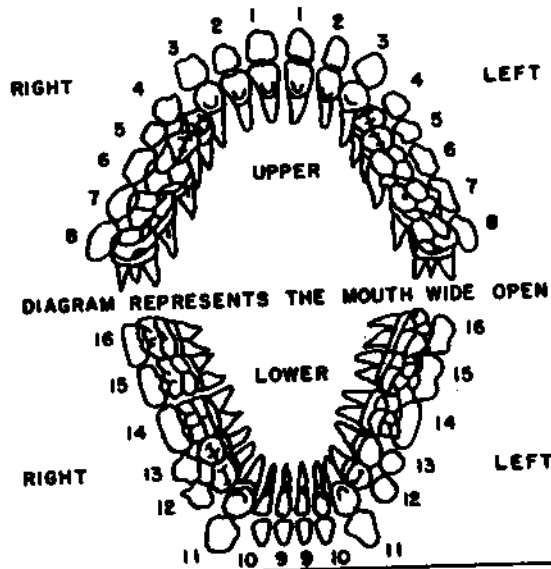
INSTRUCTIONS:

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:

Possibly L₈ and L₁₆ missing congenitally.

/s/William R. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

Lt., (ig) D.C., USN
NAME AND RANK TYPED OR PRINTED

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

/s/Ramon Thomas
VERIFIED BY GRS OFFICER

RAMON THOMAS, Captain, O/C
NAME AND RANK TYPED OR PRINTED

18 March 1947
DATE

CERTIFIED TRUE COPY:

William R. Doweese
WILLIAM R. DOWEESSE
1st Lt., O/C

IDENTIFICATION DENTAL CHART

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

18 March 1947
DATE

BRIDGEMAN X-575
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
Mt. Pine USAF Cemetery Leyte Is., P.I.
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. 2496











	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE			A					D	D						A	X
LOCATION			DO												O	

FRACT MV

INSIDE — LOOKING OUT

	RIGHT				LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE				D		D	D	D	D	D	D	D	D			X
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
	A AMALGAM (SILVER)	
EXTRACTED		MESIAL (BETWEEN-TOWARD FRONT)
	G GOLD	
CAVITY. INDICATE LOCATION		OCCLUSAL (BITING SURFACE BACK TEETH)
	S SILICATE OR PORCELAIN	
FIXED BRIDGE (ENCL. ABUTMENTS)		DISTAL (BETWEEN-TOWARD BACK)
	O OXYPHOSPHATE (CEMENT)	
TEETH REPLACED BY DENTURE		LINGUAL (TOWARD TONGUE)
		
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

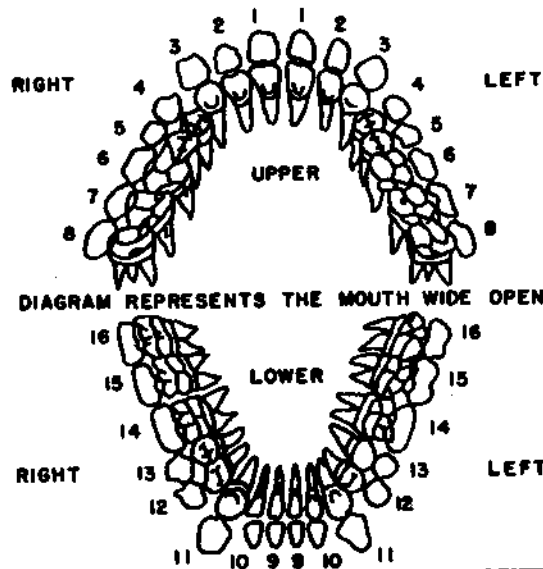
INSTRUCTIONS:

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:

Possibly I_{16} and L_{16} missing congenitally.

/s/William R. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

/s/Ramon Thomas
VERIFIED BY GRS OFFICER

Lt., (ig) D.S., USN
NAME AND RANK TYPED OR PRINTED

RAMON THOMAS, Captain, OMC
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Iowa St
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

18 March 1947
DATE

CERTIFIED TRUE COPY:

William R. Downer
WILLIAM R. DOWNER
1st Lt., OMC

IDENTIFICATION DENTAL CHART

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

18 March 1947

DATE

UNKNOWN X-575

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Mt. Pina

USAF Cemetery Leyte #1, P.I.

8194

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.
















	8	7	6	RIGHT				UPPER TEETH				LEFT				
			A													
TYPE																
LOCATION			DO													

FRAGT M1

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				
TYPE																
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)

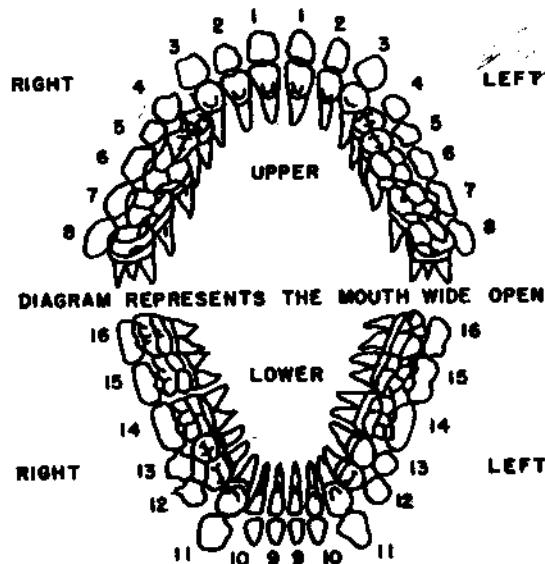
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Possibly L₈ and L₁₆ missing congenitally.

/s/ William R. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

Lt., (jg) D.C., USN
NAME AND RANK TYPED OR PRINTED

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

Ramon Thomas
VERIFIED BY ORS OFFICER

RAMON THOMAS, Captain, QMC
NAME AND RANK TYPED OR PRINTED

18 March 1947
DATE

RESTRICTED

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT
TRIP #55 (Search #2)

1. TIME AND DATE DEPARTED: 0900 hours, 3 March 1947
2. NUMBER OF PERSONNEL IN PARTY: One
3. TOWN OR BARRIO: Carigara
4. PROVINCE OR ISLAND: Leyte
5. PERSONS CONTACTED:
 - a. Rodrigo Pamamian
 - b. Gregorio Cordel
 - c. Severino Pamamian
 - d. Federico Cordel
 - e. Irenio Pamamian
 - f. Pollicarpo Pamamian
6. LOCATION OF REMAINS (GRID COORD.): 11°13'25" N. Lat., 124°38'20" E. Long.
7. TYPE OF RECOVERY: and date recovered: Isolated Burial, 1700 hrs, 4 Mar 47.
8. NUMBER OF REMAINS RECOVERED: One
9. CONDITION OF REMAINS: Only skeleton remaining
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. TIME AND DATE RETURNED: 1500 hrs., 8 March 1947
13. REMARKS:

Toney Vespa
Sgt. Toney Vespa
Search Party Leader

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOW X-2362-A (Formerly UNK X-575-A HCAF Gen Leyte #1, PI)			2. DATE OF REPORT 23 Aug 48				
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.			4. PLOT 302	5. ROW A	6. GRAVE 247	7. DATE OF	
			DISINTERMENT 21 Oct 47		REINTERMENT 2 Dec 47		
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6'3/8"		10. COLOR OF HAIR UTD		11. RACE UNK	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Burial bottle containing POI for UNK X-575-A.							
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) NONE							

TOOTH CHART

	TOP VIEW	SIDE VIEW
<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>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</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>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			A dol					⊗	⊗					⊗	A o	⊗
Side Views																
Top Views																
Side Views																
	⊗			⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

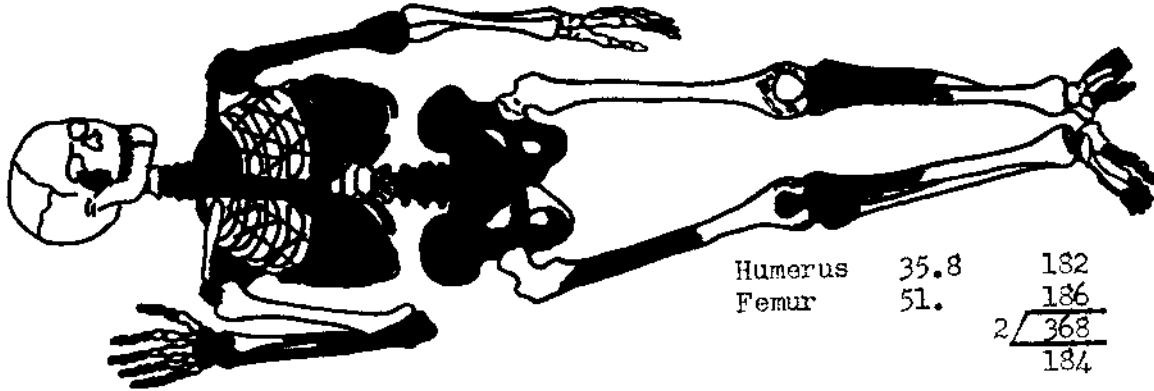
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."
 REMARKS: Mandible posthumously fractured on L9.

CERTIFIED TRUE COPY:

 ANDREW S ROBSON
 Capt., QMC

/s/ Cpl Joseph D Murphy

19. LACK OF PARTS OF BODY NOT RECOVERED



Average height - 6'3/8"

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

Circumference of skull - 21".
Estimated weight of remains - 5 lbs.
ROI bottle found with remains, but no identification tag.
In reprocessing these remains UNK X-2362-A thru D, only three (3) bodies were found, thus eliminating UNK X-2362-D.

CERTIFIED TRUE COPY:

Andrew S. Robson
ANDREW S. ROBSON
Capt., QMC

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/ EDWARD F MORIARTY, SIB SUP
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F Moriarty

X-2362-A

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2362-A (Formerly Unk
X-575A USAF Cem Leyte #1, P.I.)

2 Dec 47
DATE

LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Army

UNIT
Mt. Pina Carigara, Leyte, AGRS Mausoleum
P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL
Manila P.I.
STORAGE

802
PLOT

A
ROW

247
GRAVE NO.

ARRGEEK DAY















DATE

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE				A					B	B				B		A		TYPE	
LOCATION				o												o		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE					B		B	B	B	B	B	B	B	B				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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

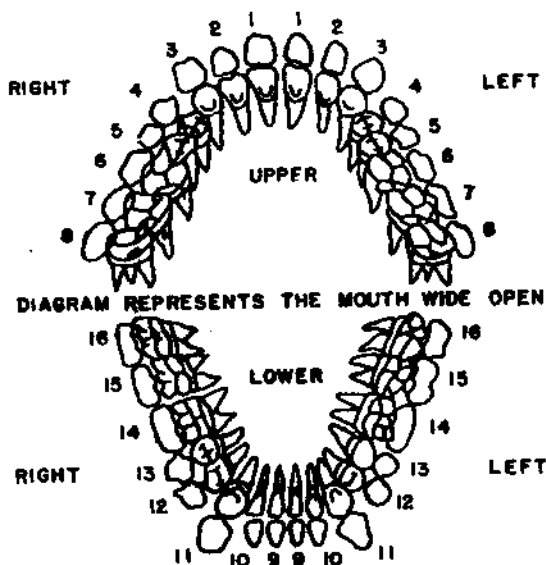
INSTRUCTIONS:

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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:

Mandible line of fracture between L 9 and L 10.

/s/ Hilarion V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

/p/ HILARION V. CASTILLO Emb's Aide /p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED NAME AND RANK TYPED OR PRINTED

CIP LAB., Manila P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

2 Dec 47
DATE

Certified True Copy:

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

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2362-A (Formerly
 Unk X-575A USAF Cem.
~~UNKNOWN~~ Leyte #1, P.I.)
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 802 ^{DANGER, HAY} Row A ^{CRIP} Grave 247

AGRS, Mausoleum Manila, P.I.

1. Arrived at cemetery 2 Dec 47
 Mt. Pina Carigara, ^(Hour) ^(Date)
2. Place of death Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 1st Plat. 3008th QM GR Co.
 (Name and organization)
4. Evacuated to Cemetery by _____
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	//// (Type)		
Raincoat	////		
Overcoat	////		
Jacket, Field	////		
Jacket, Combat	N O		
Mackinaw	N		
Sweater	E		
Jacket, HBT	////		
* Shirt, Wool OD	////		
Undershirt, Wool	////		
Undershirt, Cotton	////		
Trousers, HBT	////		
* Trousers, Wool OD	////		

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

* Shoes / (type) /

Overshoes / N O

Web Equipment / N E (type) /

(Other item) /

(Other item) /

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
Insignia / (Type & location; shirt, jacket, coat, helmet) /

Shoulder Patch /

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal attached.

Age / Height UTD Weight UTD Description of wounds /

Bandages or dressings / Scars / (Length, width, location) /

/ Tattoos / (Number, location — illustrate on separate page) /

Outstanding moles, warts or birthmarks / (Yes-no; description, location) /

Sunburn or tan, other than hand and face /

Complexion / U T D (Light, medium, dark, clear, pimples, poeks, freckles) /

Build / (Large, fat, thin, muscular) /

Hair / (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) /

Hair / (Baldness, widows peak, distinctive cutting or other characteristics) /

Sideburns / Mustache / Beard or / (Color, setting, shape) (Color, size, shape) (Length, heavy)

7. Have finger prints been placed on Report of Interment? No
(Yes-no)


If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks ROI burial bottle found with remains. No personal effects,
no I.D. tags found and estimated weight of remains 5 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

CERTIFIED TRUE COPY:


G. T. GAMBOA
2d Lt MAC

/s/ Clement G. Swan
(Officer's Name)

Emb. Sr. Ung C-064862
Rank Service

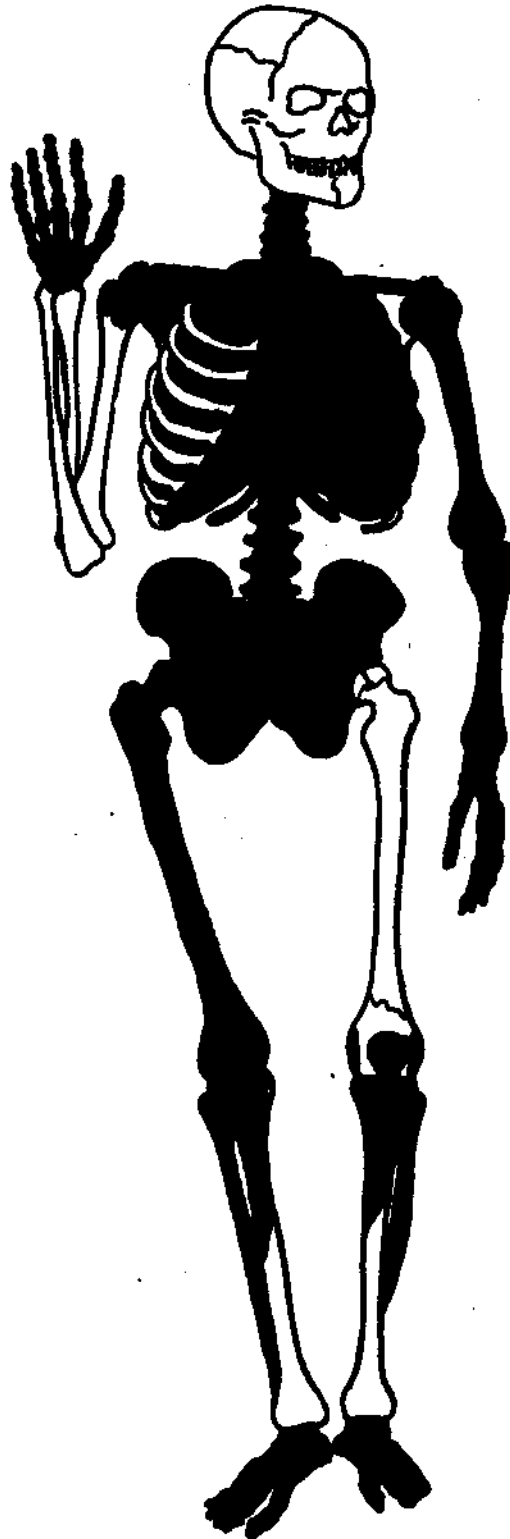
CIP LAB., Manila, P.I.
(Organization)

2 Dec 47

SKELETAL CHART

X-2362-A

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7-Rib fragments
present

CHART "A"

L.R.

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.

19 August 1947
DATE

UNKNOWN X-575A
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION















Mt. Pina, Leyte, P.I. USAF Cemetery Leyte #1
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. 8494

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE			A													
LOCATION			DLO												H	X

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	O															
LOCATION	O															X

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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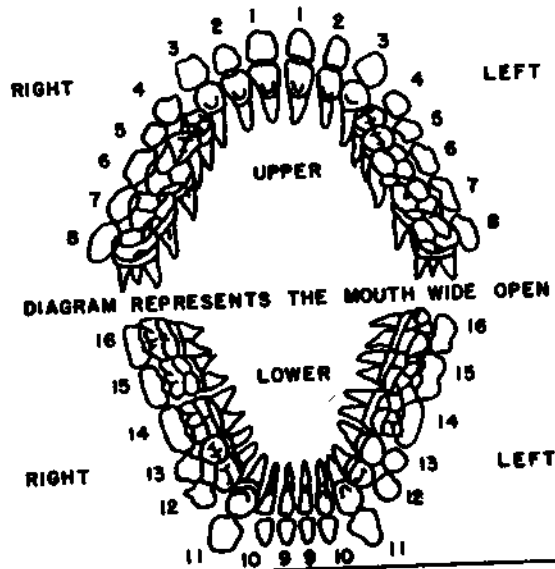
INSTRUCTIONS:

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:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregurek
NAME AND RANK TYPED OR PRINTED

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

A.P. Singson
VERIFIED BY SRS OFFICER

A.P. SINGSON, 1st Lt., Inf
NAME AND RANK TYPED OR PRINTED

19 August 1947
DATE

X-575A

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

Unknown X 575-A

Cemetery USAF Leyte #1

Plot _____ Row _____ Grave 8494

1. Arrived at cemetery 8 March 1947 Isolated grave - Aeronautical Approach
(Hour) (Date) chart Scale 1:250,000
2. Place of death Mt. Pina, Carigara, Leyte, P.I. (11° 13' 25" N- 124° 38' 20" E)
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered of / destroyed by 1st Plat. 3008th QM GR Co.
(Name and organization)
4. Evacuated to Cemetery by 1st Plat. 3008th QM GR Co.
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat		Z	
Mackinaw			
Sweater		C	
Jacket, HBT			
* Shirt, Wool OD		Z	
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)

~~NO RE~~

*If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only- Skeleton chart attached.**

Age Height Weight Description of wounds

Bandages or dressings Scars (Length, width, location)

..... Tattoos (Number, location - Illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large; fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (length, heavy)

(Color, setting, shape)

(Color, size, shape)

(length, heavy)

Goatee (Light, color, extent) _____

Eyes (Color, setting, shape) _____ Eyebrows (Color, bushiness, extent across nose) _____

Nose (Size, shape, straight) _____ Ears (Size, set close to or far from head) _____

Mouth (Large, medium, small) _____ Lips (Small, large, full) _____

Teeth **Toothchart attached.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts) _____

Chin (Prominent, receding, pointed, dimples, double) _____

Jaw (Large, small, normal) _____ Circumference of head in inches (Hat band) _____

Neck (Size, length, short, normal, wrinkled) _____ Larynx (Prominent, normal) _____

Shoulders (Broad, straight, small, rounded) _____ Arms (Length, muscular, color, extent and quantity of hair) _____

Hands _____

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints) _____

(Unusual characteristics of fingernails) _____

Chest (Size of nipples, color, quantity and extent of hair) _____

Waist (Size of navel, appendectomy, amount, quantity, and color of hair) _____

Back (Quantity and extent of hair) _____ Circumcision (Yes-no) _____ Pubic Hair (Color) _____

Hernioplasty (Yes-no; location) _____

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair) _____

Feet (Size, corns, callouses, flat) _____ Toes (Slender, straight, crooked, overlap) _____

Evidence of healed fractures (Nose, arms, legs, etc.) _____

NOTE: Use attached charts "A" and "B" to indicate parts not received.

X-575A


7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks Piece of aluminum found with remains bearing the number 730 114 also one (1) officer's cap emblem. These articles enclosed with permanent records. While reprocessing I-575, Leyte #1, extra remains were found and recorded as See I-575A, I-575B, I-575C, I-575D.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

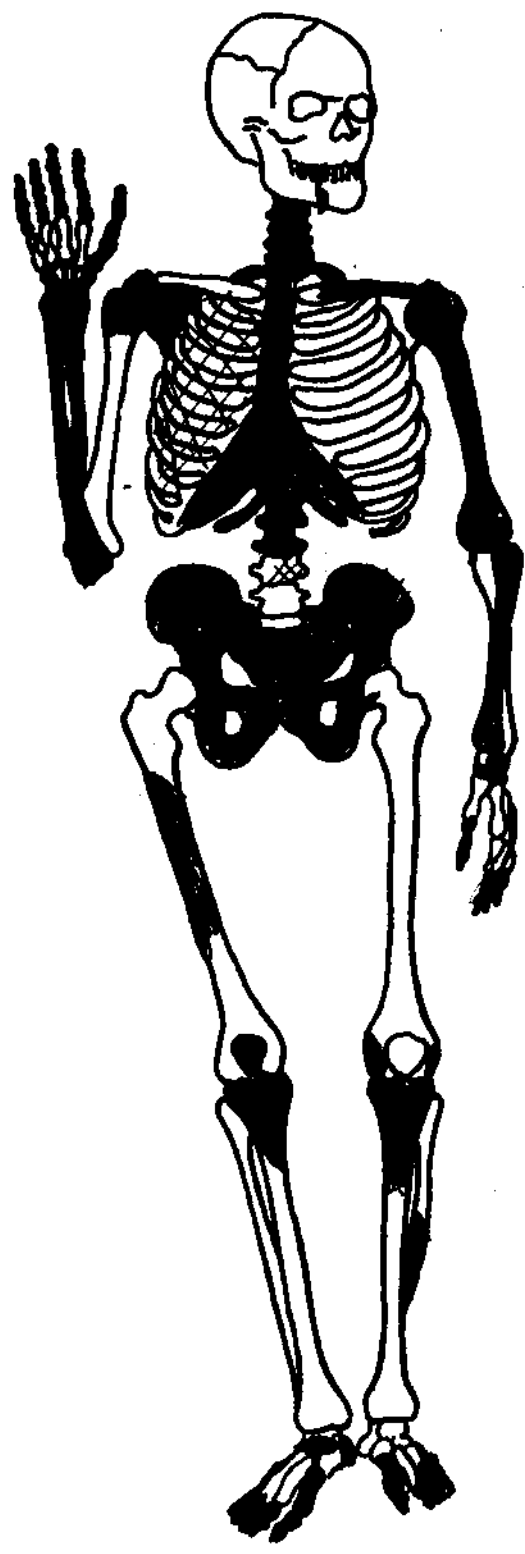

A. P. SINGSON
(Officer's Name)

1st Lt. Infantry
Rank Service

1st Plat. 583rd QM GR Co.
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*20 rib fragments
received
also small bone
fragments.*

RESTRICTED

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

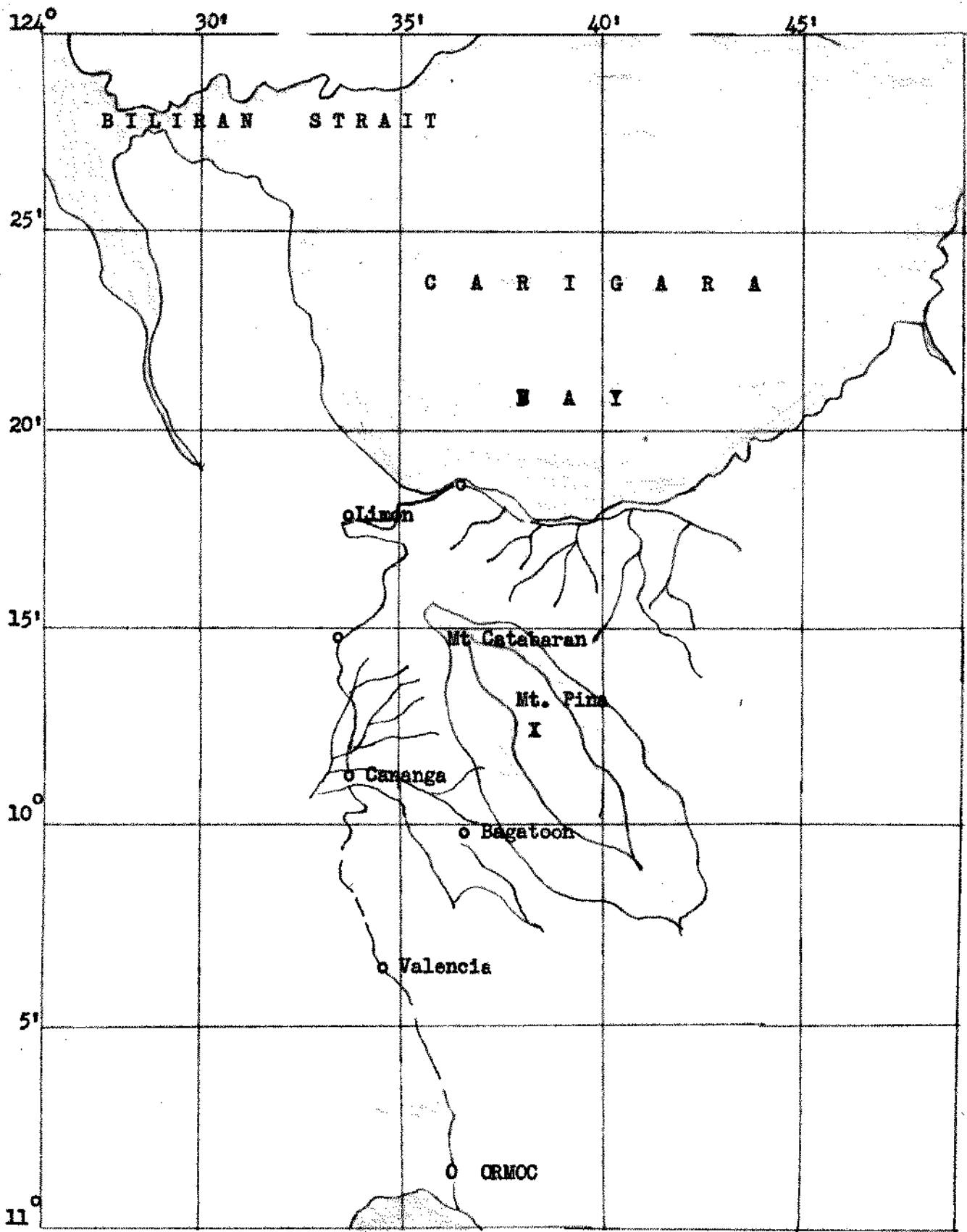
SEARCH AND RECOVERY REPORT

TRIP # 55 SEARCH # 2

1. DATE AND TIME OF DEPARTURE: 0900 hours, 3 March 1947
2. PARTY CONSISTED OF: One
3. TOWN OR BARRIO: Carigara PROVINCE OR ISLANDS: Leyte
4. PERSONS INTERROGATED:
 - a. Rodrigo Panamian
 - b. Gregorio Cordel
 - c. Severino Panamian
 - d. Policarpo Panamian
 - e. Federico Cordel
 - f. Irenio Panamian
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 11°13' 25" N. Lat., 124°38' 20" E. Long.
7. DATE AND TYPE OF RECOVERY: Isolated Burial, 1700 hrs, 4 Mar 47
8. NUMBER OF REMAINS RECOVERED: (1) (2) (3) (4) (5) (6) (Check one)
9. CONDITION OF REMAINS: Only skeleton remaining
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 1500 hrs., 8 March 1947
13. REMARKS (SEE REVERSE SIDE):

A TRUE COPY:
A. P. SINGSON, 1st Lt., Inf.

/s/t/ Sgt. Tony Vespa
Search Party Leader



X- Location of Remains: Unknown X-575A
 AAF Aeronautical Approach Chart (742BI) Cathalagan Quad. Conic Proj.
 Grid Coord: 11° 13' 25" N- 124° 38' 20" E. Scale 1:250,000

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

15 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2362-A (Formerly Unk X-575A Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Mt. Pina Carigara, 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)	See Remarks

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
AGRO MAUSOLEUM MANKA I

DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 247
---------------------------------------	--------------	---	------------------------------	-----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	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. 8494
---	---	----------	---------	-------------------

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 STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2362-C	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 249
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2360	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 245

SIGNATURE OF PERSON PREPARING REPORT <i>R. R. Acierito</i> R. R. ACIERITO Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L. S. Panopio</i> L. S. PANOPIO 2d Lt Inf
---	--

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

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

LEFT LITTLE FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	<p>GOLD BRIDGE</p>	
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>		

REMARKS: UNKNOWN X-2362-A AGRS Mausoleum, Manila, P.I., formerly Unk X-575-A USAF Cemetery #1, Leyte, P.I., should be cross referenced with UNKNOWN X-2362-B thru X-2362-D as per previous Report of Interment.
Identification Check List and Dental Chart accomplished.

FEB 1948

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-575A

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8494

2. Date of Disinterment

21 October 1947

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

Original made in type "C" casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Substitute tags on remains (Common Grave) Unknown X-575 A, B, C and D - separate tag for each. Skeletal remains fragmented, placed in four separate containers, with four separate R.C.I.'s on file for each Unknowns A, B, C and D. No identification clues found with remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols

PAUL R. NICHOLS, Embalmer

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



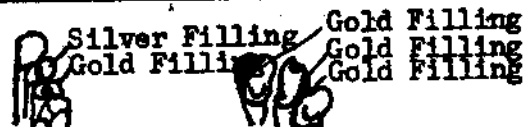
Crowned Teeth



Bridgework



Fillings

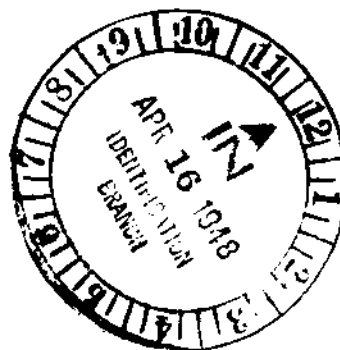
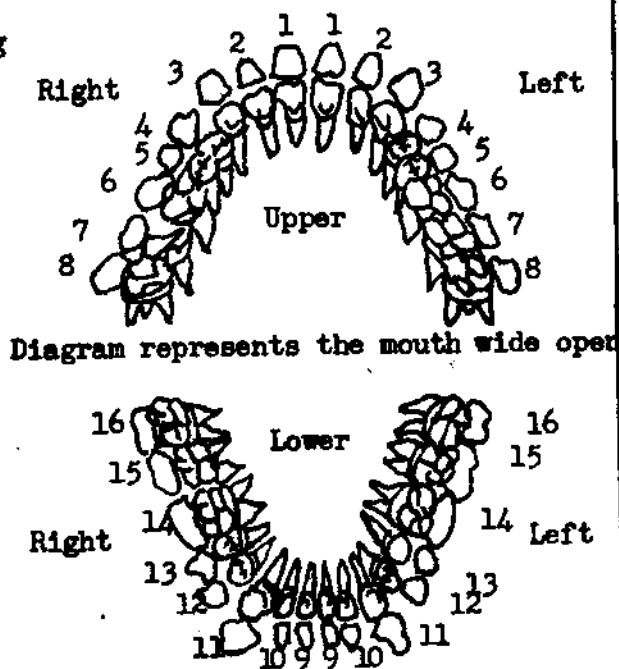


Caries (Cavities)



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

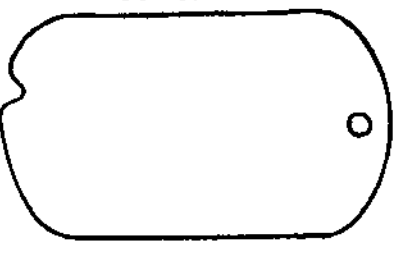


CORRECTED

RESTRICTED

298

fca 8494

WD CMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 26 August 1947
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.				SERIAL No.	
	NAME (Last, first, middle initial)				-	
	GRADE UNKNOWN X-575A		ORGANIZATION -		BRANCH OF SERVICE Army	
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
PLACE OF DEATH Mt. Pina, Leyte, PI		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
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 (Unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Officer's cap insignia forwarded to Sector Commander, AGRS-FEZ, Hqs., PHILRYOON, APO 707.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, Leyte, P.I.						
DATE OF BURIAL 19 March 1947	HOUR 0900	BURNED IN (Shroud, blanket, or some of other) Separate container (shelter halve) in Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8494
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 11 13' 25" NO 124 38' 20" E AAF Aeronautical Approach, Cat. Quad, Scale 1:250,000 Isolated Burial					
TYPE OF RELIGIOUS CEREMONY Protestant and Catholic	PERSON CONDUCTING BURIAL RITES Rev. Magno Managbanag HUGH F. KENNEDY, Major, Ch. C.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY. Report if interment buried in bottle 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-574		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8493	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-576		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8495	
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack H. Single, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. SINGSON, 1st Lt., Infantry			
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 Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

JHC 16

Section 1. — IDENTIFIED 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.


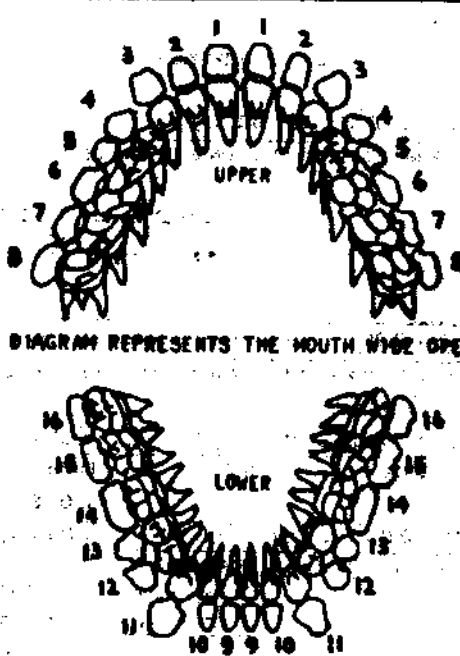




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Mt. Pina, Leyte, P.I.

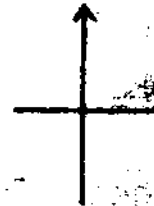
OTHER IDENTIFICATION CLUES

See attached QMC form 1045

Piece of aluminum found with remains bearing the number 730 114.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">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>	


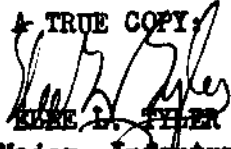
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERIES


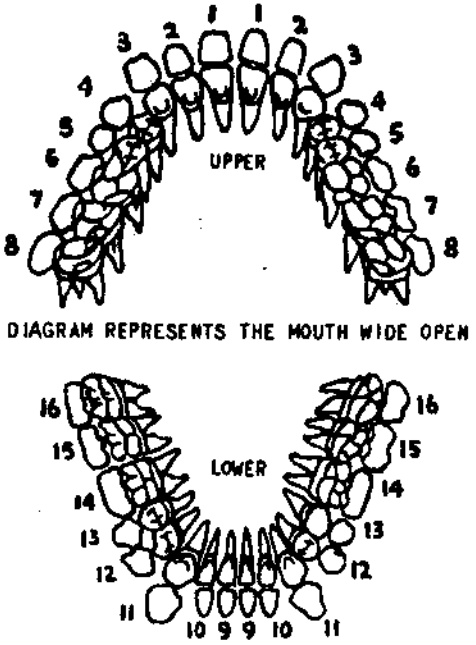






REMARKS:

Formerly Unknown X-575. While processing Unknown X-575, extra remains were found and recorded as Unknowns X-575A, X-575B, X-575C, X-575D.


3 SEP 1947

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 26 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-575A			-	
		GRADE -	ORGANIZATION -		BRANCH OF SERVICE Army	
RACE -		RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -			
PLACE OF DEATH Mt. Pina, Leyte, PI		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -						
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) * TRUE COPY:  HUGH F. KENNEDY Major, Infantry Chief, Records Branch				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Officer's cap insignia forwarded to Sector Commander, AGRS-FEZ, Hqs., PHILRYCOM, APO 707.						
Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, Leyte, P.I.						
DATE OF BURIAL 19 March 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Separate container (shelter halve) in casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8494
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 11 13' 25" NO 124 38' 20" E AAF Aeronautical Approach, Cat. Quad. Scale 1:250,000 Isolated Burial					
TYPE OF RELIGIOUS CEREMONY Protestant and Catholic	PERSON CONDUCTING BURIAL RITES Rev. Magno Managbanag HUGH F. KENNEDY, Major, Ch.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY C. Report of Interment buried in bottle 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-574		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8493	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-576		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8495	
SIGNATURE OF PERSON PREPARING REPORT t/ Cpl. Jack G. Slagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT t/ A. P. SINGSON, 1st Lt., Infantry			
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.						

LEFT LITTLE FINGER	<p>Section 3.- IDENTIFIED REMAINS.</p> <p>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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	
<p>Mt. Pina, Leyte, P.I.</p>					
OTHER IDENTIFICATION CLUES					
<p>See attached QMC form 1045 Piece of aluminum found with remains bearing the number 730 114.</p>					
LEFT INDEX FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>		
LEFT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
RIGHT THUMB	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
RIGHT INDEX FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
RIGHT MIDDLE FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
RIGHT RING FINGER	<p>REMARKS:</p> <p>Formerly Unknown X-575. While processing Unknown X-575, extra remains were found and recorded as Unknowns X-575A, X-575B, X-575C, X-575D.</p>				
RIGHT LITTLE FINGER					

RESTRICTED

12071

WD QMC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE			DATE OF REPORT	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-2362-X (Formerly Unk X-575A Cem Leyte #1, P.I.)			Unknown	
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
		Unknown	Unknown	Army		
		RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
		Unknown	Unknown			
PLACE OF DEATH Mt. Pina Carigara, 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)		See Remarks A TRUE COPY, <i>[Signature]</i> MAJOR I. TYLER Major, Infantry Chief, Records Branch				
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 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Stored Casket	TYPE OF GRAVE MARKER None	PLOT No. Hanger 802	ROW No. Bay A	GRAVE No. Crypt 247
WAS THIS A REBURIAL? (Yes or no) Restored 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. 8494
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) Stored Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Stored UNKNOWN X-2362-C			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. Crypt 249
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-2360			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. Crypt 245
SIGNATURE OF PERSON PREPARING REPORT s/t/ R. R. ACIERTO Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ L. S. PANOPIO 2d Lt Inf			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Page 4

RESTRICTED

Section 3.- IDENTIFIED 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.

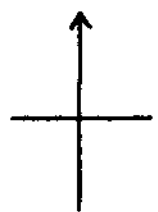
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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>	

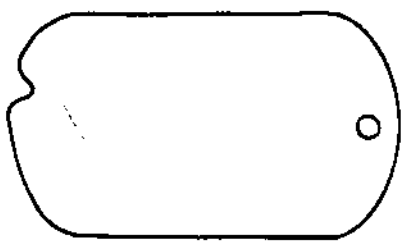
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:
 UNKNOWN X-2362-A AGRS Mausoleum, Manila, P.I., formerly Unk X-575-A ISAF Cemetery #1, Leyte, P.I., should be cross referenced with UNKNOWN X-2362-B thru X-2362-D as per previous Report of Interment.
 Identification Check List and Dental Chart accomplished.

RESTRICTED

38494 8494

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 26 March 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN I-575					
GRADE		ORGANIZATION		BRANCH OF SERVICE Army			
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Mt. Pina		CAUSE OF DEATH KIA		DATE OF DEATH			
EMERGENCY ADDRESSEE (Name, relationship, and address)							
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) QMC Form 1045 attached.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES (UNKNOWN TAG)							
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 USAF Cemetery Leyte #1, P.I.							
DATE OF BURIAL 19 March 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) "C" Type Casket		TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No. GRAVE No. 8494	
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AAF Aeronautical Approach, Cathalogan Quad. Scale 1:250,000, Grid Coord - 11°13'25" N. Lat., 124°38'20" E. Long. Isolated Burial						
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 I-574			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8493	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN I-576			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8495	
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Sagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT Ramon Thomas, Captain, QMC				
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

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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.

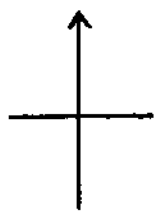
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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>	

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9 APR 1941

REMARKS: