

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 ink height # 1 X-576 (also Manila manor X-224)

SUBJECT

QMC FORM 1121  
1 Aug 45

QMOMT 293  
GRS Far East

11 July 1949

**SUBJECT:** Identification of World War II Deceased

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

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

Unknown X-1564 (formerly Unknown X-75 Finschhafen #2)  
Unknown X-2230 (formerly Unknown X-629 Leyte #1)  
Unknown X-2286 (formerly Unknown X-598 Leyte #1)  
Unknown X-2289 (formerly Unknown X-601 Leyte #1)  
Unknown X-2331 (formerly Unknown X-501 Leyte #1)  
Unknown X-2441 (formerly Unknown X-576 Leyte #1)  
Unknown X-3288 (formerly Unknown X-157 Finschhafen #2)  
Unknown X-3431 (formerly Unknown X-332 Leyte #1)  
Unknown X-3767 (formerly Unknown X-355 Leyte #1)  
Unknown X-4253

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

FOR THE QUARTERMASTER GENERAL:

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

RFB

NJS

J. Miller:lrc  
Salser  
JW

GSCR 293.9

SUBJECT: Unidentifiable Remains

9 June, 1949

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

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

UNKNOWN Y-621	UNKNOWN Y-3172
" Y-625	" Y-3258
" Y-630	" Y-3288
" Y-635	" Y-3422
" Y-1322	" Y-3431
" Y-1564	" Y-3767
" Y-1914	" Y-4253
" Y-2230	" Y-4096, Manila #2
" <del>Y-2241</del>	(Formerly Unk Y-1409, AGFS Mslm)
" Y-2286	" Y-5141 (Formerly Unk Y-327-E, AGFS Mslm)
" Y-2289	" Y-5142 (Formerly Unk Y-327-F, AGFS Mslm)
" Y-2331	" Y-5145 (Formerly Unk Y-327-I, AGFS Mslm)

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

FOR THE COMMANDING GENERAL:

23 Incls:

QMC Forms 1044 w/certificates  
of Unidentifiability

COPY

/ebc

Interred 11 Oct 1949  
E 9 49 Ft. McKinley

DISINTERMENT DIRECTIVE

1

*Carroll Mark*  
CARL P. H. MARK

Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00499

DATE  
15 05 48  
DAY MONTH YEAR

NAME: *99* UNKNOWNX-000576 SERIAL NUMBER: *99* RANK: ARM: DATE OF DEATH: DAY MONTH YEAR

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

PLOT: ROW: GRAVE: 8495 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FORT MC KINLEY CEMETERY, MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-576 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 31 May 1949

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: GERARD A BRICK, Embalmer NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES: Two (2) Maus Tags: UNK X-2241 formerly X-576 Leyte

REMAINS PREPARED AND PLACED IN CASKET

DATE: 31 May 49 BY: GERARD A BRICK  
CASKET SEALED BY: GERARD A BRICK EMBALMER (Signature): *Gerard A Brick* GERARD A BRICK

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: J. J. McDERMOTT  
DATE: 31 May 49 BY: WEYMAN L McGUIRE, Sgt, MC

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

*J. J. McDermott*  
J. J. McDERMOTT  
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

To Date # 6 not located

*Graves*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <i>AGRS Mausoleum</i>		TO <i>U.S. Military Cemetery,</i>	
KIND OF CONVEYANCE <i>Truck</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE <i>11 OCT 1949</i>

## 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 <i>Foster, Dewey</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>Foster, Dewey</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Foster, Dewey</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>AGRS Mausoleum</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>AGRS Mausoleum</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

28 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 576, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8495, USMC Loyte #1, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attn: Form 1044

21 June 1949 OQMG  
presently

J Miller J.L. Sec.  
11 July 1949

Encl # 9

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X- 2241 (Formerly Unk X - 576 Leyte # 1)			2. DATE OF REPORT 28 May 1949		
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3664	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 5' 1 3/8"	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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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.

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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"

*John F. G.*

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

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

SEE REMARKS

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: R 9, L 9 L 10 and L 11 overlapping each other.

**"UNIDENTIFIABLE"**

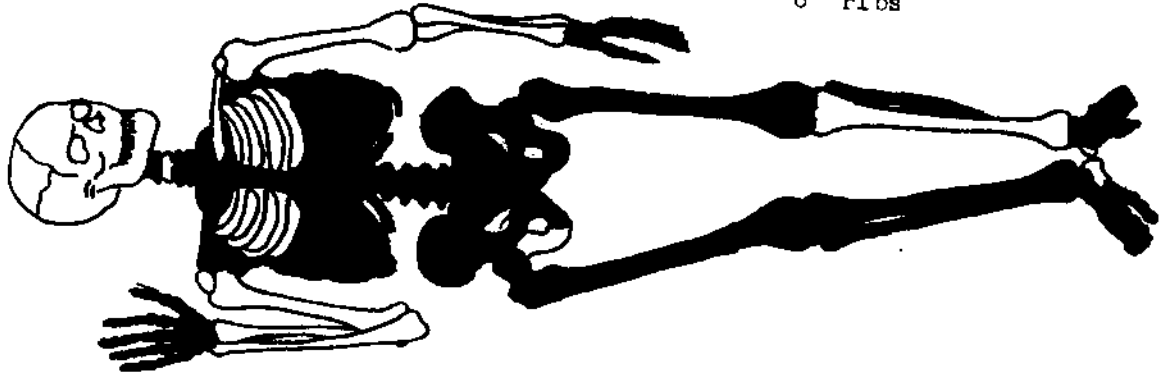
*J. J. Mc Dermott*  
 J. J. McDERMOTT  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



RECEIVED

- 1 cervical vertebrae
- 6 ribs



Estimated height: 5' 1 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

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE OF MEDICAL OFFICER

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

Circumference of skull - 19 inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
 Laboratory Officer, CIP

SIGNATURE

1005

### IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2241 (Formerly UNK X-576 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 23 Aug 42	
3. NAME OF CEMETERY  AGFS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER WAY	SPYPT		DISINTERMENT	REINTERMENT
	810	K	3664	21 Oct 47	29 Nov 47

#### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3 1/2"	10. COLOR OF HAIR UTD	11. RACE UNK
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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

14. WAS BODY BURNED? TO WHAT EXTENT?

YES     NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES     NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
<i>Side Views</i>															
<i>UPPER</i>															
<i>LOWER</i>															
<i>Side Views</i>															
	A	O	A									A		A	
	O	O	O									do		O	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*See Remarks*

**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."

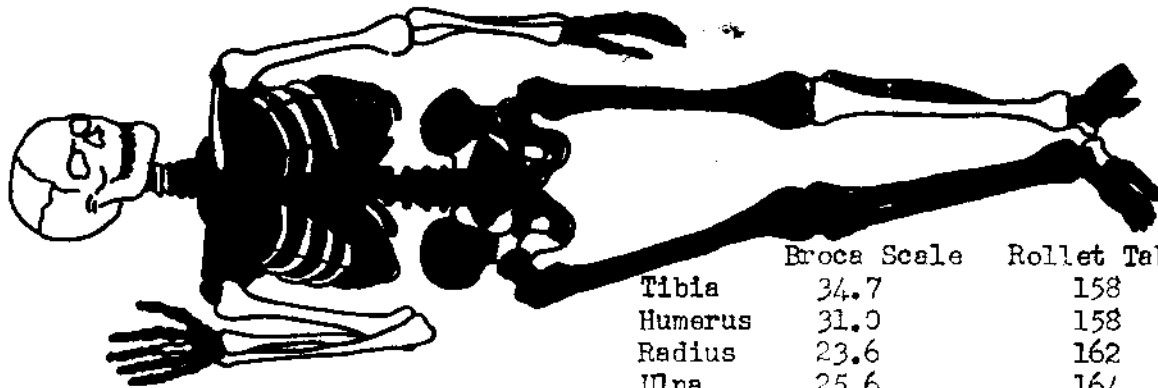
REMARKS: R9, L9, L10 and L11 overlapping each other.

CERTIFIED TRUE COPY:

ANDREW S ROBSON  
Capt., QMC

/s/ Cpl Joseph D Murphy

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Average height in cm -  $160\frac{1}{2}$  or  $5'3\frac{1}{2}"$ 

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag or personal effects found  
 with remains. ROI in bottle received with remains.  
 Approximate weight of remains,  $3\frac{1}{2}$  lbs.  
 Circumference of skull - 20 inches.

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  
 CIP Laboratory, Manila, P.I,

SIGNATURE

/s/ Edward F Moriarty

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-576 USAF)

Unknown X 2241 (Cem Leyte #1, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 Row K Grave 3664

**AGRS Mausoleum  
 Manila, P.I.**

1. Arrived at cemetery 28 Nov 47  
(Hour) (Date)

2. Place of death Mt. Pina  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd QM GR Co, Leyte #1  
(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	<u>/</u> <small>(Type)</small>		
Raincoat	<u>/</u>		
Overcoat	<u>/</u>		
Jacket, Field	<u>/</u>		
Jacket, Combat	<u>/</u>		
Mackinaw	<u>N</u>		
Sweater	<u>O</u> <u>N</u>		
Jacket, HBT	<u>R</u>		
* Shirt, Wool OD	<u>/</u>		
Undershirt, Wool	<u>/</u>		
Undershirt, Cotton	<u>/</u>		
Trousers, HBT	<u>/</u>		
* Trousers, Wool OD	<u>/</u>		

Belt, web .....  
Drawers, wool .....  
Drawers, cotton .....  
Leggings, wool .....  
Socks, cotton .....  
\* Shoes ..... (type) .....

Overshoes **N** .....  
Web Equipment **N** ..... (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. Chart attached**

Age ..... Height <sup>Est.</sup> 5'1-3/8" 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 **T** **D** .....  
(Light, medium, dark, clear, pimples, pocks, freckles)

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

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

Hair .....  
(Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns ..... Mustache ..... Beard or .....  
(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 **See tooth chart** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) Circumference of ~~head~~ <sup>skull</sup> in inches **19"** ..... (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, <sup>T</sup> color, quantity and extent of hair, large, small, normal)

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 ..... (Muscular, 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.

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 ROI bottle found. No I.D. tags or other personal effects found  
with remains. Estimated weight of remains 3 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.

/s/ James F. Brown  
(Officer's Name)

SP-6 0-063011  
Rank Service

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

28 Nov 47

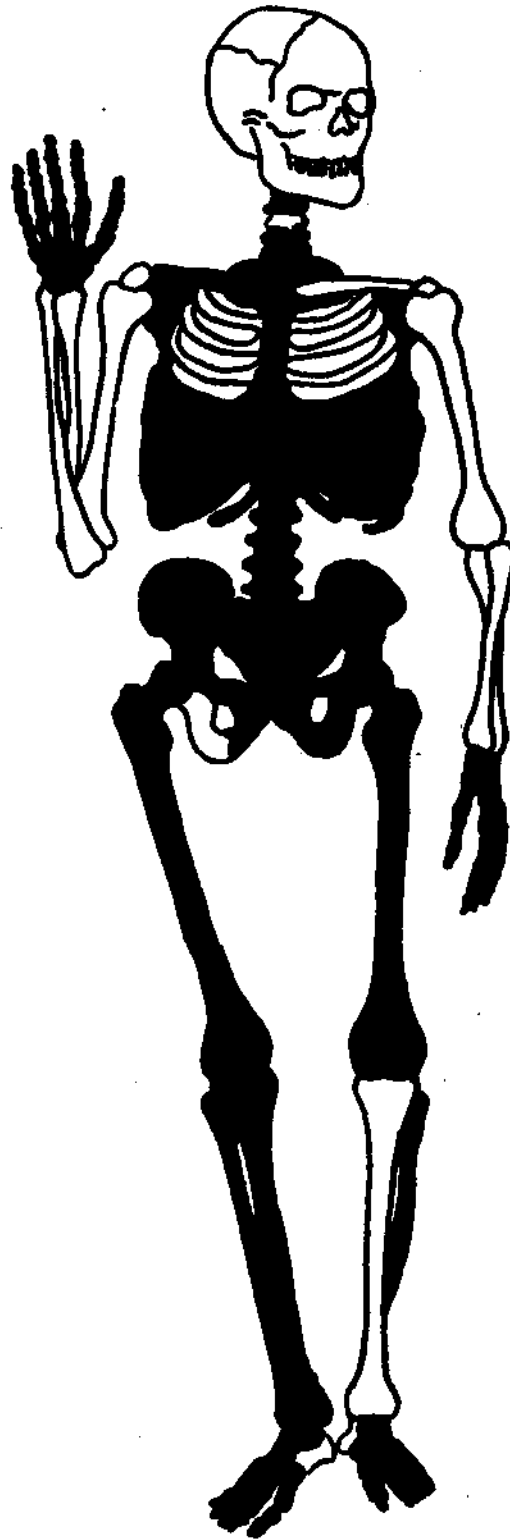
CERTIFIED TRUE COPY

*George T. Gamboa*  
GEORGE T GAMBOA  
2d Lt., MAC



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*1 cervical vertebrae  
3 pairs of ribs*

*Red*

X-2241

# 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.

UNKNOWN X-2241 (Formerly UNK X-576)  
USAF <sup>0</sup> on Leyte #1, P.I.)

28 Nov 47

DATE
















UNKNOWN X-2241 (Formerly UNK X-576) USAF <sup>0</sup> on Leyte #1, P.I.)	Unknown	Unknown	Unknown
LAST NAME	FIRST	INITIAL	SERIAL NO.
Unknown	Unknown	Unknown	Unknown
Unknown	AGPS Mausoleum	Unknown	Unknown
UNIT	ORGANIZATION	Unknown	Unknown
Mt. Pina	Manila, P.I.	810	K 3664
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
	STORAGE	INDEX	BAR CRYST

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

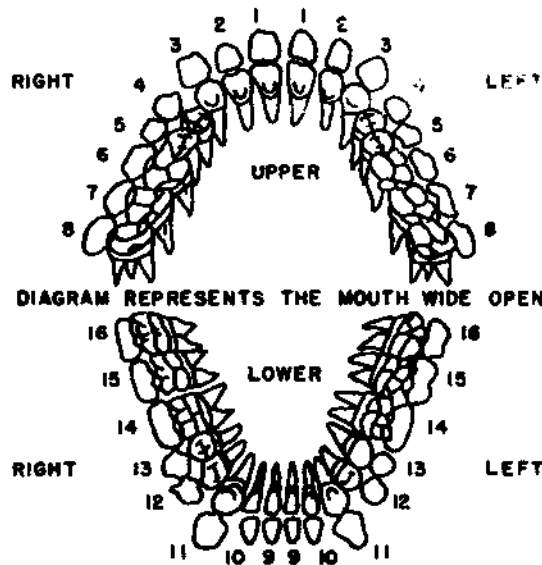
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT; SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, EG, 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:**

L 9, 10, 11 and R 9, 10 and 11 are uneven and out of line.

/s/ James F. Brown  
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ JAMES F. BROWN  
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR.  
NAME AND RANK TYPED OR PRINTED

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

28 Nov 47  
DATE

CERTIFIED TRUE COPY

George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC

# 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 I-576

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Mt. Pina

USAF Cemetery Leyte #1, P.I.

8495

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																	TYPE				
LOCATION																	LOCATION				

INSIDE — LOOKING OUT

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

## 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)	

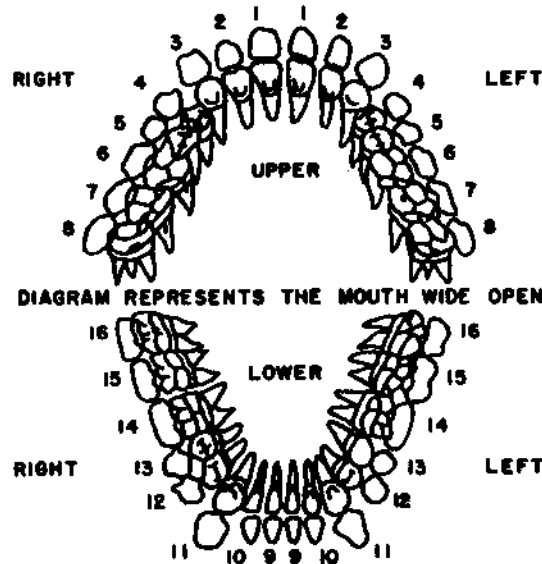
**INSTRUCTIONS:**

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:**

Upper arch apparently caries free -

/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 SRS OFFICER

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

18 March 1947  
DATE

# 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-576
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Mt. Pina			USAF Cemetery Leyte #1, P.I.	
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW GRAVE NO.
				8495

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

INSIDE — LOOKING OUT

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

## 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)

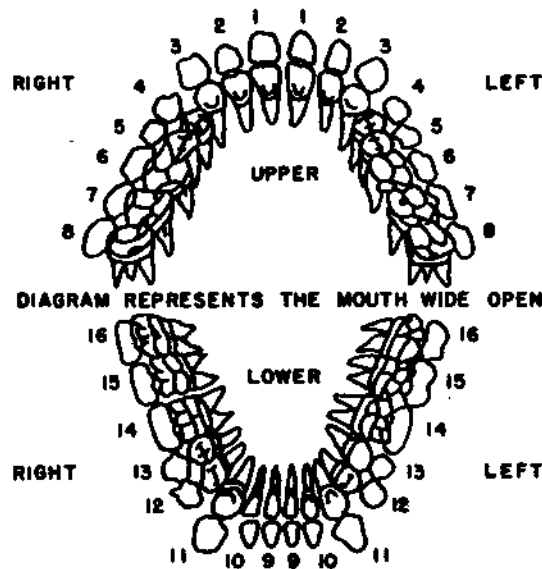
**INSTRUCTIONS:**

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:**

Upper arch apparently caries free -

/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

/s/ Ramon Thomas  
VERIFIED BY GRS OFFICER

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

18 March 1947  
DATE

A CERTIFIED TRUE COPY:

WILLIAM R. DEWEESE  
1st Lt., O/C

# 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

<u>UNKNOWN X-576</u>						
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
UNIT			ORGANIZATION			
<u>Mt. Finn</u>			<u>USAF Cemetery Loyte #1, P.I.</u>		<u>895</u>	
PLACE OF DEATH			PLACE OF BURIAL	PLOT	GRAVE NO.	

	RIGHT								UPPER TEETH								LEFT																		
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																			
TYPE	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">X</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td style="width: 5%;"></td> </tr> </table>																	X																	TYPE
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INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH								LEFT																		
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TYPE	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td style="width: 5%;"></td> </tr> </table>																	A																	TYPE
	A																																		
LOCATION	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">O</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">DO</td><td></td> <td style="width: 5%;"></td> </tr> </table>																	O														DO			LOCATION
	O														DO																				

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">X</td> <td style="width: 33%;"></td> </tr> </table> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">X</td> <td style="width: 33%;"></td> </tr> </table> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>		X			X		<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>ORTHOPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCLUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
	X							
	X							



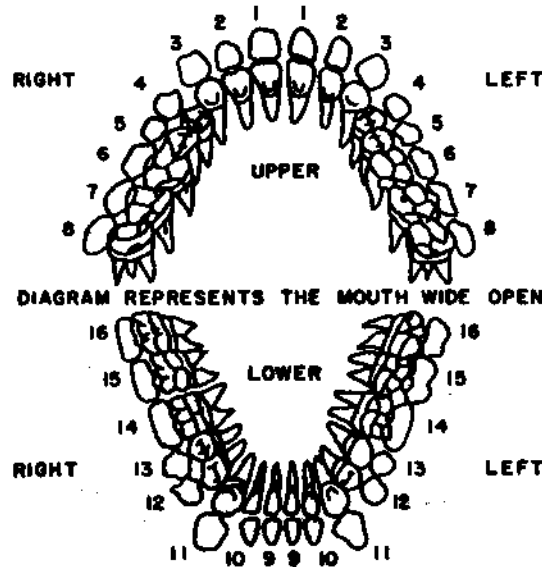
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

Upper arch apparently caries free -

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

1st Lt., (ig) D.C., USN  
NAME AND RANK TYPED OR PRINTED

NAF Courtesy Lingo Fl  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Ramon Thomas  
VERIFIED BY GRS OFFICER

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

18 March 1947  
DATE

A CERTIFIED TRUE COPY:

*William R. Staples*  
WILLIAM R. STAPLES  
1st Lt., OTC

R E S T R I C T E D

HEADQUARTERS  
USAF CEMETERY LEYTE NO. I  
APO 1000

SEARCH AND RECOVERY REPORT  
TRIP #55 (Search #3)

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. Policarpo Pamamian
6. LOCATION OF REMAINS (GRID COORD.): 11°13'25" N. Lat., 124°37'45" E. Long.
7. TYPE OF RECOVERY: and date recovered: Isolated Burial, 1300 hrs, 5 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

R E S T R I C T E D

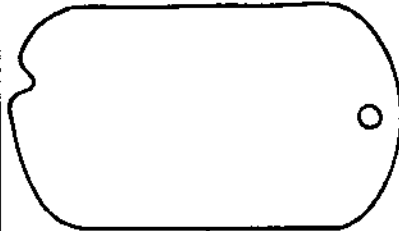
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

2 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2241 (Formerly UNK X-576 USAF Cemetery Leyte #1, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Mt. Pina	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
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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)  A TRUE COPY: <i>[Signature]</i> ELEE L. TIBER Major, Infantry Chief, Records Branch
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS Mausoleum, Manila, P.I.

DATE OF BURIAL Storage 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Stored Casket	TYPE OF GRAVE MARKER None	PLOT NO. Hanger 810	ROW NO. Bay K	GRAVE NO. Crypt 3664
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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. 8495
---	---	----------	---------	-------------------

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 I-2243	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3666
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-2239	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3662
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT s/t/ R. R. AGIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ L. S PANOPPIO 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.

Encl. 3

**Section 3.— IDENTIFIED REMAINS.**

**INSTRUCTIONS:**


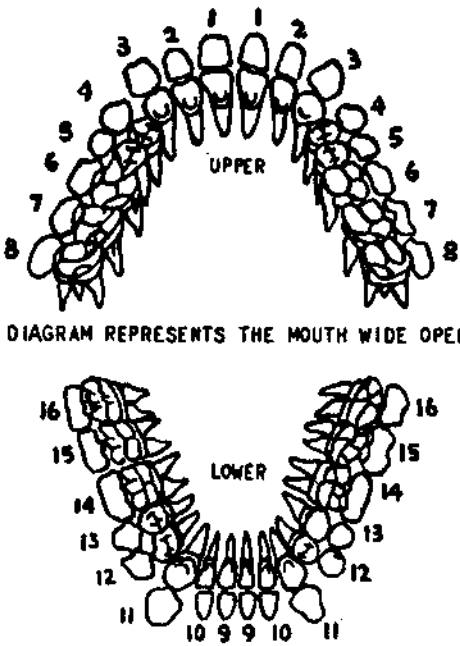




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

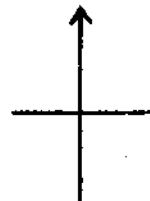
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**Identification Check List and Dental Chart accomplished.**

RESTRICTED

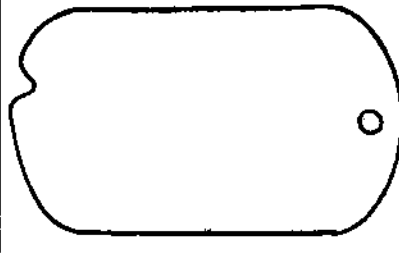
U 5300

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
2 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-2241 (Formerly UNK X-576 USAF Cemetery Leyte #1, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Mt. Pina	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
----------------------------	-----------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	



LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
GRS MAUSOLEUM MANILA

DATE OF BURIAL STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. RANGER 810	ROW NO. BAR K	GRAVE NO. CRIP 3664
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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. 8495
---	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>filed 2/20/48 2/27/48 WHL</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORE UNKNOWN X-2243	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRIP 3666
---	------	------------	--------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORE UNKNOWN X-2239	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRIP 3662
--	------	------------	--------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. R. Acierro</i> R. R. ACIERRO, 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.

incl 993

MAR 1 - 1948

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


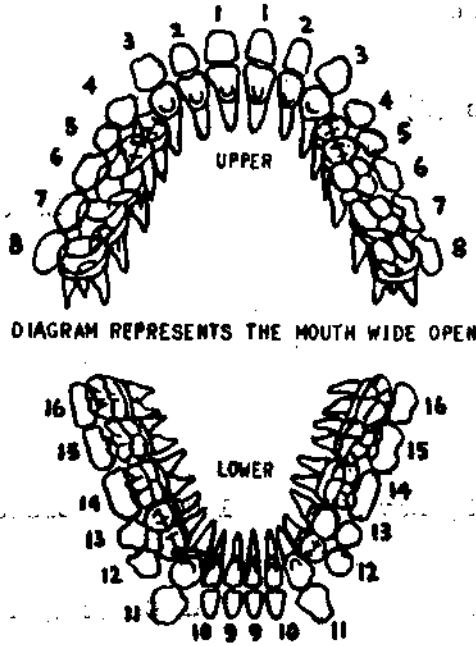




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**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:**

**Identification Check List and Dental Chart accomplished.**


20 JAN 1946

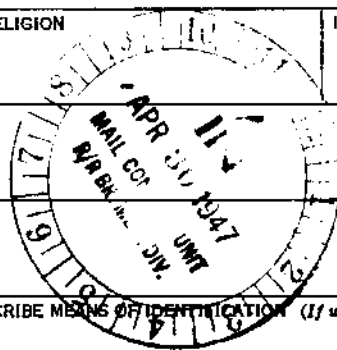
RIGHT  
LITTLE FINGER

RESTRICTED

mu

U 5300  
8495

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 26 March 1947			
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>							
		NAME (Last, first, middle initial) UNKNOWN X - 576			SERIAL NO. -				
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -			
PLACE OF DEATH Lt. 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) QIC 1045 Attached							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE									
<b>Section 2.—BURIAL.</b> 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 hrs		BURIED IN (Shroud, blanket, or name of other) "C" Type Casket		TYPE OF GRAVE MARKER Reg. Cross	PLOT NO. -	ROW NO. -	GRAVE NO. 8495
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, Catbalogan Quad. Scale 1:250,000, Grid Coord. 11°13'25"N. Lat., 124°37'45"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 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 - 575				RANK -	SERIAL NO. -	ORGANIZATION -	GRAVE No. 8494		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 577				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8496		
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Stagle, G.R.S.				SIGNATURE OF GRS OFFICER VERIFYING REPORT RAMON THOMAS, Capt., 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.									



File 98

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


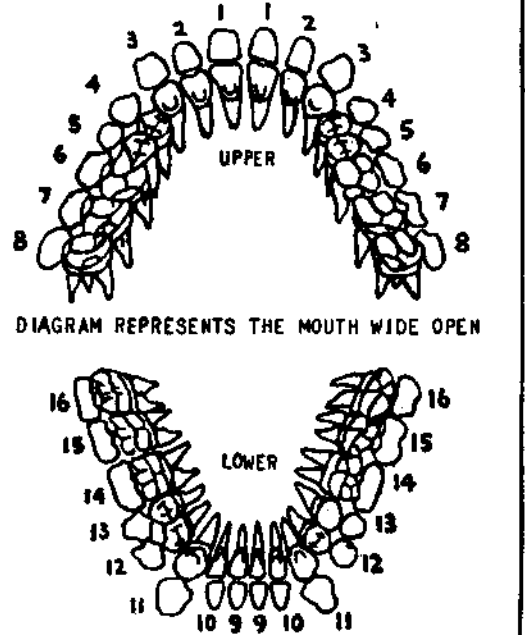




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

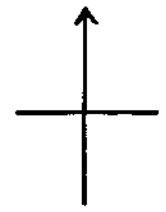
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER 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	<b>FILLINGS</b>  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
<b>CAVITIES</b>  CAVITY DECAYED		
<b>MISSING TEETH</b>  TOOTH MISSING		
<b>CROWNED TEETH</b>  PORCELAIN CROWN GOLD CROWN		
<b>BRIDGE WORK</b>  GOLD BRIDGE		

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



**9 APR 1947**

REMARKS


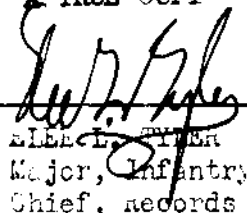


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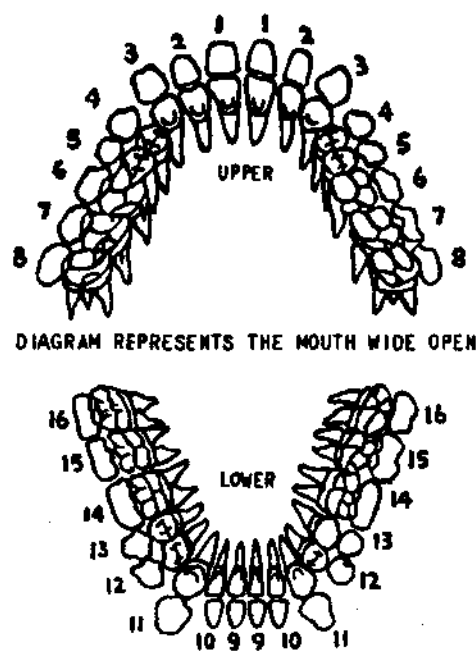
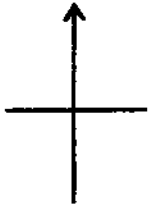





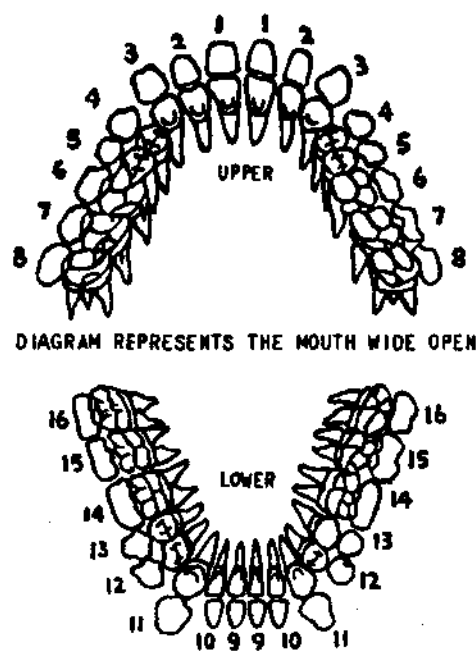
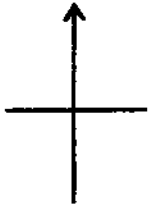





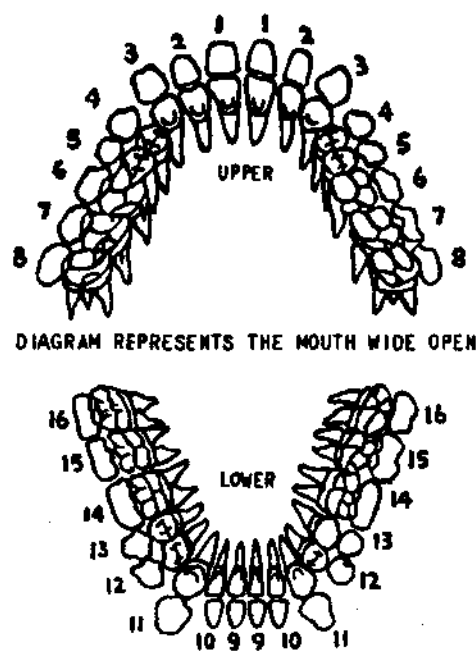
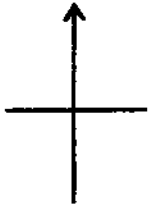
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2495

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 March 1947		
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.						SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X - 576						-	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Mt. Pine		CAUSE OF DEATH MIA				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 1045 Attached							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown Tags)		TRUE COPY  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 USAF Cemetery Leyte #1, Leyte, P.I.									
DATE OF BURIAL 19 March 1947	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or none of other) "C" Type Casket		TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 2495		
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Aeronautical Approach, Catbalogan Quad, Scale 1:250,000, Grid Coord. 11°13'25"N. Lat., 124°37' 45"E. Long						PLOT No.	ROW No.	GRAVE No. Isolated Burial
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 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 - 575				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 2494		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-577				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 2496		
SIGNATURE OF PERSON PREPARING REPORT /t/ Spt. Jack G. Slagle, U.S.S.				SIGNATURE OF GRS OFFICER VERIFYING REPORT /t/ RALPH THOMAS, Capt., 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 Office. Copies for retention in theater as prescribed by theater commander.									

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Section 3.— IDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HEIGHT</td> <td style="width: 15%;">WEIGHT</td> <td style="width: 20%;">COLOR OF EYES</td> <td style="width: 20%;">COLOR OF HAIR</td> <td style="width: 30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">WEAPON AND SERIAL NO.</td> <td style="width: 33%;">LAUNDRY MARKS</td> <td style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES										
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width: 50%; vertical-align: top;">  <p>CAVITIES</p> <p>CAVITY DECAYED</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>  </td> </tr> </table>	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITIES</p> <p>CAVITY DECAYED</p>	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 		<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 		
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<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>											
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<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 											
RIGHT THUMB	REMARKS:										
RIGHT INDEX FINGER											
RIGHT MIDDLE FINGER											
RIGHT RING FINGER											
RIGHT LITTLE FINGER											