

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Ink Keys #1 X-578 Also Manila man X-2197

093 JNS For [unclear] (Vand)

3452

DEFERRED
15 MAR 50

COMG
DEPT OF ARMY
WASHINGTON DC
COMPT 225 GRS FAR EAST

J. H. KERRY, CAPT

XX

MULTIPLE ADDRESS

COMGERS PHILCOM (AF) ZONE MANILA FI

INFO TO: CINCOPAC TOKYO JAPAN (AIR MAIL)

FROM COMPT NYMSG MAR EIGHT ZERO FOUR SEVEN FIVE

REQST FOR BE EXAM SIMULTANEOUSLY WITH REMAINS IN ABOVE CITED
MSG OMA XRAY TWO ONE NINE THREE THREE TWO ONE NINE EIGHT XRAY FOUR ONE
EIGHT FIVE OMA FOUR ONE EIGHT SIX UNIT THREE PAGE ONE FIVE XRAY TWO ONE
NINE NINE OMA TWO TWO ZERO ZERO OMA TWO TWO ZERO TWO THRU TWO TWO ZERO
FOUR UNIT THREE PAGE ONE SIX XRAY FOUR ONE SIX SEVEN UNIT NINE PAGE ONE
ONE MANILA NR TWO

G. Reynolds: dal
L. M. White
J. Windsor

VAR 80475 IS NO OUT IN NO 80475 (15 MAR 50)

GRAVES

D. A. RESNER
CAPT, GIC, MEM DIV

161830Z

MARCH 1950

NOT REQUIRED

093 JNS For [unclear] (Vand)
X
61830Z
MAR 50

QUART 293
GHS Far East

14 September 1949

SUBJECT: Identification of World War II Deceased

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

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

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

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

FOR THE QUARTERMASTER GENERAL:

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

IEB

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

TEC

COPY

CSGR 293.9

SUBJECT: Unidentifiable Remains

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

UNKNOWN X-207	AGRS	Mslm	UNKNOWN X-1700	AGRS	Mslm
" X-620	"	"	" X-1761	"	"
" X-660	"	"	" X-1949	"	"
" X-819	"	"	" X-1950	"	"
" X-919	"	"	" X-1962	"	"
" X-1268	"	"	" X-2039	"	"
" X-1531	"	"	" X-2197	"	"
" X-1624	"	"	" X-2911	"	"
" X-1674	"	"	" X-3034	"	"
" X-1681	"	"	" X-4098	Manila #2	

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

FOR THE COMMANDING GENERAL:

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

20 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

COPY

BASIC: Ltr fr Hqs, USAF Cem Leyte #1, APO 1000, file PKQM 293, dtd
3 May 1947.

PKQM 293 4th Ind JCS/mol
HEADQUARTERS, USAF CEMETERY LEYTE NO. 1, APO 1000, 1 July 1947.

TO : Sector Commander, American Graves Registration Service, FEZ,
Headquarters, PHILRYCOM, APO 707.

1. In compliance with preceding 3rd indorsement, herewith trans-
mitted is Corrected Report of Interment (in trip.) for Unknown X-578,
formerly Unknown X-578, possibly BABICH, Peter O., O-446964.

2. True copies of the 2nd indorsement are attached to each copy
of the Corrected Report of Interment as requested in paragraph #3, 3rd
indorsement.

3. The two tags and Scapular Metal found with the remains of
Unknown X-578 have been concentrated with the remains of Peter O. Babich,
formerly Unknown X-103, interred in Grave #3042, USAF Cemetery Leyte #1.

2 Incls: As Indicated

RAMON THOMAS
Captain, QMC
Commanding

GSQMM 293

5th Ind

CRHM/gyd*

PHILRYCOM Sector Graves Registration Service, APO 707, 11 July 1947

TO: Quartermaster General, Washington 25, D.C.

1. In compliance with the basic communication, the records at this
office as well as the records at the cemetery have been amended, in that the
remark (possibly BABICH, Peter O., O-446964) has been deleted from the Report
of Interment for Unknown X-578, the remains of whom are interred in Grave
8455, USAF Cem. Leyte #1, P.I.

2. A corrected Report of Interment has been received by this office and
will be processed on the Weekly Report of Burials Recorded, week of 14 July
1947, file 28-47.

3. A copy of the corrected report is forwarded herewith for your infor-
mation and file.

HAROLD F. REVERSKI
Lt. Colonel, QMC
Commanding

1 Incl:

Cy corrected QMC Form 1042 for
Unknown X-578

2 Original Incls: w/d

QMCHU 293

2nd Ind.

WD, OQHQ, Washington 25, D. C., 13 June 1947

TO: Commanding General, Philippine-Fyukyus Command, APO 707, c/o
Postmaster, San Francisco, California

1. In compliance with request in paragraph 4, 1st Indorsement, comparison of tooth chart for Unknown X-578, USAF Cemetery, Leyte #1, has been made with WD dental record on file for 1st Lt. Peter O. Babich, O-446964, with unfavorable results.

2. Original identification of Peter O. Babich, (formerly Unknown X-103), is correct. It is therefore requested that the remarks (possibly Babich, Peter O., O-446964) on the Report of Interment for Unknown X-578 be deleted and a corrected Report of Interment submitted to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

7 Incls: w/d

JAMES C. MacFARLAND
Major, QMC
Memorial Division

NJS

wf1

C
O
P
Y

BASIC: Ltr fr Hqs USAF Cem Leyte #1, APO 1000, dtd 3 May 47, file PKQM 293, subj: Identification Duplication.

GSQM 293

1st Ind

CRM/gyd

PHILRECOM Sector Graves Registration Service, APO 707, 15 May 1947

TO: Quartermaster General, Washington 25, D. C.

1. Your attention is invited to the basic communication file PKQM 293, subject: Identification Duplication, dated 3 May 1947 and the inclosures thereto.

2. The remains of Unknown X-103 interred in USAF Cemetery Leyte #1, Philippine Islands, Grave 3042 has been identified as the remains of Peter O. BABICH, 1st Lt., O-446964 by letter War Department, Office of the Quartermaster General, Washington 25, D. C., file QMGYG 293, subject: Identification of Unknown Deceased, dated 29 October 1946, a copy of which is inclosed.

3. A recent search and recovery teams operating on Leyte, Philippine Islands recovered remains in the vicinity of Limon, Leyte (Mt. Canabaun) with the following identification clues and accomplished a tooth chart:

- a. Two (2) identification tags bearing the inscription, Peter O. BABICH, 0446964 - T/42 43 B C
Mrs. Anna Babich
Rt 2 Box 48, Morgantown, W. Va.
- b. One (1) Scapular Medal with markings:
Peter O. BABICH, 0446914, Infantry.

4. The fact that two (2) identification tags and one (1) Scapular Medal bearing the name Peter O. BABICH were found with the recently recovered remains causes doubt in the original identification, therefore, it is requested that the inclosed "Identification Dental charts," QMC Form 1045 for BABICH, Peter O. (formerly Unknown X-103) interred in Grave 3042 and Unknown X-578 (possibly BABICH, Peter O.) interred in Grave 8455 be compared with available clinical records of Peter O. BABICH in an attempt to establish correct identification.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI
Lt Colonel, QMC
Executive

7 Incls: n/c

COPY

HEADQUARTERS
 USAF CEMETERY LEYTE NO. 1
 APO 1000

JGS/rlr

PEQM 293

3 May 1947

SUBJECT: Identification Duplication

TO : Sector Commander, American Graves Registration Service, FEZ,
 Headquarters, PHILRYCOM, APO 707.

1. a. Remains recovered in the vicinity of Limon, Leyte (Mt. Canabau) with identification clues listed herein, have been interred in this Cemetery, Leyte #1, as Unknown X-578, Possibly BABICH Peter O., grave #455.

b. Identification clues:

(1) Identification tags (two) bearing the following information:

Peter O. Babich, 0446964, T42, 43
 Mrs. Anna Babich, Rt 2, Box 48, Morgantown, W. Va.

(2) One Scapular Metal with markings:

Peter O. Babich, 0446964, Infantry

(3) Toothcharts (attached hereto).

2. Subsequent routine file check revealed that remains now interred in grave #3042 were apparently those of decedent named above.

3. Disinterment of remains in grave #3042 revealed that the body was complete with skull and lower jaw (toothchart attached hereto).

4. Remains in grave #3042 were identified per letter from WD, QMCG, Wash. 25, C.C., see true copies of letter, Report of Interment and Re-interment inclosures hereto.

5. Pending authorization from higher headquarters, identification of remains interred in grave #3042 (original BABICH) will not be altered.

FOR THE COMMANDING OFFICER:

WILLIAM C. CLARK
 1st Lt., QMC
 Executive Officer

7 Incls:

Incl #1: QMC 1042 for Unk X-578

Incl #2: QMC 1045 for Unk X-578

Incl #3: Tr copy of GRS Form #1 for
 BABICH.

Incl #4: Tr copy of QMC 1042 for BABICH.

Incl #5: Tr copy of QMC 1045 for BABICH.

Incl #6: Tr copy of ltr of Iden for BABICH.

Incl #7: Tr copy of Search & Recovery Rep't Search #1 of Trip #56

291B

Interred 20 August 1949
N 4 152 Ft. McKinley

DISINTERMENT DIRECTIVE

Carer's mark
CARL R. H. MARK
Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00473

DATE
15 05 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X - 000578 0 0

CEMETERY DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1 0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
8455 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X - 578
Mslm UNK X - 2197 10-1-48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN ROBERT F STEVENSON
 MARKER Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1

(2) tags Mslm Unk X - 2197.

REMAINS PREPARED AND PLACED IN CASKET
DATE 10-1-48 BY ROBERT F STEVENSON

CASKET SEALED BY EMBALMER (Signature)
ROBERT F STEVENSON s/ Robert F Stevenson

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 10-1-48 BY WEYMAN L MCGUIRE SGT., MC TEOFILO M AMUTAN, 1st Lt., Inf

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

s/ Teofilo M Amutan, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

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

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>Leachmark</i>	DATE 20 AUG 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

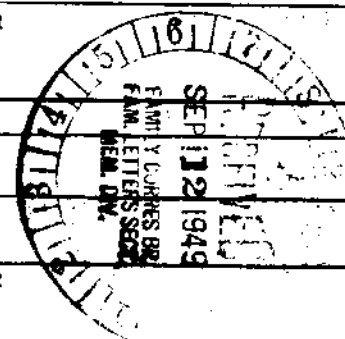
FROM		TO	
KIND OF CONVEYANCE <i>(illegible)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(illegible)</i>	DATE	SIGNATURE OF RECEIVER	DATE

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



B/L WD Off of QMG, Washington, D.C., File QMGMU 293 Unknown X-578 (Layte #1)
P.I., subj: Identification of Unknown Deceased, dtd 31 July 47

1st Ind

21 AUG 1947

HEADQUARTERS, BERMUDA BASE COMMAND, 1389th AAF BU, ATLD, ATC, APO 856
c/o Postmaster, New York, N. Y.

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

In reply to basic communication, careful investigation of the records
of the Station Hospital, Bermuda Base Command, 1389th AAF BU, discloses no
dental records pertaining to Pfc Joseph T. Meseley, 34280159.

FOR THE COMMANDING OFFICER:



THOMAS O. LEVENS
1st Lt., Air Corps
Adjutant

Handwritten notes and initials at the bottom right of the page, including a large checkmark and some illegible scribbles.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

QMGMU 293
Unknown X-578
(Leyte #1)P.I.

31 July 1947

SUBJECT: Identification of Unknown Deceased

TO: Commanding(Officer)General,Bermuda Base Command,
Kindley Fld,Bermuda, APO 856, c/o Postmaster,
New York, New York

1. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Bermuda Base Command, From 16 Sept. 42 -Oct 43 be searched to determine if additional dental work was performed for Moseley, Joseph T., 34280159, Pfc.

2. Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Memorial Division

RECEIVED
JUL 31 1947

150 R.

[Handwritten signature]

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

QMGMU 293

Unknown X-578
(Leyte #1) P.I.

31 July 1947

SUBJECT: Identification of Unknown Deceased

TO: Commanding (Officer) General, Bermuda Base Command,
Kindley Fld, Bermuda, APO 856, c/o Postmaster,
New York, New York

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2. Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

ngs
NJS

aem

2 m.p.

JUL 31 10 45 AM '47
MAIL & RECORDS DIVISION
U.S. ARMY
WASHINGTON, D. C.

JUL 31 1947
MAIL DIVISION
U.S. ARMY

X293 Moseley, Joseph T. 34280159

100-100000-100

Unknown P.I. X-578 (Leyte #1)

SECRET

SECRET

SECRET

TO: SAC, San Francisco

DATE: 13 June 1947
CG, Philippine-Ryukyus Command, APO 707, c/o
PM, San Francisco, Calif

FROM: SAC, Manila

Re Manila report of Witness Bureau

100-100000-100

Babich, Peter O. 0-446,964

rtb

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2197 (Formerly Unk X-578 Leyte #1)				2. DATE OF REPORT 1 Aug 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3619	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10 3/4"	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"

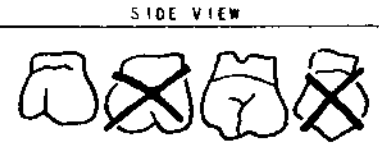
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 17

INC FORM 1044
REV 18 MAR 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

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:



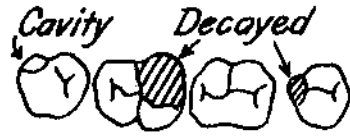
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



See Remarks

RIGHT								LEFT														
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8							
Maxilla Missing								P	P	P	P	P	P	A	A	X						
Side Views								Side Views														
Top Views								Top Views														
Side Views								Side Views														
X	A	A	P	A	P	P	P	X	P	P	A	P	A	A								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16							

Impacted

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

L3 socket indicates that missing baby tooth has been present for a long time hindering the eruption of L3 in its proper place and remain impacted in the palatine behind L2 and socket of baby tooth.

"UNIDENTIFIABLE"

J. J. McDERMOTT
Laboratory Officer, CIP

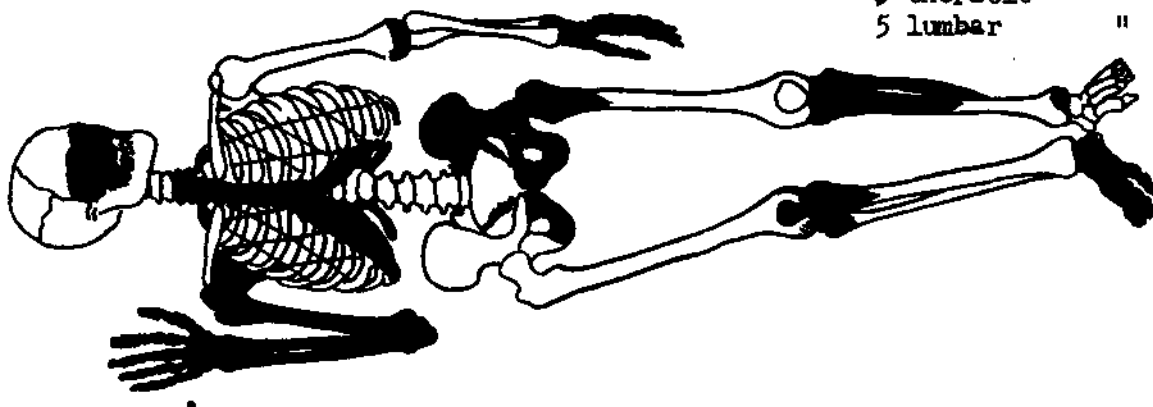
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-2197

PRESENT:

2 cervical vertebrae
6 thoracic "
5 lumbar "



Estimated height: 5' 10 3/4"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 4 lbs.

Circumference of skull - 20 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

SIGNATURE

J. J. McBERMOTT
Laboratory Officer, CTP

1025

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-2197 (Formerly UNK X-573 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 25 Aug 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT BANGER BAY 810	5. ROW K	6. GRAVE CRYPT 3619	7. DATE OF DISINTERMENT 22 Oct 47	REINTERMENT 29 Nov 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 1/3"	10. COLOR OF HAIR UTD	11. RACE UNK
----------------------------	---------------------------------	--------------------------	-----------------

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)

One (1) shoe (right only) Navy, size 8-C.

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:			

See Remarks

RIGHT										LEFT										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
<i>Missing</i>										<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>Side Views</i>										<i>Side Views</i>										
<i>Top Views</i>										<i>Top Views</i>										
<i>UPPER</i>										<i>UPPER</i>										
<i>Side Views</i>										<i>Side Views</i>										
<i>LOWER</i>										<i>LOWER</i>										
<i>X</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>	<i>A</i>					
<i>16</i>	<i>15</i>	<i>14</i>	<i>13</i>	<i>12</i>	<i>11</i>	<i>10</i>	<i>9</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>					

Impacted

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

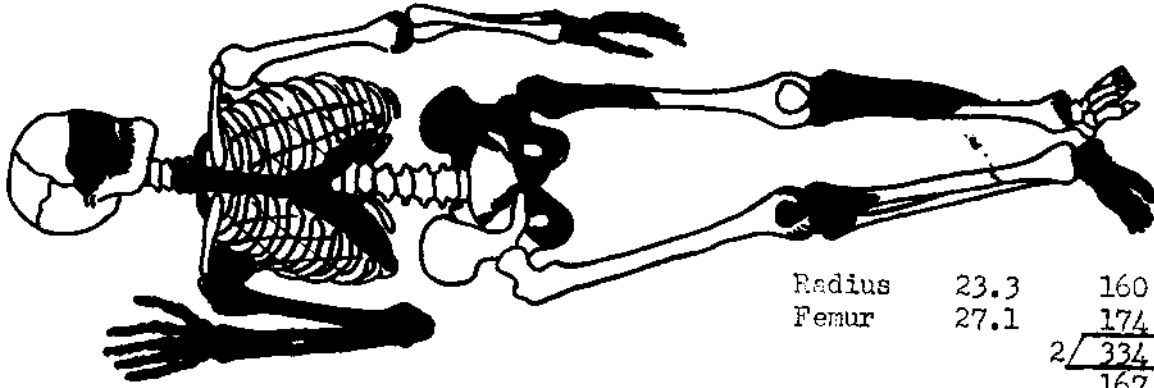
REMARKS: Socket of deciduous tooth, L3 is present. Permanent cuspid tooth, L3, is present impacted in the palatine bone. Portion of maxilla and maxillary teeth missing from R2 thru R3. Mandible fractured on L11.

CERTIFIED TRUE COPY

Andrew S Robson
ANDREW S ROBSON
Capt., QMC

/s/ Cpl Joseph D Murphy

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height - 5'6 1/8"

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 1/4"
 Estimated weight of remains - 4 1/2 lbs.
 No ROI bottle nor identification tag found with remains.

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
 /s/ EDWARD F MORIARTY, EMB SUP
 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)

UNKNOWN X-2197 (Formerly Unk X-578)
 USAF Cem Leyte # 1, P.I.)
~~XXXXXXXXXX~~

Cemetery AGRS, Mausoleum, Manila, P.I.
 Plot 810 ^{RANGER} Row K ^{CRIPPA} Grave 3619

AGRS, Mausoleum, Manila, P.I.

1. Arrived at ~~XXXXXXXX~~ 28 Nov 47
(Hour) (Date)
2. Place of death Mt. Canabgun, Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains ~~XXXXXXXX~~ disinterred by 583rd QMGR 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	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes **1 Navy shoe** (type) **8 C**
 Overshoes
 Web Equipment (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 / ^{Est.} Height **5'10 3/4"** 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 (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, widows peak, distinctive cutting or other characteristics)
 Sideburns Mustache/ Beard or (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

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~~ **skull** in inches **Est. 20"** (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 U

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

..... (Unusual characteristics of fingernails) D

Chest (Size of nipples, 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, knock-kneed, bowed, normal, quantity, color and extent of hair)

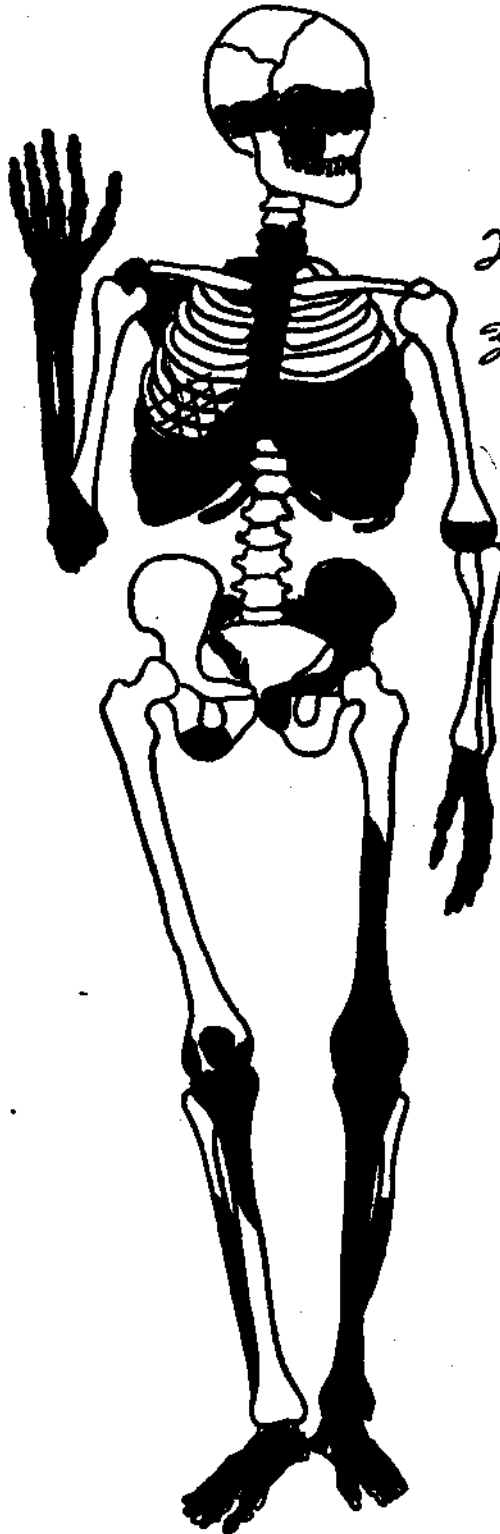
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) *X-2197*



- 2 Cervical vertebrae*
- 3 pairs + some fragments of ribs*
- 6 Thoracic vertebrae*
- 5 Lumbar vertebrae*

JMS.
CHART "A"

X-2197

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-2197 (Formerly Unk X-578
USAF Com Leyte #1, P.I.)

28 Nov 47

DATE















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown	Unknown	Unknown	Unknown	Unknown
UNIT		ORGANIZATION		
AGPS MAUSOLEUM				
PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT	ROW	GRAVE NO.
Mt. Canahaun, Leyte, P.I.	Manila, P.I.	810	K	3619
		RANGER	BAY	CRYPT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
RIGHT	UPPER TEETH										LEFT						
TYPE	X	X	X	X	X	X	X	X	X	X	X			A	A	X	TYPE
LOCATION														o	o		LOCATION
														md	dt		

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
RIGHT	LOWER TEETH										LEFT						
TYPE	X	A	A	X	A	X	X	X	X	X	X	A	X	A	A		TYPE
LOCATION		o	of		o							o		f	o		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)

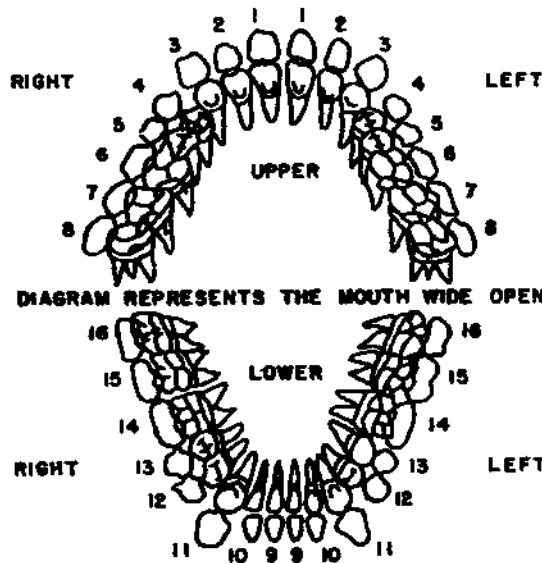
INSTRUCTIONS:

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:

L-16 impacted one tooth impacted in palette horizontally,
one fragment of maxilla received with remains

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
2nd Lt., MAC

X-2197

OMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

22 October 1947

1. Remains of (Name)

UNKNOWN X-578

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

6455

2. Date of Disinterment

22 October 1947

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

Original made in Type "C" casket burial. Tag on remains and tag on marker coincide with R.O.I. on file. Skeletal remains incomplete. No identification found on remains.

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

Substitute tag

On Remains

Substitute tag - R.O.I. placed in burial bottle

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag - R.O.I. placed in burial bottle

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



Dentures (Plates)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp":

Remarks

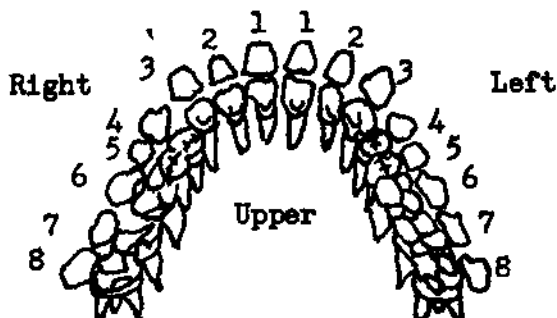
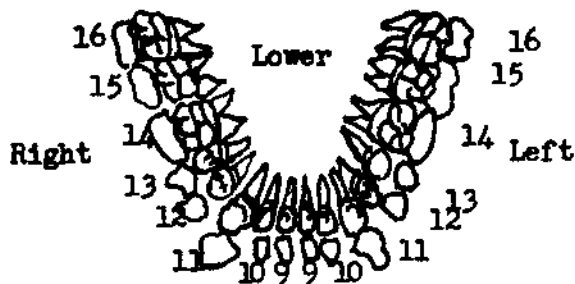


Diagram represents the mouth wide open



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.

22 April 1947

DATE

UNKNOWN X-578 (Possibly Peter O. Babich)

0-446964

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Pinamopoan Area,
Mt. Canahaun, Leyte, P.I.

USAF Cemetery Leyte #1, P.I.

8455

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT				
TYPE	X		A	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	TYPE
LOCATION			OM											OA OM/O		LOCATION

INSIDE \overline{M} LOOKING OUT \overline{M} 1 3 5 7 9

	16	15	14	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)

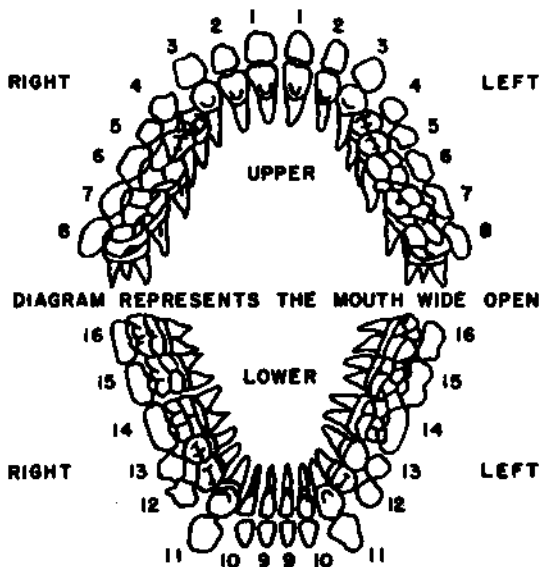
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer
NAME AND RANK TYPED OR PRINTED

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

William C. Clark
VERIFIED BY ORS OFFICER

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

22 April 1947
DATE

RESTRICTED

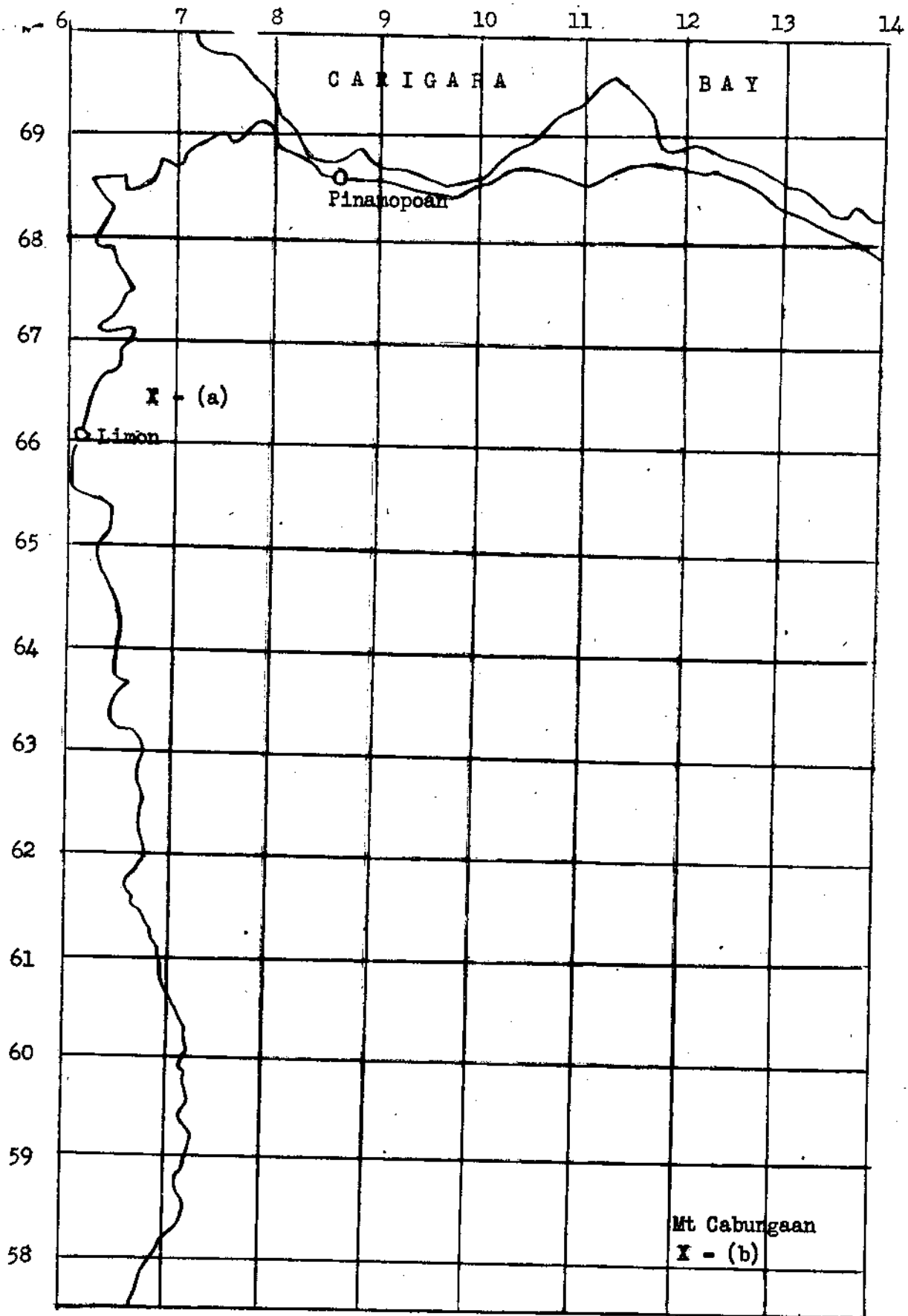
HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT
TRIP #56 Search #1

1. TIME AND DATE DEPARTED: 1100 hours, 16 April 1947
2. NUMBER OF PERSONNEL IN PARTY: Three (3)
3. TOWN OR BARRIO: Limon (Mt. Canahaun)
4. PROVINCE OR ISLAND: Leyte
5. PERSONS CONTACTED:
 - a. Francisco Cabiltes
 - b. _____
 - c. _____
 - d. _____
 - e. _____
6. LOCATION OF REMAINS (GRID COORD.): 66.65-06.9, Map of Limon, Sheet 4444.1, Scale 1:50,000
7. TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: One (1)
9. CONDITION OF REMAINS: Skeletal Remains
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. 2 Dog Tags (Peter O. Babich, O-446964, T42, 43, B, C.
 - b. Mrs. Anna Babich, Rt 2, Box 48, Morgantown, W. Va.
 - c. Scapular Metal with name Peter O. Babich.
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. TIME AND DATE RETURNED: 1530 hours, 16 April 1947
13. REMARKS: Francisco Cabiltes came into camp and told me that he knew where an American body was. He showed me the dog tags and scapular metal from the body. We accompanied him to the grave. It was on the side of Mt. Canahaun toward the top. The body had been dug up already and was replaced in the grave, so I believe it to be the original grave.

Marcial Tangente
T/Sgt. Marcial Tangente
Search Party Leader

RESTRICTED



X = Location of Remains: (a) Unk X-578 (Possibly BABICH, Peter O.) (b) TOWNS, Allie C. Map of Limon, Leyte Sheet 4444-1, Scale 1:50,000. Grid Coord: (a) 66.65-06.9 (b) 58.15-12.2.

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.

22 April 1947

UNKNOWN X-578, Possibly Peter O. Babich

DATE

LAST NAME

FIRST

INITIAL

RANK

0446964

SERIAL NO.

UNIT
Pinamopo-an Area
(Mt. Canabauan)

ORGANIZATION

USAF Cemetery Leyte #1, P. I.

8455

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

		RIGHT								LEFT										
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
		UPPER TEETH																		
TYPE		X		A	P	P	P	P	P	P	P	P	P	P	P	P	P			TYPE
LOCATION				om											om					LOCATION

~~IMPRESS~~ / ~~LOCKING~~ OUT

		RIGHT								LEFT										
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
		LOWER TEETH																		
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)
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 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	

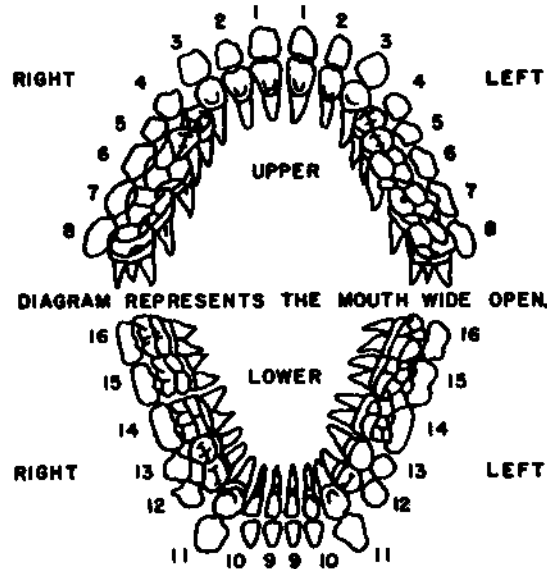
INSTRUCTIONS:

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:

A TRUE COPY:

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

SIGNATURE OF PERSON WHO PREPARED CHART

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

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

VERIFIED BY GRS OFFICER

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

22 April 1947
DATE

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT
TRIP # 56 Search #1

1. TIME AND DATE DEPARTED: 1100 hours, 16 April 1947
2. NUMBER OF PERSONNEL IN PARTY: Three (3)
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4. PROVINCE OR ISLAND: Leyte
5. PERSONS CONTACTED:
 - a. Francisco Cabiltes
 - b. _____
 - c. _____
 - d. _____
 - e. _____
6. LOCATION OF REMAINS (GRID COORD.): 66.65-06.9, Map of Limon, Sheet 4444.1, Scale 1:50,000
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 - b. Mrs. Anna Babich, Rt 2, Box 48, Morgantown, W. Va.
 - c. Scapular Metal with name Peter O. Babich.
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. A TRUE COPY:
 - b. _____
 - c. _____
 - d. WILLIAM C. CLARK
 - e. 1st Lt., QMC
12. TIME AND DATE RETURNED: 1530 hours, 16 April 1947
13. REMARKS: Francisco Cabiltes came into camp and told me that he knew where an American body was. He showed me the dog tags and scapular metal from the body. We accompanied him to the grave. It was on the side of Mt. Canahaun toward the top. The body had been dug up already and was replaced in the grave, so I believe it to be the original grave.

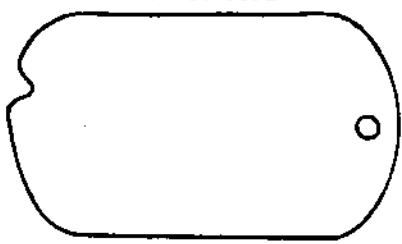
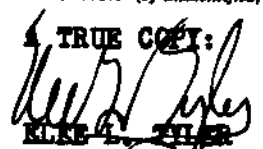
T/Sgt. Marcial Tangente

Search Party Leader

R E S T R I C T E D


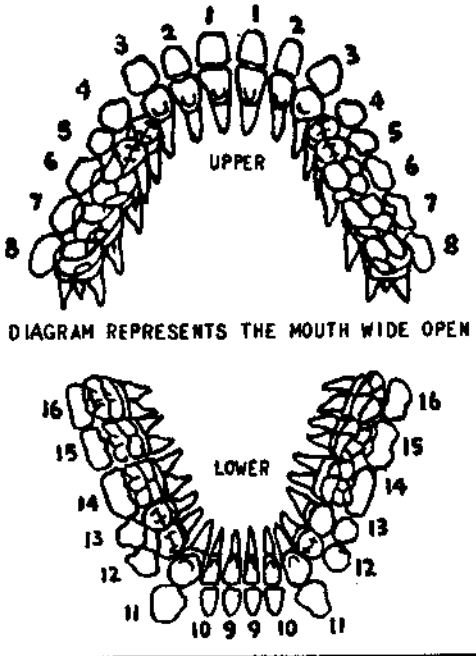




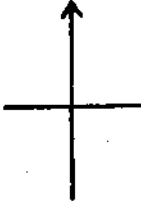
RESTRICTED

11343

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supercedes 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-2197 (Formerly Unk I-578 USAF Cem Leyte # 1, P.I.)				SERIAL NO. Unknown		
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Mt. Canahaun, 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 2 on reverse) A TRUE COPY:  ELMER L. TYLER 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 3619	
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. 8455
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-2199			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3621		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-2194			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3617		
SIGNATURE OF PERSON PREPARING REPORT s/t/ R. R. ACIERTO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ L. S. PANOPIO, 2nd 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

2.1.#1

LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED 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
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	<p>One (1) navy shoe type 8-C found with remains.</p>				
RIGHT THUMB	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> 		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT INDEX FINGER	<p>CAVITIES</p> <p>CAVITY DECAYED</p> 				
RIGHT MIDDLE FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p> 				
RIGHT RING FINGER	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> 				
RIGHT LITTLE FINGER	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 				
RIGHT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>				
REMARKS:					
<p>Identification Check List and Dental Chart accomplished.</p>					

/aba

RESTRICTED

2083

WD GMC FORM 1042
(Rev. 1 Apr. 1948)
(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-2197 (Formerly Unk X-578 USAF Cem Leyte # 1, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Mt. Canabaun, 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)

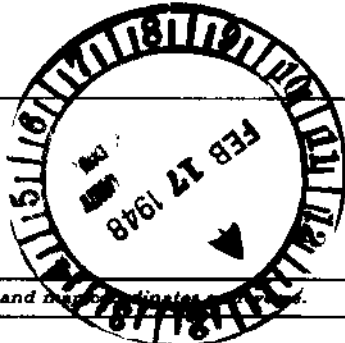
None

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 of location.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STOR 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STOR Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. 3619
---	---------------------	---	-------------------------------------	------------------------	---------------------	--------------------------

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. 8455
---	--	----------	---------	--------------------------

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) STOR UNKNOWN X-2199	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3621
--	------	------------	--------------	--------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STOR UNKNOWN X-2194	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3617
---	------	------------	--------------	--------------------------------

SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERIO, Pvt.	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 2nd 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

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AMAR 3 500

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

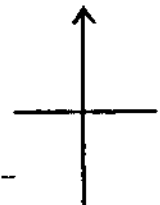
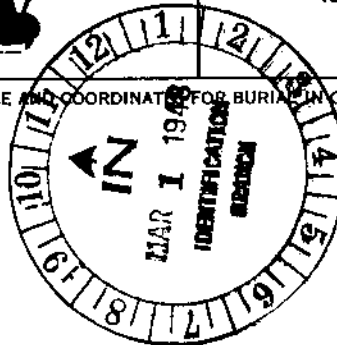
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

One (1) navy shoe type 8-C found with remains.

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>	
OTHER		

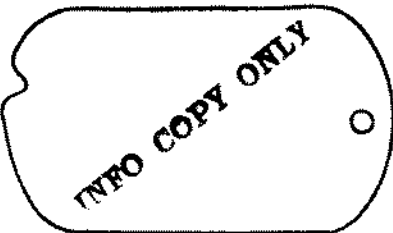
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY




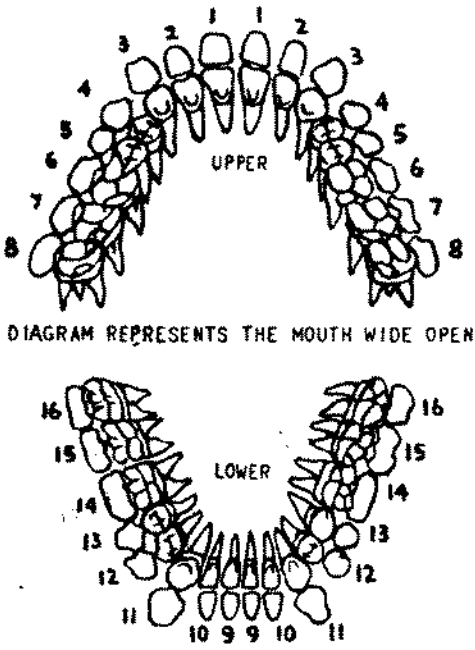




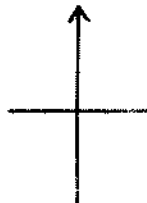
REMARKS:

Identification Check List and Dental Chart accomplished

20 JAN 1948

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 1 July 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		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 Mt. Canham, Leyte, P.I.		CAUSE OF DEATH -			DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Two (2)		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Reverse Side For Remarks.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)							
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 28 April 1947	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type		TYPE OF GRAVE MARKER Flag Cross	PLOT No.	ROW No.	GRAVE No. 8455
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coords 66.55-06.90, Map of Linao, Sheet 4444-1, Scale 1:50,000				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 Corrected Report of Interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.				
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) McDONALD, Reginald J.			RANK 2nd Lt	SERIAL No. 0-703896	ORGANIZATION 44 Pbr Sq TS (AC)	GRAVE No. 8454	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-531 & X-532 (Common Grave)			RANK USMC	SERIAL No.	ORGANIZATION	GRAVE No. 8456	
SIGNATURE OF PERSON PREPARING REPORT Cpl Jacob G. Single, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT RANDY THOMAS, Captain, QMG				
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

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.		
	<p>INSTRUCTIONS:</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	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS
	COLOR OF EYES	COLOR OF HAIR	
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		WHERE BODY WAS BURIED OR FOUND
	LAUNDRY MARKS		
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES		
LEFT THUMB	FILLINGS 	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
	CAVITIES 		
RIGHT THUMB	MISSING TEETH 		
	CROWNED TEETH 		
RIGHT INDEX FINGER	BRIDGE WORK 		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
			
RIGHT RING FINGER	REMARKS:		
	<p>1. This grave was formerly occupied by CHEN, David F. who was disinterred and shipped to the United States under the current death program.</p> <p>2. The two tags and scapular metal found with the remains of UNKNOWN I-578 were those of another decedent, Peter O. Babich O-446964, therefore they have been concentrated w/the remains of that decedent.</p>		
RIGHT LITTLE FINGER			

RESTRICTED

Babich, Peter O has been

identified (Unknown X-103)

Leyte ~~Risk~~ Grave 3042

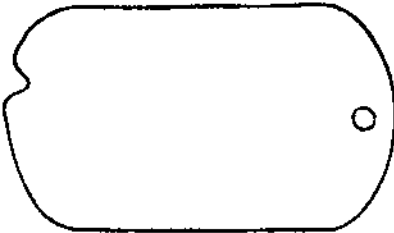
CORRECTED

RESTRICTED


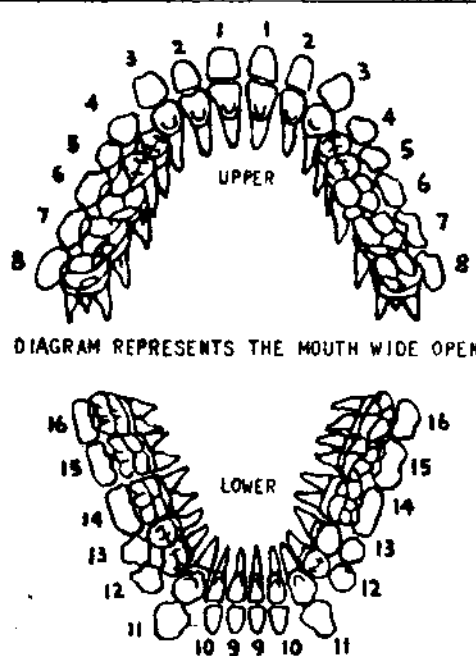





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8455

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 1 July 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-578				-	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -	
PLACE OF DEATH Mt. Canhaun, Leyte, P.I.		CAUSE OF DEATH -				DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Two (2)		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Reverse Side For Remarks.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)							
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 28 April 1947	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8455
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coord: 66.65-06.90, Map of Limon, Sheet 444-1, Scale 1:50,000				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 Corrected Report of Interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.				
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) McDONALD, Reginald J.			RANK 2nd Lt	SERIAL No. 0-703896	ORGANIZATION 44 Ftr Sq TE (AG)	GRAVE No. 8454	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-531 & X-532 (Common Grave)			RANK	SERIAL No. USMC	ORGANIZATION	GRAVE No. 8456	
SIGNATURE OF PERSON PREPARING REPORT Cpl Jack G. Slagle, 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

LEFT LITTLE FINGER	Section 3.—U 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.			
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
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS: 1. This grave was formerly occupied by OWEN, David F. who was disinterred and shipped to the United States under the current death program. 2. The two tags and scapular metal found with the remains of UNKNOWN X-578 were those of another decedent, Peter O. Babich O-446964, therefore they have been concentrated w/the remains of that decedent.			

18 JUL 1947

QMGMU 293
Unknown X-578
(USAF Cem.) Leyte #1

2nd Ind.

WD, OQMG, Washington 25, D. C., 13 June 1947

TO: Commanding General, Philippine-Ryukyus Command, APO 707, c/o
Postmaster, San Francisco, California

1. In compliance with request in paragraph 4, 1st Indorsement, comparison of tooth chart for Unknown X-578, USAF Cemetery, Leyte #1, has been made with WD dental record on file for 1st Lt. Peter O. Babich, O-446964, with unfavorable results.


2. Original identification of Peter O. Babich, (formerly Unknown X-103), is correct. It is therefore requested that the remarks (possibly Babich, Peter O., O-446964) on the Report of Interment for Unknown X-578 be deleted and a corrected Report of Interment submitted to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

s/t/ JAMES C. MacFARLAND
Major, QMC
Memorial Division

7 Incls: w/d

A TRUE COPY:


RAMON THOMAS
Captain, QMC

CORRECTED

RESTRICTED

mc1

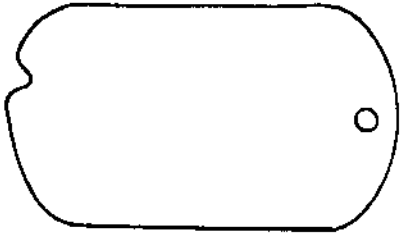
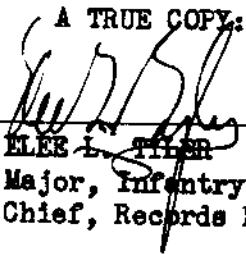
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WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 July 1947

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial)				SERIAL No.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Mt. Canahaun, Leyte, P.I.		-					
EMERGENCY ADDRESSEE (Name, relationship, and address)							
-							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
Two (2)		See Reverse Side For Remarks.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)		A TRUE COPY:  ELEX L. TILSNER Major, Infantry Chief, Records Branch					
Yes (Unknown Tags)							
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
28 April 1947	0900 hrs	Casket "C" Type	Reg Cross			8455	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
No	Grid Coord: 66.65-06.90, Map of Limon, Sheet 4444-1, Scale 1:50,000					Isolated Burial	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
-	-		Corrected Report of Interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)						
Yes	Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
McDONALD, Reginald J.			2nd Lt	0-708896	44 Ftr Sq TE (AG)	8454	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-531 & X-532 (Common Grave)				USMC		8456	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
t/ Cpl Jack G. Slagle GRS			t/ 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

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.

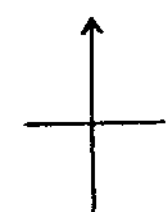
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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:


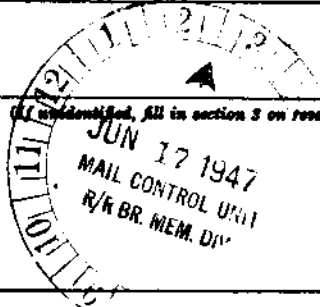
1. This grave was formerly occupied by OWEN, David F. who was disinterred and shipped to the United States under the current death program.
2. The two tags and scapular metal found with the remains of UNKNOWN I-578 were those of another decedent, Peter O. Babich O-116961, therefore they have been concentrated w/the remains of that decedent. **RESTRICTED**

RESTRICTED

nlr

38530

8455

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 29 April 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-578 (Possibly BABICH, Peter O.)				SERIAL No. 0446964	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
		RACE -		RELIGION Catholic		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -	
PLACE OF DEATH Mt. Canahaun, Leyte, P.I.		CAUSE OF DEATH -			DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Anna Babich, Rt #2, Box 48, Morgantown, W. Va.							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Two (2)		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) No		SEE OTHER SIDE FOR REMARKS 					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
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 28 April 1947	HOUR 0900	BURIED IN (Shroud, Masket, or name of other) Casket "C" Type		TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No. 8455	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coord 66.65-06.9, Map of Limon, Sheet 444-1, Scale 1:50,000						
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. Metal tag buried with body and attached to marker.			
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) McDONALD, Reginald J.				RANK 2nd Lt.	SERIAL No. 0-708896	ORGANIZATION 44 Ftr Sq TE (AC)	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-531 & X-532 (Common Grave)				RANK	SERIAL No. USMC	ORGANIZATION GRAVE No. 8456	
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack C. Slagle, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT William C. Clark, 1st Lt., 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

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.


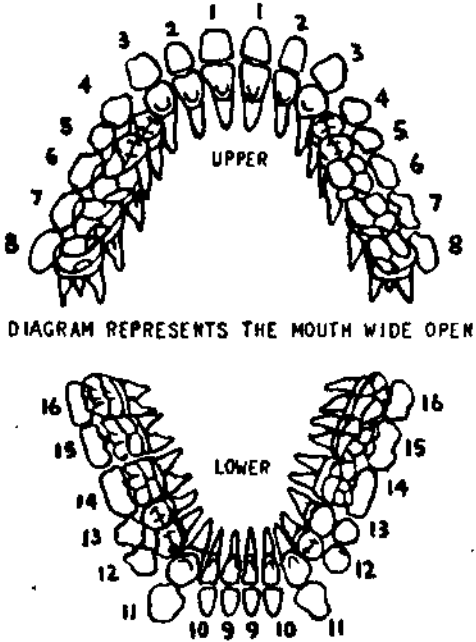




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

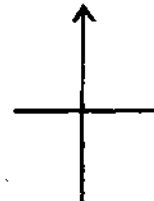
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

Scapular metal with name Peter O. Babich.

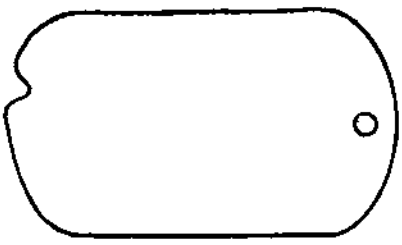
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	



22 MAY 1947

REMARKS:

This grave formerly occupied by OWEN, David F. Subject decedent was disinterred for shipment to the United States under the Current Death Program.

WD GRC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 29 April 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-578 (Possibly BABICH, Peter O.)				SERIAL No. 0446964	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
		RACE -		RELIGION Catholic		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -	
PLACE OF DEATH Mt. Canahaun, Leyte, P.I.		CAUSE OF DEATH -			DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Anna Babich, Rt #2, Box 48, Morgantown, W. Va.							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Two (2)		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) No							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME SEE OTHER SIDE FOR MARKS							
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 28 April 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type		TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No. 8455	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coord 66.65-06.9, Map of Limon, Sheet 4444-1, Scale 1:50,000			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. Metal tag buried with body and attached to marker.				
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) McDONALD, Reginald J.			RANK 2nd Lt.	SERIAL NO. 0-708896	ORGANIZATION 44 Ftr Sq TE (AC)	GRAVE No. 8454	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-531 & X-532 (Common Grave)			RANK	SERIAL NO.	ORGANIZATION USMC	GRAVE No. 8456	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ Cpl. Jack G. Slagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ WILLIAM C. CLARK, 1st Lt., 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


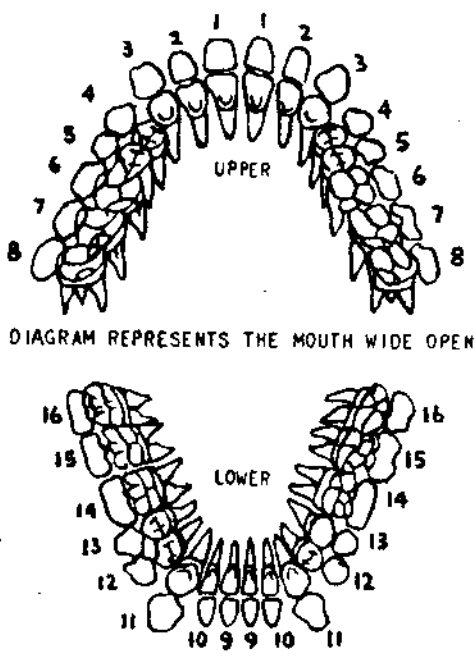




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

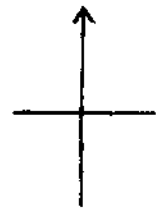
Scapular metal with name Peter O. Babich.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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

A TRUE COPY:

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



REMARKS:

This grave formerly occupied by OWEN, David F. Subject decedent was disinterred for shipment to the United States under the Current Death Program.