

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Keys #1 X-579 (also Maus Maria X-2360)

SUBJECT

QMC FORM 1121
1 Aug 45

C O P Y

OMCMT 293
GRS Far East

26 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.:

X-531 (formerly X-31 USAF Cemetery #5, Finschhafen, N.G.)
X-2360 (formerly X-579 Leyte #1, P.I.)
X-161 (formerly interred Island Command Cemetery, Okinawa)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

R. Little:jdk
Salsar
JW

CC: Administrative Section

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFO 707

SUBJECT: Unidentifiable Remains

11 JUL 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-531 Maus	UNKNOWN X-2375 Maus
" X-1299 Maus	" X-2575 Maus
" X-1303 Maus	" X-5112 Maus
" X-1896 Maus	" X-9, Guam #2 Agat
" X-1928 Maus	" X-10, Guam #2 Agat
" X-2048 Maus	" X-161, Island Command Cem.
" X-2360 Maus	

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

FOR THE COMMANDING GENERAL:

13 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

/s/ John A. Marszal
JOHN A. MARSZAL
1st Lt. AGD
Asst Adj Gen

/fps 1 /add	Interred 13 Oct. 1949 L 2 11 Ft. Mc <i>aley</i> <i>Carl R. H. Mark</i> CARL R. H. MARK		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE			
	Cemetery Superintendent SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 80551		DATE 19 03 49 DAY MONTH YEAR	
NAME UNKNOWN X - 579		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. 1.		PLOT	ROW	GRAVE 8471	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. LICKLEY, P. I.			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME UNKNOWN X - 579		SERIAL NUMBER	GRADE	DATE OF DEATH		DATE DISTINTERRED 30 Apr 49
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY J J McDERMOTT 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) (2) Maus. tags: Unk X -2360 formerly X-579 Leyte. (1) Marker: Levinson, Morris.						
REMAINS PREPARED AND PLACED IN CASKET DATE 30 Apr 49 BY J J McDERMOTT						
CASKET SEALED BY J J McDERMOTT			EMBALMER (Signature) s/ J J McDermott			
CASKET BOXED AND MARKED DATE 30 Apr 49 BY WILLIAM C DODD, Sgt, RA			SHIPPING ADDRESS VERIFIED BY RICHARD HOYT			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <div style="text-align: right;"> s/ RICHARD HOYT SIGNATURE OF AGRS INSPECTOR </div>						
REMARKS AND SPECIAL INSTRUCTIONS REMARKS: Unidentifiable - OQMG						

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>Caremark</i>	DATE 13 OCT 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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

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

27 May 1949


Date

SUBJECT: Unidentifiable Remains


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

The records pertaining to Unknown X- 579, Plot _____,
Row _____, Grave 8471, USMC Leyte #1. have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


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

Atch: Form 1044

Received 7/20/49 OQMG
Not identifiable from
information presently
available - 7/22/49 - 

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2360 (Formerly UNK X-579 Leyte #1)						2. DATE OF REPORT 27 May 1949	
3. NAME OF CEMETERY San Carlos de Lima, Manila, P.I.				4. PLOT 802	5. ROW A	6. GRAVE 245	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'2 1/8"	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"

Draw # 7²

18.

TOOTH CHART

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

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		X						P									X	
Side View																		Side View
Top View	UPPER																	
	LOWER																	
Side View																		
		X															X	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

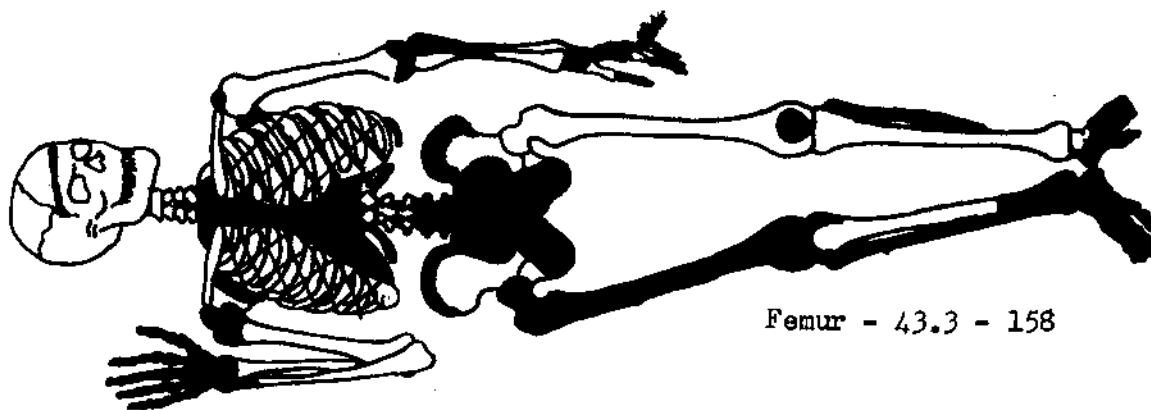
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

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

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Femur - 43.3 - 158

Estimated height: 158 cm or 5'2 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 _____ 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 - 5 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-579 USAF)
 Unknown X-2360 (On Leyte #1, B.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 RANGER A BAY CRYSTAL 245
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Manila~~ 1 Dec 47

(Hour) (Date)

2. Place of death Libongao, Leyte, P.I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 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 (Type)	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ / / / /		
Raincoat	/ / / / /		
Overcoat	/ / / / /		
Jacket, Field	/ / / / /		
Jacket, Combat	/ / / / /		
Mackinaw		N	
Sweater		O	
Jacket, HBT		N	
* Shirt, Wool OD	/ / / / /		
Undershirt, Wool	/ / / / /		
Undershirt, Cotton	/ / / / /		
Trousers, HBT	/ / / / /		
* Trousers, Wool OD	/ / / / /		

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 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 _____ Height **UTD** _____ Weight **UTD** _____ Description of wounds **UTD** _____
 Bandages or dressings _____ Scars _____ (Length, width, location)
 _____ Tattoos _____
 _____ (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks _____ (Yes-no; description, location)
 Sunburn or tan, other than hand and face _____
 Complexion _____ **U** _____
 _____ (Light, medium, dark, clear, pimples, pocks, freckles)
 Build _____ **D** _____
 _____ (Large, fat, thin, muscular)
 Hair _____
 _____ (Color, length, quantity, curly, wavy/straight, whorls, or definite parting)
 Hair _____
 _____ (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns _____ Mustache _____ Beard or _____
 _____ (Color, setting, shape) _____ (Color, size, shape) _____ (length, heavy)

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 **Dental Chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Skull **Fractured.**
 Circumference of ~~head~~ in inches (Hat band)

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

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

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

..... (Unusual characteristics of fingernails)

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

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

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

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

No

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

If not, explain Due to condition of remains.

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

9. Remarks According to its previous ROI attached, UNK X-2360, might possibly be LEVISON, Morris - ASN-32640479. Dog tag had been taken from remains by a civ. prior to recovery of body. The civilian returned the tag and took the Search Party to remains from which he got it. (Refer to previous ROI). Estimated weight of remains:-five (5) lbs.

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

s/ Julian H. Weddle
(Officer's Name)

Emb Senior 0-064965
Rank Service

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

1 Dec 47

CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAJ

SKELETAL CHART

X-2360

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

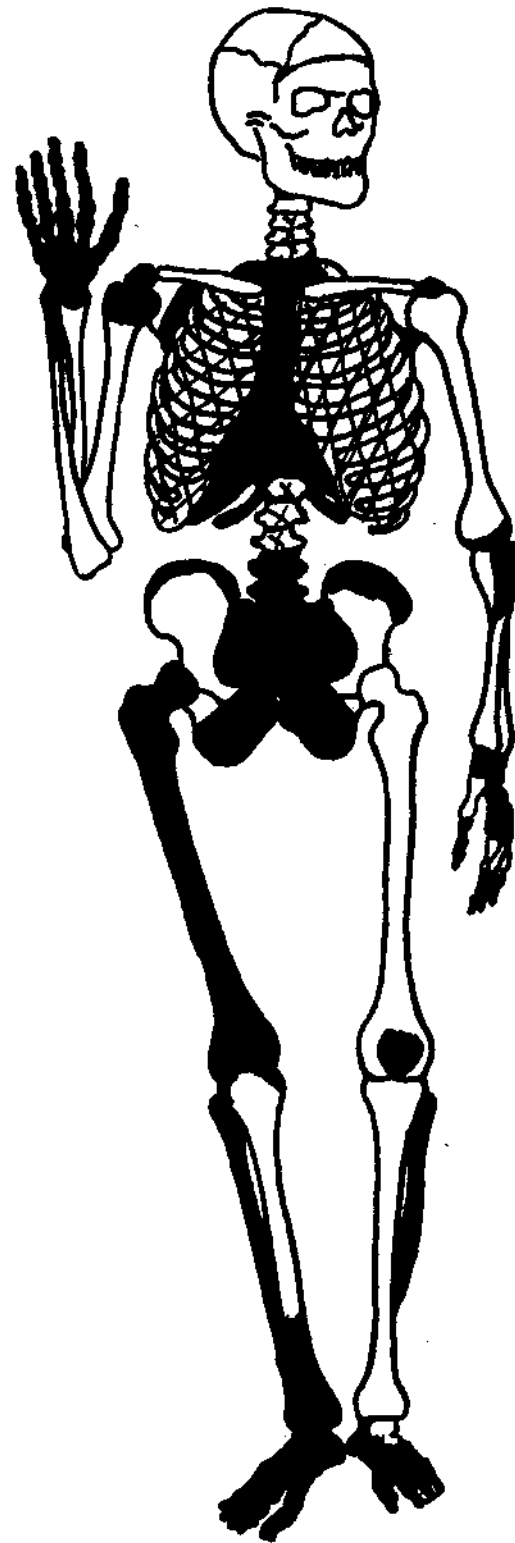


CHART "A"

L.R.

X-2360

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.

1 Dec 47

UNKNOWN X-2360 (Formerly UNK X-579) Unknown Unknown
 USAF Cem Leyte #1, P.I. Unknown Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown Unknown Unknown Unknown

UNIT ORGANIZATION
Libongao, Leyte, P.I. AGRS Mausoleum, Manila, P.I. 802 A 245

PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.

See Remarks

RIGHT UPPER TEETH LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE																	TYPE
LOCATION							P									X	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	X			P											X	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 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)

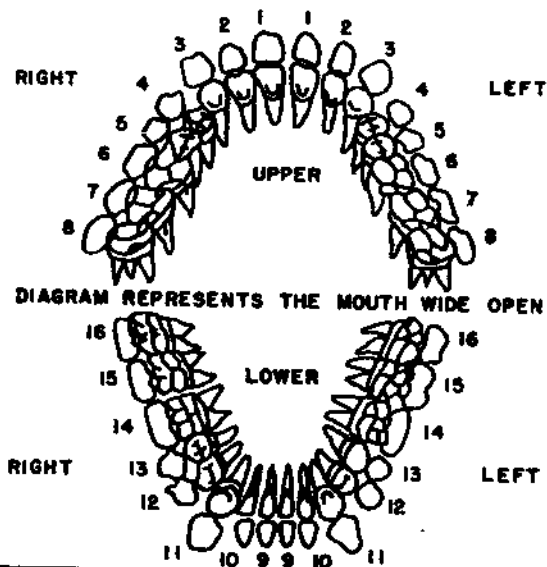
INSTRUCTIONS:

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:

Maxilla fractured directly on its medial line between R 1 and L 1.
R 3 malformed on its occlusal surface.

s/ Antonio B. Laconico
SIGNATURE OF PERSON WHO PREPARED CHART

P/ ANTONIO B. LACONIO - Recorder
NAME AND RANK TYPED OR PRINTED

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

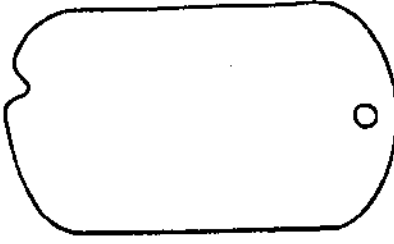
s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

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

1 Dec 47
DATE

CERTIFIED TRUE COPY:

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

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 3 Dec 47
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO.
		NAME (Last, first, middle initial) UNKNOWN X-2360 (Formerly UNK X-579 USAF Cemetery Leyte #1, P.I.)				Unknown
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
RACE Unknown		RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Libongao, Leyte, P.I.	CAUSE OF DEATH Unknown		DATE OF DEATH Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		See Remarks				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 245
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. 8471
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE: UNKNOWN X-2362-A		RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 247	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2358		RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 243	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIBERTO, Ptl			SIGNATURE OF GRS OFFICER VERIFYING REPORT S. S. PANOPIO, 2d Lt., INF			
DISTRIBUTION OF REPORT: Sign original for U. S. and allied dead, signed original and copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

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: Possibly LEVISON, Morris, 32640479. Dog tag was taken from remains by a civilian prior to recovery but later returned it to the Search Party after showing the remains from which he took it.

Identification Check List and Dental Chart accomplished.

7 FEB 1948

X 2360

OMG Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)	Serial Number
UNIDENTIFIED, Possibly LEVISON, Morris	32640479

Grade	Organization
-	-

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P.I.			471

2. Date of Disinterment	
21 October 1947	

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

Original made in type "C" casket burial. Original tag found with remains bearing the markings: LEVISON, Morris - 32640479. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. Missing: Scapula, femur, clavicle, ulna, radius, coccyx and fibula. No identification clues found with remains.

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

Substitute tag

On Remains

Original tag

What Identification Used Upon Reinterment: On Marker

None in Field Morgue

On Remains

Substitute tag and original tag

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

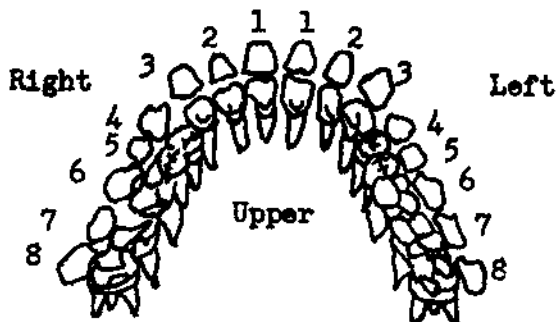
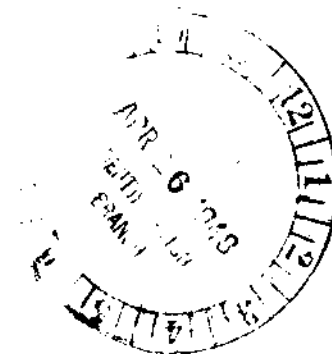
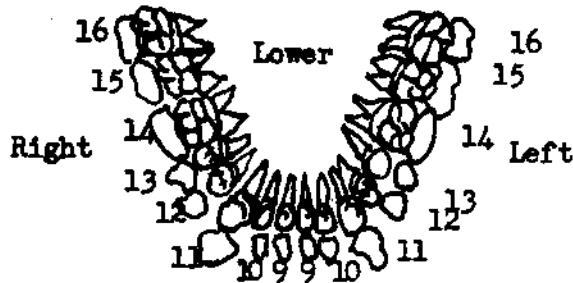


Diagram represents the mouth wide open

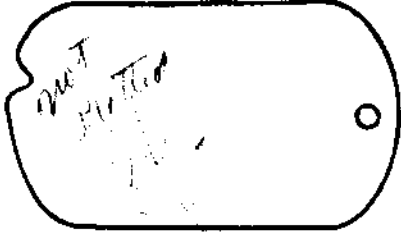
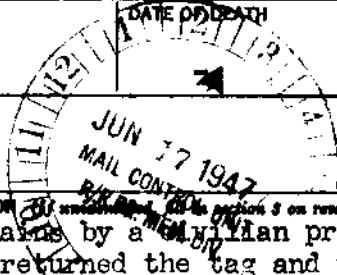


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8471

WD FORM 1042 (Rev. 1 Apr. 1946) (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-579, Possibly LEVISON, Morris						SERIAL No. 32640479	
GRADE			ORGANIZATION			BRANCH OF SERVICE				
-			-			-				
RACE			RELIGION			IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
-			-			-				
PLACE OF DEATH Libongao, Leyte, P. I.				CAUSE OF DEATH -				DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address)										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None			IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (See section 3 on reverse) Dog Tag had been taken from the remains by a civilian prior to recovery of body. The civilian returned the tag and took the Search Party to the remains from which he got it.							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes										
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None										
Section 2—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, P. I.										
DATE OF BURIAL 29 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. 8471	
WAS THIS A REBURIAL? (Yes or no) No		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coord 11°9'15" N. Lat., 124°32'40" E. Long., Map of Leyte, Scale 1:200,000.						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) UNKNOWN X-547				RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8470			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Grave not open this date				RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. 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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Bill 3

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


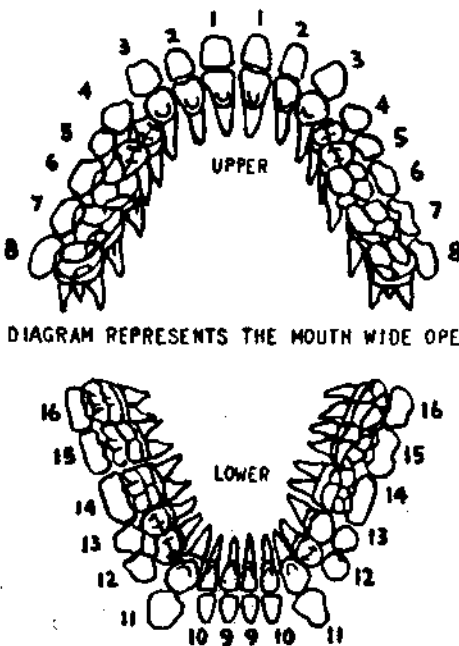




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

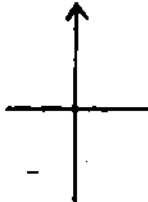
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



22 MAY 1947

REMARKS:

This grave was formerly occupied by Hull, Arden E. Subject decedent was disinterred and shipped to the U. S. under the Current Death Program.

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-579, Possibly LEVISON, Morris

29 April 1947
DATE
32640479

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Libongao, Leyte, P.I.
PLACE OF DEATH







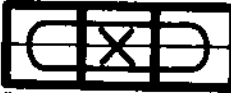








USAF Cemetery Leyte #1, Leyte, P.I. 8471
PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	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)

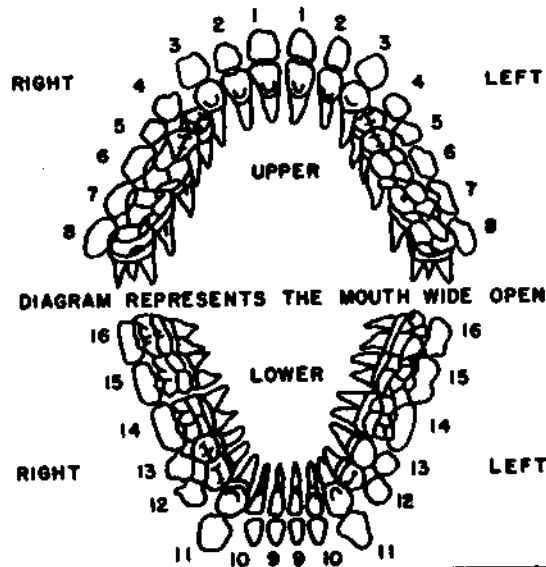
INSTRUCTIONS:

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:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

William C. Clark
VERIFIED BY GRS OFFICER

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

29 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 #3)

1. TIME AND DATE DEPARTED: 0800 hrs, 17 April 1947
2. NUMBER OF PERSONNEL IN PARTY: Three (3)
3. TOWN OR BARRIO: Libongao
4. PROVINCE OR ISLAND: Leyte
5. PERSONS CONTACTED:
 - a. One unidentified Filipino Civilian
 - b. _____
 - c. _____
 - d. _____
 - e. _____
6. LOCATION OF REMAINS (GRID COORD.): 11° 9' 15" N. Lat., 124° 32' 40" E Long.,
Map of Leyte, Scale 1:200,000
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. Dog Tag (Morris Levison, 32640479)
 - b. _____
 - c. Note: Dog tags picked up by Civilian prior to recovery of body.
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. NONE
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. TIME AND DATE RETURNED: _____
13. REMARKS: Received information where one American was buried from an unidentified person. Proceeded to the burial site which was one kilometer from the road. We found the body lying on top of the ground and it was located one kilometer east of the barrio of Libongao.

Carl H. Bowman
T/5 Earl H. Bowman
Search Party Leader

R E S T R I C T E D

