

FILE IDENTIFICATION TOPPER

FILE NUMBER

293unk Lcgt #1X-512 (also  
manuscript X-2314)

SUBJECT

QMC FORM 1121  
1 Aug 45

AIRMAIL

*293 unk P.I. X-2314 Maus Manila*

QRCMT 293  
GRS Far East

5 March 1950

SUBJECT: Identification of World War II Deceased

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

*293  
X-2314*

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

Unknown X-2314 (formerly X-582, Leyte #1) Unit #2, Page 15  
" X-3107 (formerly X-111, Finsch #2) Unit 2, Page 27

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

FOR THE QUARTERMASTER GENERAL:

R. Miller:drc  
Salser  
JW  
cc--Administrative Section  
cc--Cinofe

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

*274  
for  
JAN*

TEC

*293 unk P.I. X-3107 Maus Manila*  
*✓ X 293 unk P.I. X-582 (Leyte #1)*  
*✓ X 293 unk P.I. X-111 (Finsch #2)*

*MAR 6 10 47 AM '50  
QMC M.R.*

AIRMAIL

**AIRMAIL**  
293 Unk. P.I. X-2314 (Mora, Manila)  
**RESTRICTED**

**QUART 293**  
**AGRS Far East**

8 December 1949

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

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

1. Board Proceedings, your headquarters dated 25 April 1949, recommending the identification of Unknown X-2314 AGRS Mausoleum, Manila, P.I., as the remains of Pfc. John A. Mora, 32181133 are returned herewith disapproved.

2. After a careful review of the facts presented in this case it has been determined that the dental and physical comparison does not substantiate the association beyond all doubt.

**FOR THE QUARTERMASTER GENERAL:**

1 Incl  
Board Proceedings (Mora)

**T. H. METZ**  
Lt. Colonel, GMS  
Memorial Division

REB  
TEC

E.A.Kazup:lrc *EAC*

*col*  
*Jur*  
Salzer

cc-Administrative Section  
cc-Cincfe

**REGISTERED**  
NO. 1315947

**REGISTERED**  
NO. 1315948

293 Mora, John A. (32181133)  
**RESTRICTED**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

OPZ 293

APO 900

SUBJECT: Unidentifiable Remains

Feb 7, 1950

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 AGS 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-542 AGRS Main  
X-645  
X-685  
X-686  
X-730  
X-795  
X-1129  
X-1259

UNKNOWN X-1578 AGRS Main  
X-1485  
X-1945  
~~X-2514~~ *4-582*  
X-2359  
X-2361  
X-2370  
X-3009

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

18 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

QMGM 293  
GRS Far East

2 December 1949

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

**TO:** Commanding Officer  
American Graves Registration Service  
Philcoa Base  
APO 900, c/o Postmaster  
San Francisco, California

1. Board Proceedings, your headquarters dated 25 April 1949, recommending the identification of Unknown I-2314 AGRS Mausoleum, Manila, P.I., as the remains of Pfc. John A. Mora, SS181188 are returned herewith disapproved.

2. After a careful review of the facts presented in this case it has been determined that the dental and physical comparison does not substantiate the association beyond all doubt.

**FOR THE QUARTERMASTER GENERAL:**

1 Incl  
Bd Proceedings (Mora)

T. H. METZ  
Ltc Colonel, GSC  
Memorial Division

REB

TEC

E.A.Kasup:lrc

Salsor

JW

cc--Administrative Section  
cc--Cinofe

/ebc /drv 1	Interred 7 Feb 1950 D 8 23 Ft. McKinley <i>caremark</i> <b>CARL P. H. MARK</b>		<b>DISINTERMENT DIRECTIVE</b>		<i>AMB</i>
	Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 00483</b>		DATE 15   05   48 DAY   MONTH   YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWN X-000582			Q		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY LEYTE NO 1						0 7701 80 CODE   DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
		8474	PHILIPPINE ISLANDS			6	

**SECTION B — CONSIGNEE AND NEXT OF KIN**

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-2314 (MAUS) UNKNOWN X-582				27 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		J. W. GRSUSE Embalmer NAME AND TITLE	

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
SKELTON HALF	SKELTAL

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES I

Two MAUS tags UNKNOWN X-2314

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 1948 BY J. W. GRSUSE

CASKET SEALED BY J. W. GRSUSE

EMBALMER (Signature) *J. W. GRSUSE*

CASKET BOXED AND MARKED

DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY LUCIO S. PANOPIO, 1st Lt, INF

**FILE**  
**3 MAR 1950**  
 DISTRICT BRANCH

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

*Lucio S. PanoPIO*  
 LUCIO S. PANOPIO, 1st Lt, INF  
 SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Amark</i>	DATE <b>FEB 7 1950</b>

## 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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(EXHIBITATIVE ORDER) MILITARY BRIGADE THE 120002</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>FORT MC KINLEY CEMETERY</b>	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  
FILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 582, Plot     ,  
Row     , Grave 8474, USMC USAF Gen Layte #1, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:



B. MCNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 20 FEB 1950          OQMG  
Not identifiable from  
information presently  
available  
*Robert W. Miller*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2314 (Formerly UNK X-582 Leyte #1)</b>				2. DATE OF REPORT <b>18 Jan '50</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>802</b>	5. ROW <b>A</b>	6. GRAVE <b>198</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 4 1/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
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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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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"**

18. TOOTH CHART		X-2314	
		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT														LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
<i>P</i>	<i>a</i>	<i>a</i>				<i>P</i>							<i>a</i>	<i>a</i>			
	<i>o</i>	<i>o</i>											<i>o</i>	<i>o</i>			
Side Views															Side Views		
Top Views																	
Side Views															Side Views		
	<i>f</i>	<i>a</i>	<i>x</i>	<i>o</i>			<i>P</i>						<i>x</i>	<i>a</i>	<i>x</i>		
	<i>f</i>	<i>o</i>												<i>o</i>			
	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

Partially impacted

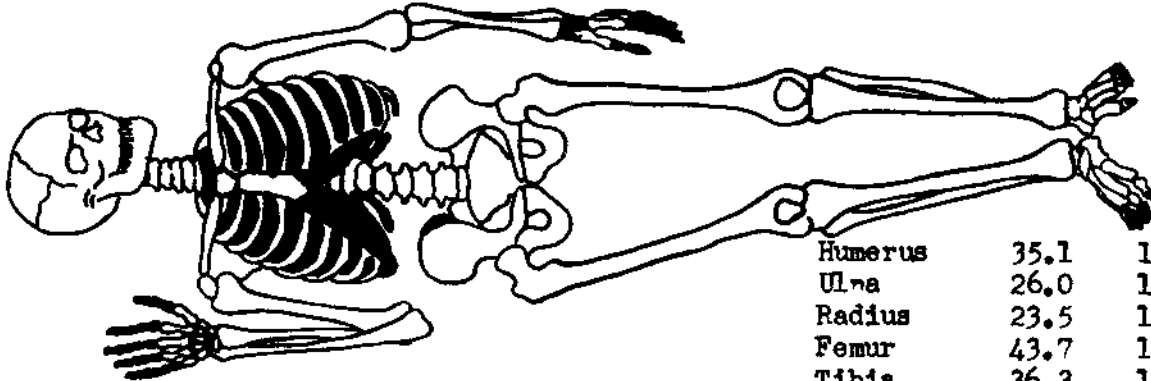
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

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

*Paul R. Nichols*  
**PAUL R. NICHOLS**  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	35.1	160
Ulna	26.0	167
Radius	23.5	161
Femur	43.7	160
Tibia	36.3	165
Fibula	36.4	167

Estimated height: 5' 4 1/8".

6/980

20.

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

163 1/3

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 3/4 inches.  
 Estimated weight of remains - 6 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

PAUL R NICHOLS  
 Chief, Identification Section

SIGNATURE

X-2314

# 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.

29 Nov 47

UNKNOWN X-2314 (Formerly Unk X-582  
USAF Cem Leyte #1, P.I.)

DATE  
Unknown  
SERIAL NO.

Unknown  
Unknown

Mt. Comporog, <sup>UNIT</sup> Vicinity of Matagob, Leyte, P.I. AGRS MAUSOLEUM Manila, P.I. ORGANIZATION 802 A 198  
PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.

ANGER DAY CRYP.

*impacted*

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

*impacted*

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

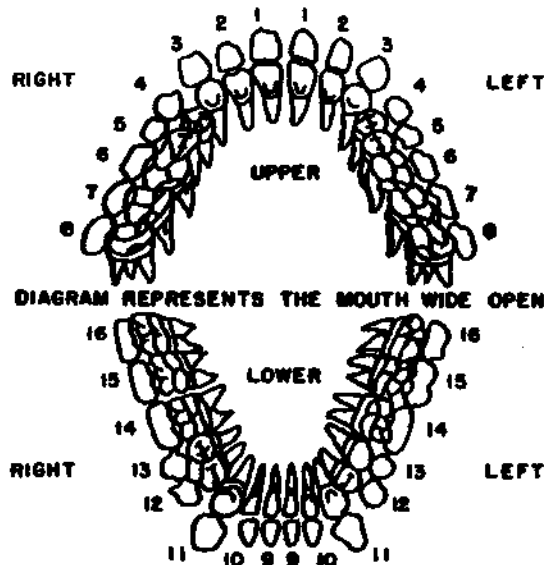
**INSTRUCTIONS:**

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

s/ William A Johnson  
SIGNATURE OF PERSON WHO PREPARED CHART

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

p/ WILLIAM A JOHNSON Ass't Emb.SP-6  
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

29 Nov 47  
DATE

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2nd Lt., MAC

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2314 (Formerly Unk X-582  
 USAF Cem Leyte #1, P.I.)

~~XXXXXXXXXX~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 Row A Grave 198

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~XXXXXX~~ 29 Nov 47  
Mt. Comporog, vicinity
2. Place of death of Matagob, Leyte, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~reinterred~~ 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	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
Jacket, HBT	O		
* Shirt, Wool OD	N		
Undershirt, Wool	E		
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 \_\_\_\_\_ Est. Height **5'3 3/4"** Weight \_\_\_\_\_ Description of wounds \_\_\_\_\_

Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
 (Length, width, location)

\_\_\_\_\_ Tattoos \_\_\_\_\_  
 (Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion **D** \_\_\_\_\_  
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_  
 (Large, fat, thin, muscular)

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

Hair \_\_\_\_\_  
 (Baldness, 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 **See chart attached**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw .....  
 (Large, small, normal)

Circumference of **skull** head in inches **21"**  
 (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 .....  
 (Short, thick, long, slender, size **U** knuckles, missing fingers or joints)

Fingers .....  
 (Unusual characteristics of finger/nails)

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.



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

If not, explain Due to condition of remains.

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

9. Remarks No personal effects, no ROI bottle nor I.D. tags found  
with remains. Estimated weight of remains 7 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/ William A Johnson  
(Officer's Name)

SP - 6 D 234835  
Rank Service

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

29 Nov 47

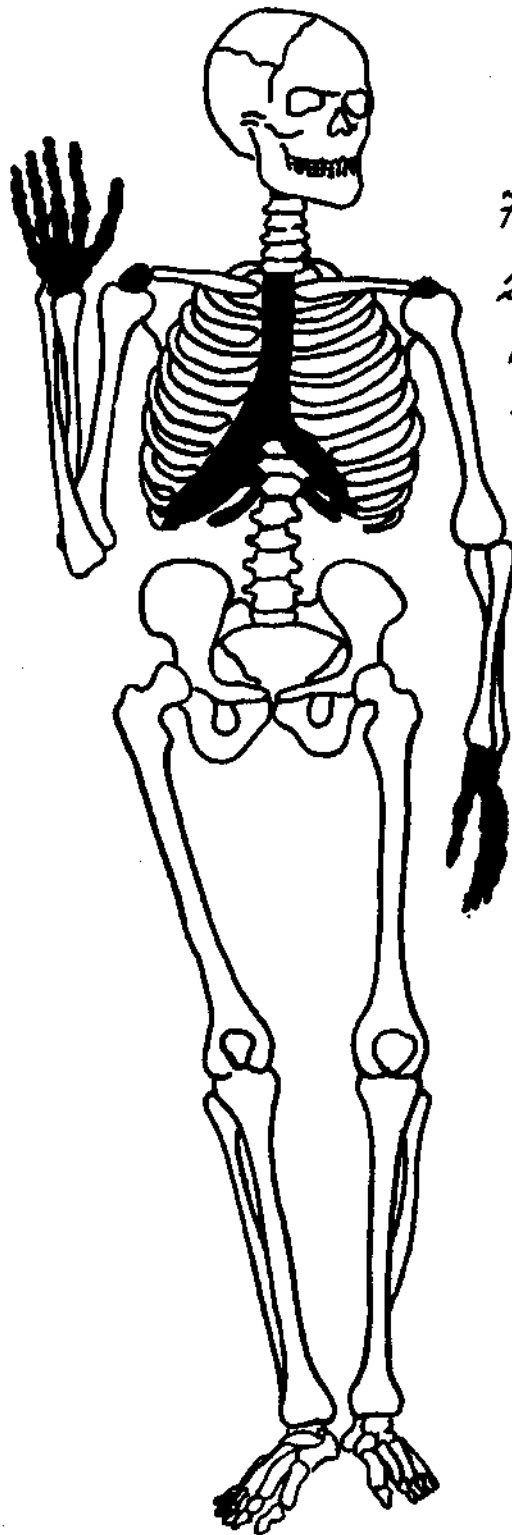
CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2nd Lt., MAC

# SKELETAL CHART

X-2314

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7-Cervical Vert. present

22-Ribs " "

10-Thoracic " "

5-Lumbar " "

# 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.

12 May 1947

DATE

<u>UNKNOWN</u>	<u>X-582</u>		
LAST NAME	FIRST	INITIAL	RANK
<u>int. Comporog, Vicinity</u>		ORGANIZATION	
<u>of Matagob, Leyte, P. I.</u>			
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
			<u>8474</u>

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		<i>Of</i>		RIGHT			UPPER TEETH					LEFT					
TYPE	<i>P</i>	<i>A</i>	<i>AA</i>			<i>A</i>								<i>A</i>	<i>AA</i>		TYPE
LOCATION		<i>o</i>	<i>omo</i>			<i>f</i>								<i>o</i>	<i>of</i>		LOCATION

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
		<i>Of</i>		RIGHT			LOWER TEETH					LEFT				<i>Of</i>	
TYPE		<i>A</i>	<i>X</i>			<i>A</i>					<i>A</i>			<i>X</i>	<i>A</i>	<i>X</i>	TYPE
LOCATION		<i>o</i>				<i>f</i>					<i>f</i>				<i>o</i>		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)

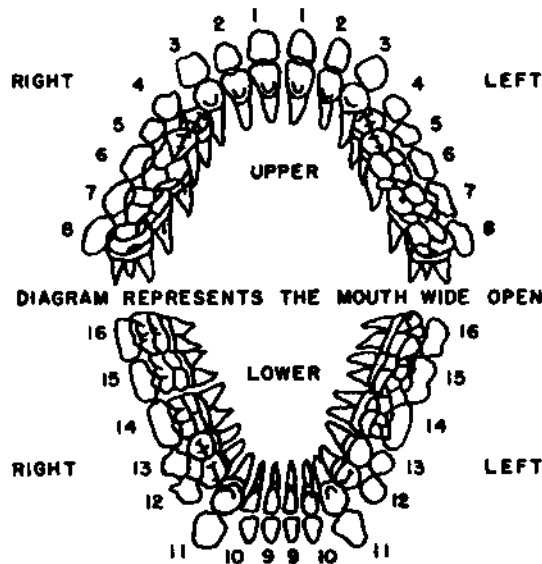
**INSTRUCTIONS:**

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, Leyte, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William C. Clark  
VERIFIED BY GRS OFFICER

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

12 May 1947  
DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

UNKNOWN X-582

Serial Number

-

Grade

Organization

-

-

.Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8474

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. Skeletal remains incomplete (two fibulae missing). Substitute tags on remains and on marker coincide with R.O.I. on file. No identification found on remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field .orgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
PAUL R. NICHOLS, Embalmer

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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

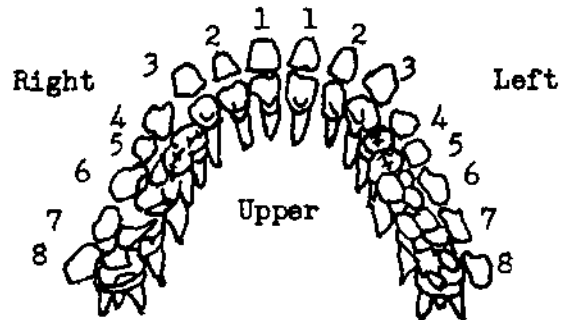
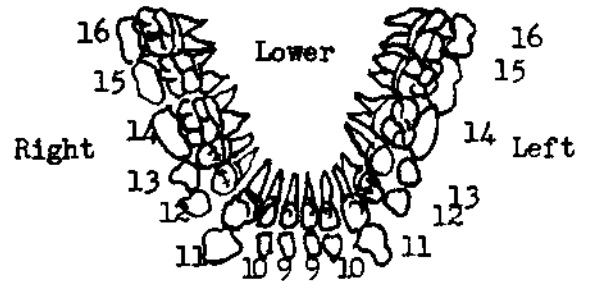


Diagram represents the mouth wide open



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HEADQUARTERS  
USAF CELESTIAL SERVICE NO. 1  
AGC 100

SEARCH AND RECOVERY REPORT  
TRIP # \_\_\_\_\_

1. TIME AND DATE DEPARTED: 1000 hrs. 29 April 1947
2. NUMBER OF PERSONNEL IN PARTY: 2 EM, 2 Civilian Guides
3. TOWN OR BARRIO: Mt. Comporog
4. PROVINCE OR ISLAND: Leyte, P. I.
5. PERSONS CONTACTED: \_\_\_\_\_
  - a. Policarpo
  - b. Olegario Cejas
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
6. LOCATION OF REMAINS (GRID COORD.): 11°8'30" N., 124°28' E.
7. TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: One
9. CONDITION OF REMAINS: Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS: \_\_\_\_\_
  - a. None
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
11. PERSONAL EFFECTS FOUND WITH REMAINS: \_\_\_\_\_
  - a. None
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
12. TIME AND DATE RETURNED: 1700 hrs. 4 May 1947
13. REMARKS: 

We left at 10.00 with Poli Carpo who said he knew where a body was. We walked through mountainous country to the house of Olegario Cejas, who said he would go with us. We advanced to a winding trail on the mountain where we found the body lying by the side of the trail, and the remains were scattered over an area of about 7 ft. sq. No identification clues or personal effects was found with the remains. Found only was remnants of a cartridge belt and one leather glove.

/mcl

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Search Party Leader :

T/4 Howard H. Kinne

T/4 Howard H. Kinne

30° 124°

30'

35'

40'

45'

BILIRAN STRAIT

C A R I G A R A

B A E

o Limon

Mt. Catabaran

o Caranga

o Bagatoon

X

Matafco

o Valencia

o ORMOG

25'

20'

15'

10'

5'

118

X- Location of Remains when recovered; Unknown X- 582  
AAF Aeronautical Approach Chart (742BX) Catabaran Quad. Conic Proj  
Grid Coord: 11° 8' 30" N- 124° 28' E Scale 1:200,000



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

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

DATE OF REPORT

16 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2314 (Formerly Unk X-582)  
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. Comporog, Vicinity  
of Matagob, 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)

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.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 2 Dec 47	1000	STORED Casket	None	STANGER 802	BAY A	LR 198

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.

8474

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-2317

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
200

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

STORED

UNKNOWN X-2312-B

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
196

SIGNATURE OF PERSON PREPARING REPORT

*R. R. Acierto*  
R. R. ACIERTO, Pvt.

SIGNATURE OF GRAVE OFFICER VERIFYING REPORT

*L. S. Panopio*  
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.

1759

MAR 25 1948

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**Section 2. IDENTIFIED REMAINS.**

**INSTRUCTIONS:**


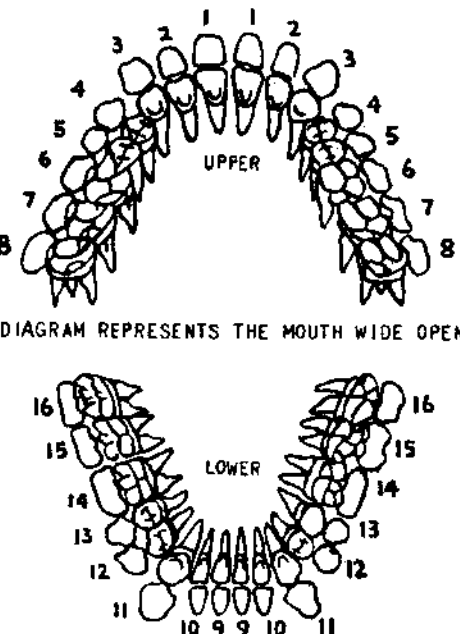




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

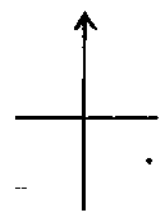
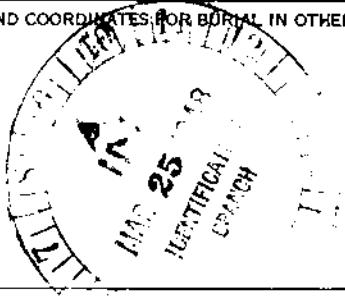
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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

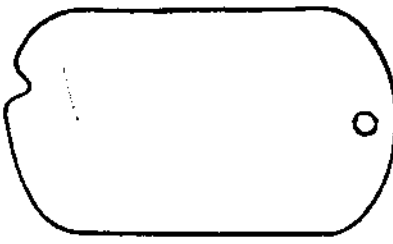


REMARKS:

**Identification Check List and Dental Chart accomplished**

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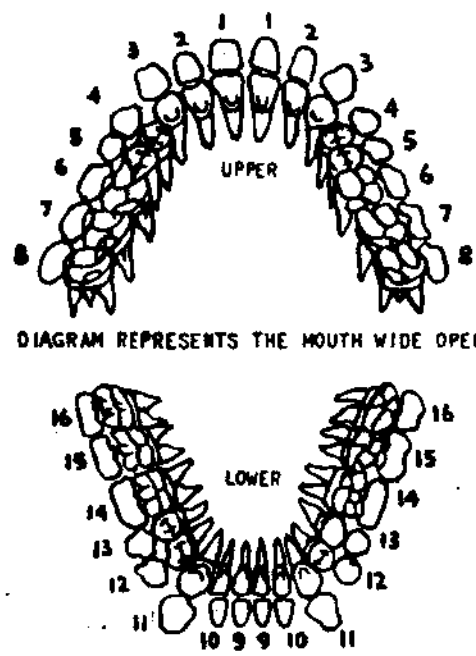




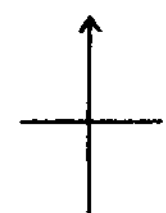
U 1230

WD GRC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial)				-	
		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. Comporog, Vicinity of Matagob, 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)					
NONE							
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.	
12 May 1947	0900	Casket "C" Type	Reg. Cross			8474	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
NO	Recovered on Mt. Comporog, GRID. COORD: 11°8'30"N. 124°28' E., Map of Leyte, Scale 1:200,000						
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.					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)						
YES	YES						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.			
UNKNOWN X-581	-	-	-	8473			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.			
SMITH, NATHANIEL E.	-	20212581	-	8475			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
Cpl. Jack R. Slagle, GRS			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.							

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LEFT LITTLE FINGER	<b>Section 1— UNIDENTIFIED REMAINS</b>			
<p><b>INSTRUCTIONS:</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT RING FINGER	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
Pt. Comporog, Vicinity of Natagob, Leyte, P.I.				
OTHER IDENTIFICATION CLUES				
See attached G.O FORM 1045				
LEFT INDEX FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
LEFT THUMB	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>			
RIGHT THUMB	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>			
RIGHT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>			
RIGHT MIDDLE FINGER	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>			
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>				
RIGHT RING FINGER	<p><b>REMARKS:</b></p> <p style="text-align: center;">This grave was formerly occupied by BEARDSLEE, ROBERT E., who was disinterred and shipped to the United States under the current Death Program.</p>			
RIGHT LITTLE FINGER				

12 JUN 1947