

FILE IDENTIFICATION TOPPER

FILE NUMBER

273 Gen. Loyal #1 X 594

SUBJECT

Also Manila Map. X-2282-A

1 /add	Interred 6 M 1950 N 16 85 Ft. McKinley <i>Carrollmark</i> CARL R. H. MARK Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DISINTERMENT DIRECTIVE		ED BY PHILCOM	
	DIRECTIVE NUMBER 7740 81019		DATE 16 02 50 DAY MONTH YEAR			
NAME UNKNOWN X - 594		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 8511	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	
SECTION B - CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION						
NAME UNKNOWN X - 594		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 25 Feb '50	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS <i>Embalmer</i> NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION X - 2282 Maus.						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 25 Feb '50		BY PAUL R NICHOLS				
CASKET SEALED BY PAUL R NICHOLS			EMBALMER SIGNATURE <i>Paul R Nichols</i> PAUL R NICHOLS			
CASKET BOXED AND MARKED DATE 25 Feb '50			SHIPPING ADDRESS VERIFIED BY RAYMOND H TANGUAY, Sgt 1c, RA L. W. RICHARDSON, M/Sgt, RA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt, RA SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS NAT FILE LEGENDS ANNOTATED DATE NAME BR. MEN. DIR.						

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>Carol Ann</i> MAR 6	
DATE 1950	

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	

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81019		DATE 16 02 50 DAY MONTH YEAR	
NAME UNKNOWN X - 594		SERIAL NUMBER S 211643	GRADE	ARM	RACE
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 8511	DISPOSITION OF REMAINS 7701 CODE 80 DIST. CTR.
SECTION B — CONSIGNEE AND NEXT OF KIN			NAME AND ADDRESS OF NEXT OF KIN		
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.			(BY ADMINISTRATIVE DECISION)		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS				NAME AND TITLE	
<input type="checkbox"/> MARKER					
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL		CONDITION OF REMAINS		DATE	
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY		EMBALMER (Signature)	
CASKET SEALED BY					
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE		BY			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					

File
7 AT
11 May 50
Tuttle
PR

RECORD OF CUSTODIAN TRANSFER

Serial # 378

DISINTERMENT DIRECTIVE

1	74K-						
SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 7740 00510		DATE 15 05 48 <small>DAY MONTH YEAR</small>	
NAME UNKNOWN			SERIAL NUMBER X 000594		RANK	ARM J	DATE OF DEATH <small>DAY MONTH YEAR</small>
CEMETERY USAF CEMETERY LEYTE NO 1						DISPOSITION OF REMAINS 0 7701 80	<small>CODE DIST. PT.</small>
PLOT	ROW	GRAVE 8511	COUNTRY PHILIPPINE ISLANDS				CAUSE OF DEATH 6
SECTION B - CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)				NAME AND ADDRESS OF NEXT OF KIN			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY <small>NAME AND TITLE</small>	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES <i>1</i>							
REMAINS PREPARED AND PLACED IN CASKET							
DATE				BY			
CASKET SEALED BY				EMBALMER (Signature)			
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
DATE				BY			
<p>I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.</p>							
File HAT 50 25100 50 AWA							
SIGNATURE OF GRS INSPECTOR							
<i>1</i> Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-3760, X-3659, X-3720, X-3657,
X-3709, thru X-3711, X-3748A
X-3750, X-2252, X-2282, X-2,
X-3819

QMGT 293
GRS Far East

12 January 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following Unknown Deceased:

Unknown X-3766,	AGRS Maus. Manila, formerly	X-14,	USAF Cem. Leyte #1
" X-3709,	" " " "	X-15,	" " "
" X-3720,	" " " "	X-17,	" " "
" X-3657,	" " " "	X-20,	" " "
" X-3710,	" " " "	X-21,	" " "
" X-3658,	" " " "	X-22,	" " "
" X-3748-A,	" " " "	X-23,	" " "
" X-3659,	" " " "	X-24,	" " "
" X-3711,	" " " "	X-25,	" " "
" X-3750,	" " " "	X-242,	" " "
" X-2252,	" " " "	X-534,	" " "
" X-2282-A,	" " " "	X-594,	" " "
" X-2	" " " "	X-127,	USAF Cem. Finsch. #2, N. C.
" X-3819,	AGRS Mausoleum, Manila, P. I.		

2. Recommendations for unidentifiability have been approved by this Office. Request your records be amended accordingly.

3. Certificate of Unidentifiability, your headquarters, dated 9 December 1949, for Unknown X-5216, AGRS Mausoleum Manila has been suspended. The records of this Office indicate that QMC Form 1042 is not on file for this Unknown Deceased, therefore, it is requested that a Report of Storage be forwarded as soon as practicable.

FOR THE QUARTERMASTER GENERAL:

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

C O P Y: mfs

X-293 Unk. P. I. X-2282-A (Maus. Manila)

GRPZ 293

AFO 900
15 December 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file MGAU 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-2	AGRS Malm	UNKNOWN X-3710	AGRS Malm
X-891	" "	X-3711	" "
X-892	" "	X-3720	" "
X-1331	" "	X-3748-A	" "
X-1338	" "	X-3750	" "
X-1967	" "	X-3766	" "
X-2116	" "	X-3819	" "
X-2252	" "	X-4176	Manila #2
<u>X-2282-A</u>	" "	X-4177	" "
X-3657	" "	X-4178	" "
X-3658	" "	X-4179	" "
X-3659	" "	X-5216	AGRS Malm
X-3709	" "		

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

FOR THE COMMANDING OFFICER:

25 Incls

GIC Forms 1044/w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCCM ZONE

25 Nov 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 594, Plot _____,
Row _____, Grave 8511, USMC USAF Cem. 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:



W. B. McNemar
Captain, QMC
Chief, Records Branch

Attach: Form 1044

3 Jan 1950 OQMG
Unidentifiable from
information presently
available 10 Jan 1950
E. J. [Signature]

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2282-A(Formerly UNK X-594 Leyte #1)				2. DATE OF REPORT 6 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	L	4003	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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

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

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

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

REMARKS: No loose maxillary or mandibular teeth present with remains.

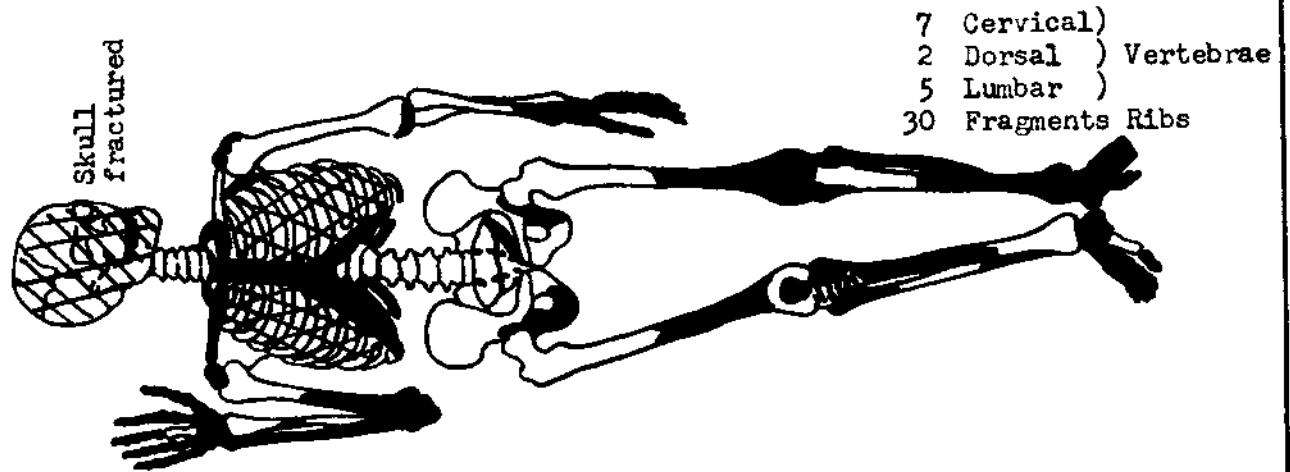
Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No 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

PAUL R NICHOLS, Chief, Ident. Section

SIGNATURE

X-2282-A

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2282-A (Formerly UNK X-594)
USAF Cam Leyte #1, P.I.)

29 Nov 47

DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

Air Corps UNIT 1500 Ft West of Matina Airdrome, Mindanao, P.I. PLACE OF DEATH
AGRS Mausoleum, Manila, P.I. PLACE OF BURIAL
Army ORGANIZATION 810 I 4003
PLOT ROW GRAVE NO.
DANGER BAY CRYPT

missing fractured missing

RIGHT UPPER TEETH LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Ⓟ		A	A	A		Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ
		o	mo	od											















INSIDE — LOOKING OUT

missing fractured missing

RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
Ⓟ	A	A	X	Ⓟ	A		Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	X	A	A	Ⓟ
	o	o		mod									o	o	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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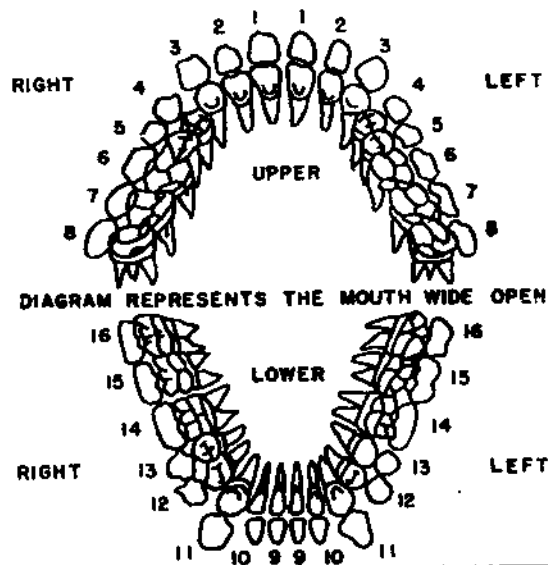
INSTRUCTIONS:

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

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

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

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



REMARKS:

Teeth of maxilla missing from R1 and L1 thru L8. Unable to determine whether X or P. Teeth of mandible missing from I9 thru I12, can't determine whether X or P.

/s/ Federico C Larioza
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ FEDERICO C LARIOZA
NAME AND RANK TYPED OR PRINTED

CIP 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

29 Nov 47
DATE

CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2282-A (Formerly UNK X-594
~~Unknown~~ X USAF Cem Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row L Grave 4003

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Sanctuary~~ 29 Nov 47
(Hour) (Date)
2. Place of death 1500 Ft West of Matina
Airdrome, Mindanao, 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	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT		N	
		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) Burial bottle containing ROI

(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 UFD Height _____ Weight _____ Description of wounds _____

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

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

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

Sunburn or tan, other than hand and face _____

Complexion _____
(Light, medium, dark, clear, pimples, 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 **U** Eyebrows (Color, bushiness, extent across nose)
 (Color, setting, shape)

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

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

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

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

Jaw **skull** Circumference of **head** in inches **DTD** (Hat band)
 (Large, small, normal)

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

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

Hands (Unusual characteristics of fingernails)

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

Chest **U** (Size of nipples, color, **T** quantity and extent of hair, large, small, normal)
 (Unusual characteristics of fingernails)

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

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

Hernioplasty (Yes-no; location)

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

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

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 In processing this case, Formerly (UNK X-594), two (2) remains were found. Due to the bone structure, we were able to segregate, and the two remains were assigned Nos. X-2282-A and X-2282-B. No ID tags, personal effects, or other means of identification. Unable to determine circumference of skull due to fragmentation. Estimated weight of remains, 5 lbs.

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

/s/ Charles H Vanderbilt
(Officer's Name)

Emb Senior C-064897
Rank Service

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

29 Nov 47

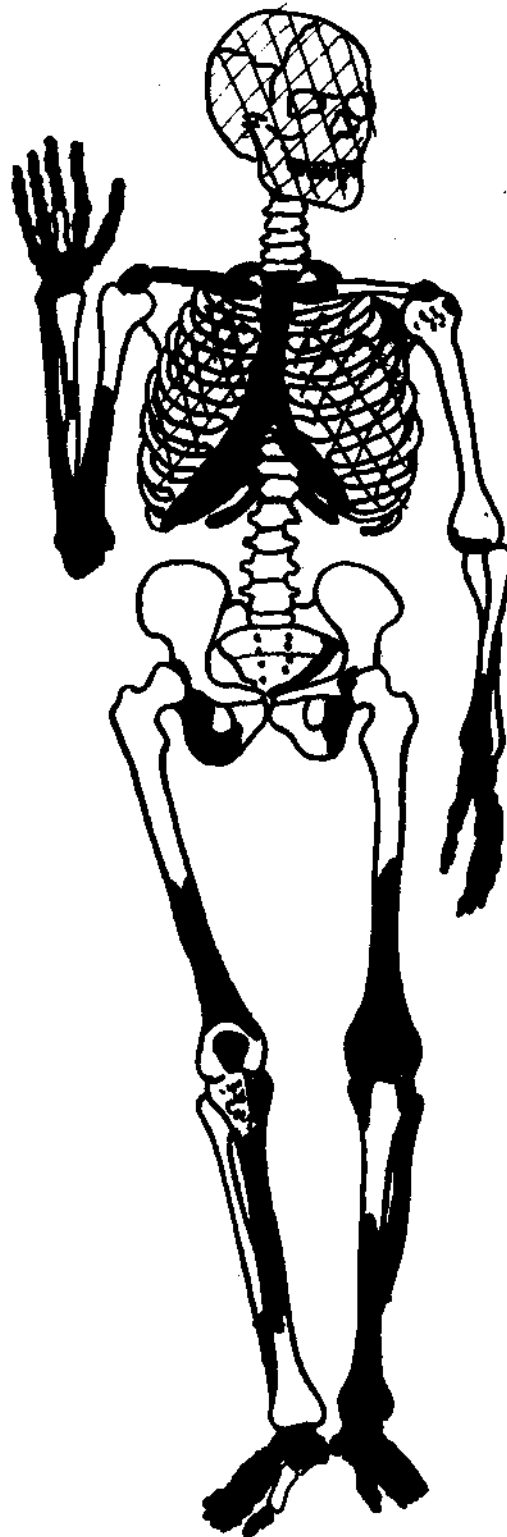
CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2282A

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Skull fractured
7 - Cervical vertebrae
30 - Fragments Ribs
12 - Dorsal vertebrae
5 - Lumbar "

FMS.
CHART "A"

IDENTIFICATION DENTAL CHART

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

14 May 1947

DATE

UNKNOWN X-594

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

1500 Feet, West of Matina Airrome

UNIT

ORGANIZATION

Mindanao

USAF Cemetery Leyte, #1, P. I.

8511

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

MISSING

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

INSIDE — LOOKING OUT
MISSING

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">o</div> <p>OCCLUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 5px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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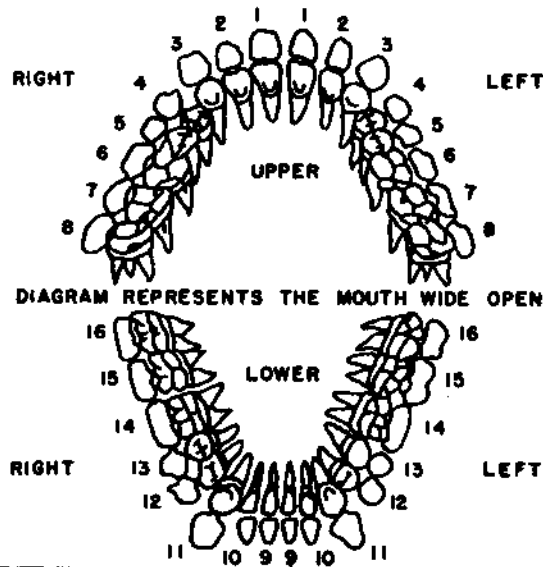
INSTRUCTIONS:

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

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

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

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



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

William C. Clark
VERIFIED BY GRS OFFICER

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

14 May 1947
DATE

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEXTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT

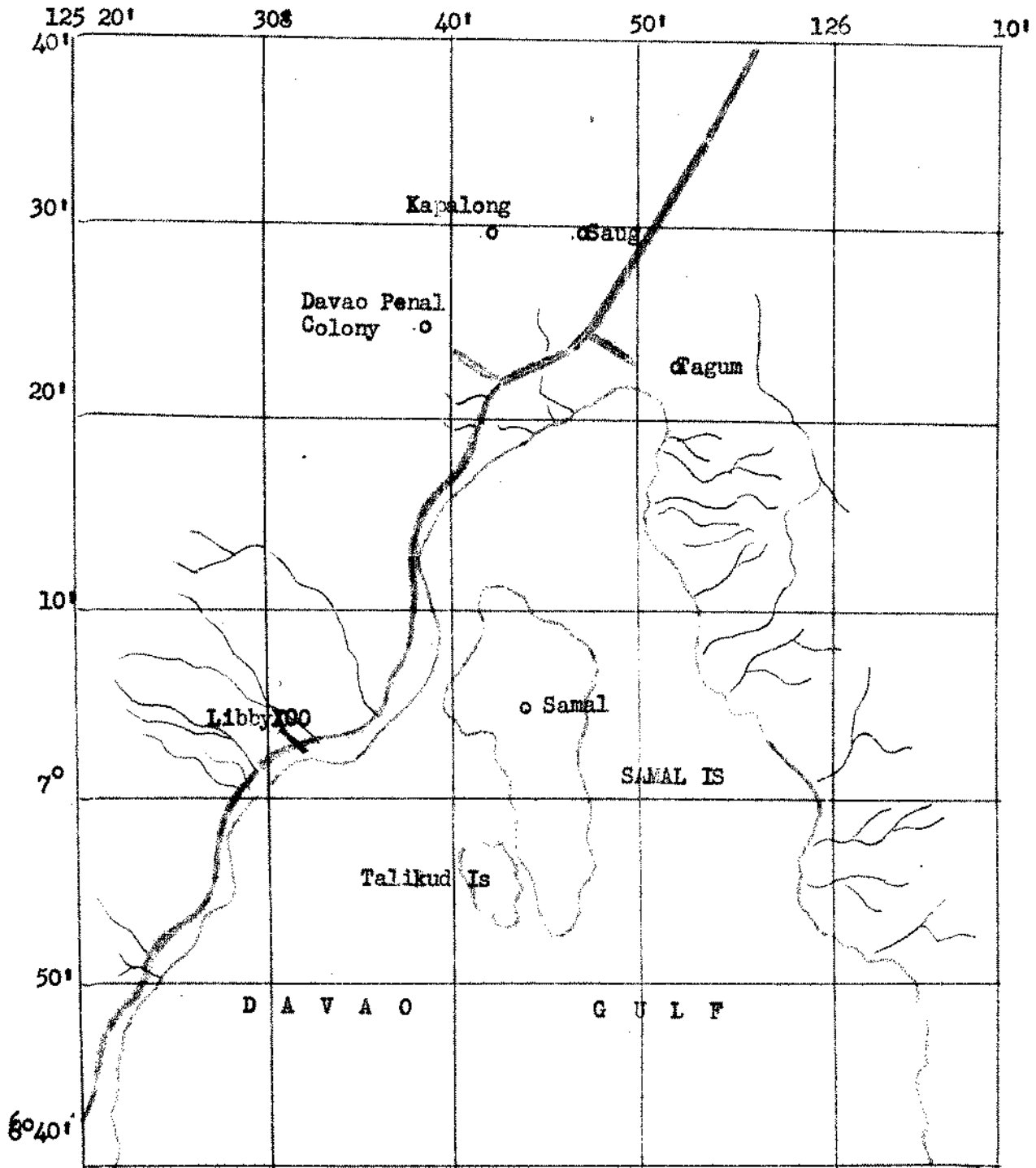
TRIP # 57 (Search #3)

1. TIME AND DATE DEPARTED: 1000 14 April 1947
2. NUMBER OF PERSONNEL IN PARTY: 2
3. TOWN OR BARRIO: Libby ✓
4. PROVINCE OR ISLAND: Davao City, Mindanao
5. PERSONS CONTACTED:
 - a. Letter from Major Feeney
 - b. _____
 - c. _____
 - d. _____
 - e. _____
6. LOCATION OF REMAINS (GRID COORD.): 7° 03' N 125° 30' 15" E
7. TYPE OF RECOVERY: Plane Crash *
8. NUMBER OF REMAINS RECOVERED: One
9. CONDITION OF REMAINS: Bones
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: _____
13. REMARKS:

* Plane (B-24, Serial No. 2100291) exploded in mid air near the
Matina A/D. One man escaped, was later captured by the Japs and killed.

R E S T R I C T E D

Search Party Leader *Sgt. McGuire*



X- Location of Remains when recovered: Unknown X-594
 Map of Mindanao P.I., Series of 1941 Coast and Geodetic Survey
 Grid Coord: 7 00' N- 125 30' 15" E

/cbf

RESTRICTED

38607

WD QMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1042)

APR 5 - 1948

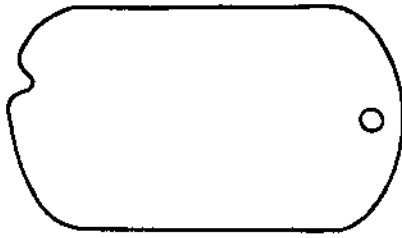
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

8 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2282-A (Formerly UNK X-594
USAF Cem Leyte #1, P.I.)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Air Corps

BRANCH OF SERVICE

Army

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

1500 Ft West of Matina
Airdrome, Mindanao, P.I.

CAUSE OF DEATH

Plane Crash

DATE OF DEATH

1 Sept 44

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 5 on reverse)

See Remarks

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

RECORDED IN BRANCH
DEC 29 11 42 AM '48
MEMORIAL SERVICE

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 1 Dec 47	1100	STORED Casket	None	DANGER 810	BAY L	4003

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.
Yes RESTORE!	USAF Cemetery Leyte #1, P.I.			8511

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)	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-2283				CRYPT 4005
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2280				CRYPT 4001

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
R R ACIERTO, Pvt	U S PANOPLO, 2d Lt., Inf

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

Incl 1548

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


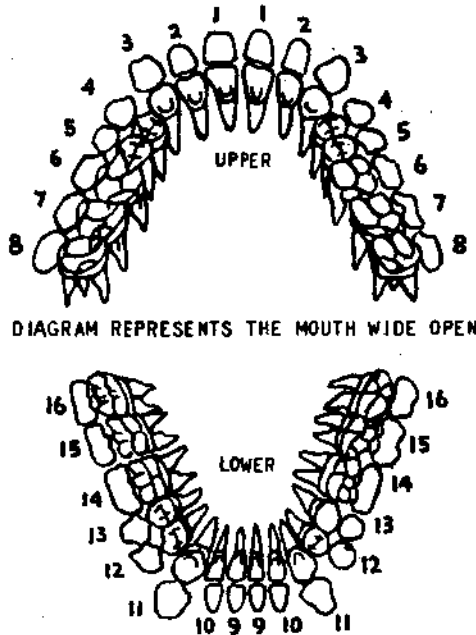




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

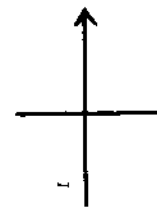
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

In processing UNK X-594 USAF Cem Layte #1, P.I., two remains were found, segregated into two cases and recorded as UNK X-2282-A and UNK X-2282-B, AGRS Mausoleum, Manila, P.I. Subject case is UNK X-2282-A and must be cross referenced with UNK X-2282-B.

Identification Check List and Dental Chart accomplished.

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-594

Grade

Organization

-

Air Corps

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8511

2. Date of Disinterment

20 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. Maxilla, mandible, and Scapula fragmentated. Missing: Fibula, Radius, Femur and ulna. Substitute tag on marker coincide with R.O.I. on file. No tag found on remains.

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

Substitute tag

On Remains

None

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Tooth Missing Tooth Missing

Crowned Teeth



Gold Crown Porcelain Crown
Gold Crown

Bridgework



Gold & Porcelain Bridge
Gold Bridge

Fillings



Silver Filling Gold Filling
Gold Filling Gold Filling

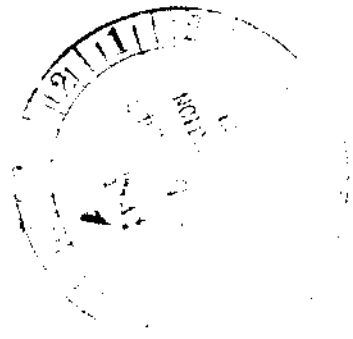
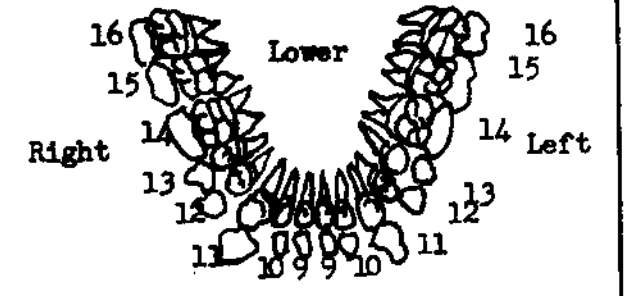
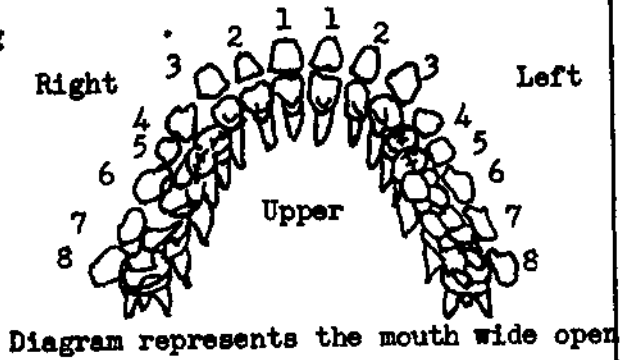
Caries (Cavities)



Cavity Decayed
Decayed Decayed

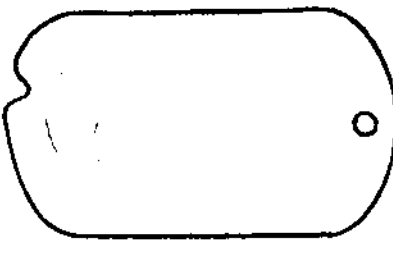
Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



RESTRICTED

SNC 38607 8511

WD GRS FORM 1842 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 14 May 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial)				UNKNOWN X-594	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
				Air Corps		Army	
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH 1500 feet West of Matina Airdrome, Mindanao		CAUSE OF DEATH Plane Crash		DATE OF DEATH Estimated Sept 1944			
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.	
14 May 1947	1500	Casket "C" Type	Reg. Cross			8511	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
No	Recovered (at Libby, Davao City, Mindanao.) Grid. Coord. 7° 03' N., 125° 30' 15" E.						
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.	
BOELEN, L. A.			Lt.	0-426888	Air Corps	8510	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.	
UNKNOWN X-595						8512	
SIGNATURE OF PERSON PREPARING REPORT				SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Cpl. <i>Jack G. Slagle</i> JACK G. SLAGLE, GRS				<i>William C. Clark</i> 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 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.


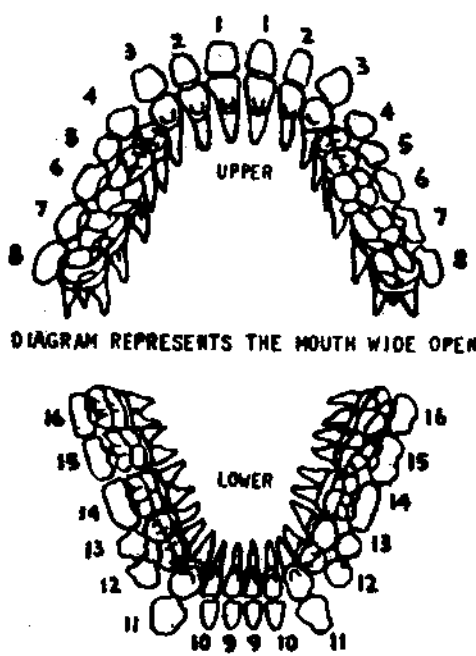




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 Libby, Davao City, Mindanao
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

110123

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

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

↑

REMARKS:

29 MAY 1947