

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Dept II 1 X-610

SUBJECT

Also Manila Maus X-2247

COMINT 293
GHS Far East

1 September 1949
2

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-182 (formerly Unknown X-182A, AGRS Mausoleum, Manila, P.I.)
Unknown X-208
Unknown X-210
Unknown X-215
Unknown X-240
Unknown X-244
Unknown X-312
Unknown X-508A (formerly Unknown X-59, USAF Cemetery #5, Finschhafen,
N.G.)
✓ Unknown X-2247 (formerly Unknown X-610, USAF Cemetery #1, Leyte, P.I.)
Unknown X-3000 (formerly Unknown X-106, USAF Cemetery #1, Santa
Barbara, Luzon, P.I.)

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, QMC
Memorial Division

REI

T.A.Fields;jdk
Salsar
JW

TEX

cc: Administrative Section
cc: Cincfe

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSOF 293.9

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

UNKNOWN	Y-182	AGFS	Mslm	UNKNOWN	Y-1379	AGFS	Mslm
"	Y-208	"	"	"	Y-1405	"	"
"	Y-244	"	"	"	Y-1631	"	"
"	Y-312	"	"	"	Y-1699	"	"
"	Y-436	"	"	"	X-1940	"	"
"	Y-597	"	"	"	Y-1947	"	"
"	Y-654	"	"	"	Y-1975	"	"
"	Y-687	"	"	"	Y-2247	"	"
"	Y-723	"	"	"	Y-2414	"	"
"	Y-810	"	"	"	X-5148	"	"
"	Y-832	"	"	"	Y-5149	"	"

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

FOR THE COMMANDING GENERAL:

22 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

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

~~666~~

COPY

7drs 1		Interred 26 Aug 1949 D 13 71 Ft. McKinley <i>Clifford Ingroville</i> CARL R. H. MARK Cemetery Superintendent		M.K.	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00520		DATE 15 05 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER X-000610		RANK 0	
CEMETERY USAF CEMETERY LEYTE NO 1		ARM 0		DATE OF DEATH DAY MONTH YEAR 7701 80	
DISPOSITION OF REMAINS CODE DIST. PT. 6		CAUSE OF DEATH 6			
PLOT	ROW	GRAVE 8529	COUNTRY PHILIPPINE ISLANDS		
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 UNKNOWN X-610 UNKNOWN X-2247 (MAUS)		SERIAL NUMBER		RANK	
DATE OF DEATH		DATE DISTINTERRED 24 Sept 1948			
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	
				IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Shelter half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES / Two (2) Identification Tags shows UNKNOWN X-2247 (MAUSOLEUM NUMBER)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 24 Sept 1948		BY CLIFFORD INGROVILLE			
CASKET SEALED BY CLIFFORD INGROVILLE		EMBALMER (Signature) <i>Clifford Ingroville</i> CLIFFORD INGROVILLE			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF		CORSIANE C. KAYANAN, 1st Lt., INF			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<i>Reclus</i>				SIGNATURE OF GRS INSPECTOR <i>Corsiane C. Kayanan</i> CORSIANE C. KAYANAN, 1st Lt., INF	
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

SEP 1948
BANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leuel Amick</i>	DATE 26 AUG 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		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

REPATRIATION RECORDS BRANCH II
SEP 12 9 23 AM '49
MEMORIAL DIVISION

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-610, Plot _____,
Row _____, Grave 8529, 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

30 Aug. 49
available

G. A. Fielder
2 Sept. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2247 (Formerly UNK X-610 Leyte #1)				2. DATE OF REPORT 27 May 1949		
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I		4. PLOT 810	5. ROW K	6. GRAVE 3670	7. DATE OF DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 145 lbs.	9. ESTIMATED HEIGHT 5'7"	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

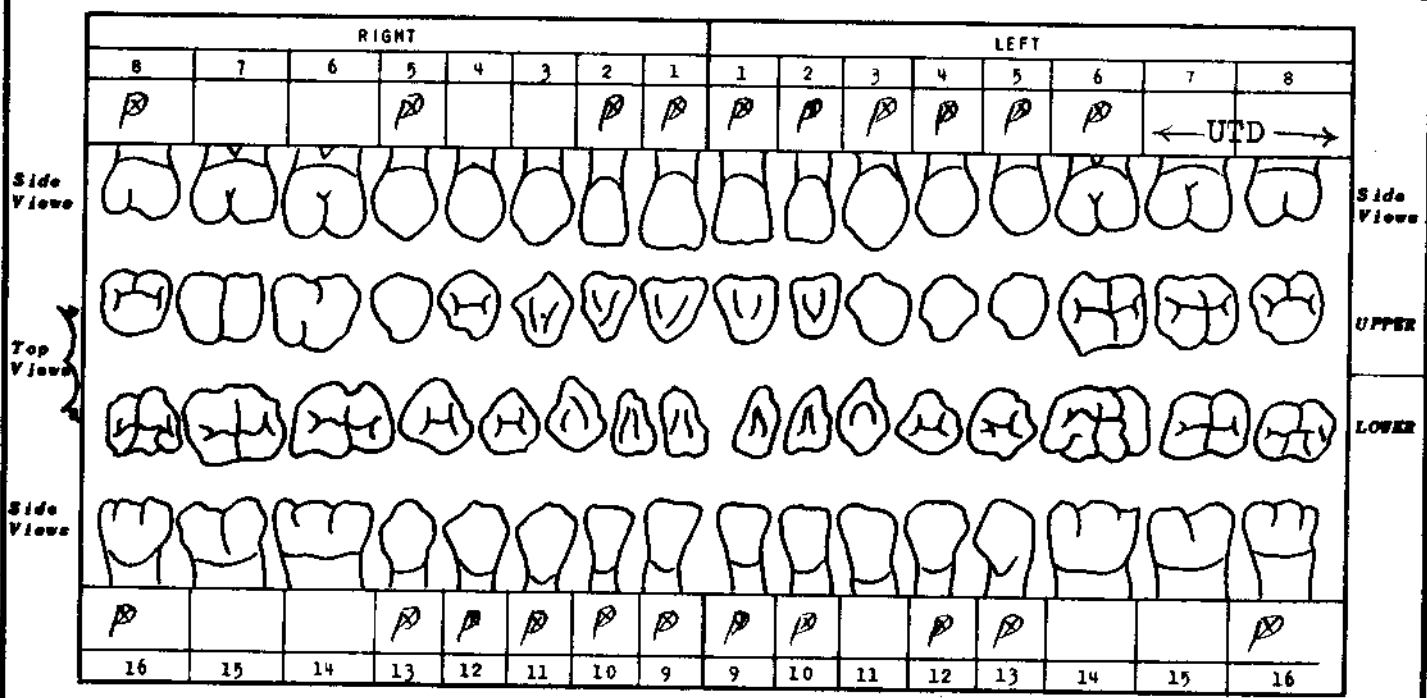
N O N E

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"

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:			



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."

Unable to determine whether L7 and L8 are X or PX due to the condition of the maxilla.

"UNIDENTIFIABLE"

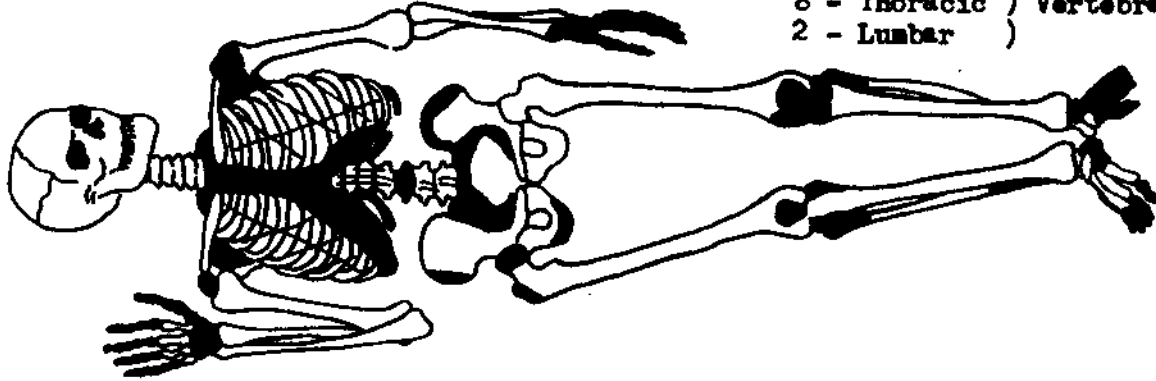
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received:

- 5 - Cervical)
- 8 - Thoracic) Vertebrae
- 2 - Lumbar)



Estimated height: 5'7"

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags or personal effects found with remains.

Estimated weight of remains -

Circumference of skull - 21 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

incl 190

X-2247

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2247 (Formerly UNK X-610)
USAF Cem #1, Leyte, P.I.)

28 Nov 47

Unknown

DATE

Unknown

LAST NAME FIRST INITIAL
Possibly 511th paratroop
Infantry, 11th Air Div.

RANK

SERIAL NO.

Army

Vicinity of Lubi,
Leyte, P.I.
PLACE OF DEATH

AGRS Mausoleum,
Manila, P.I.
PLACE OF BURIAL
STORAGE

ORGANIZATION

810

K

3670

PLOT

ROW

GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
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.

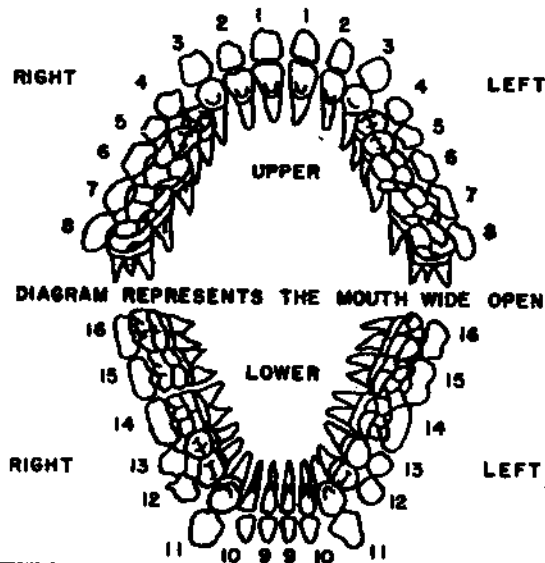


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

/s/ Hilarion V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ HILARION V. CASTILLO Emb's Aide
NAME AND RANK TYPED OR PRINTED

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

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

28 Nov 47
DATE

CERTIFIED TRUE COPY:

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)

(Formerly UNK X-610
 (USAF Cem #1, Leyte,
 Unknown X-2247 (P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row K Grave 3670

AGRS CIP Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS CIP~~ 28 Nov 47
 (Date)
2. Place of death Vicinity of Bubi,
Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by USAF Cem, Leyte #1, P.I.
 (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	N		
Mackinaw	O		
Sweater	N		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) **N**
O

Overshoes _____ **N**
E

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. Skeletal attached.**

Age _____ ^{Est.} Height **5' 7"** ^{Est.} Weight **145** 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 _____
H (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 **Tooth chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) **Skull**
 Circumference of ~~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
 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.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)
If not, explain Due to condition of remains.

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

9. Remarks ROI burial bottle found with remains. No I. D. tags,
no personal effects or other means of identification found .
Estimated weight of remains six (6) 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.

CERTIFIED TRUE COPY:

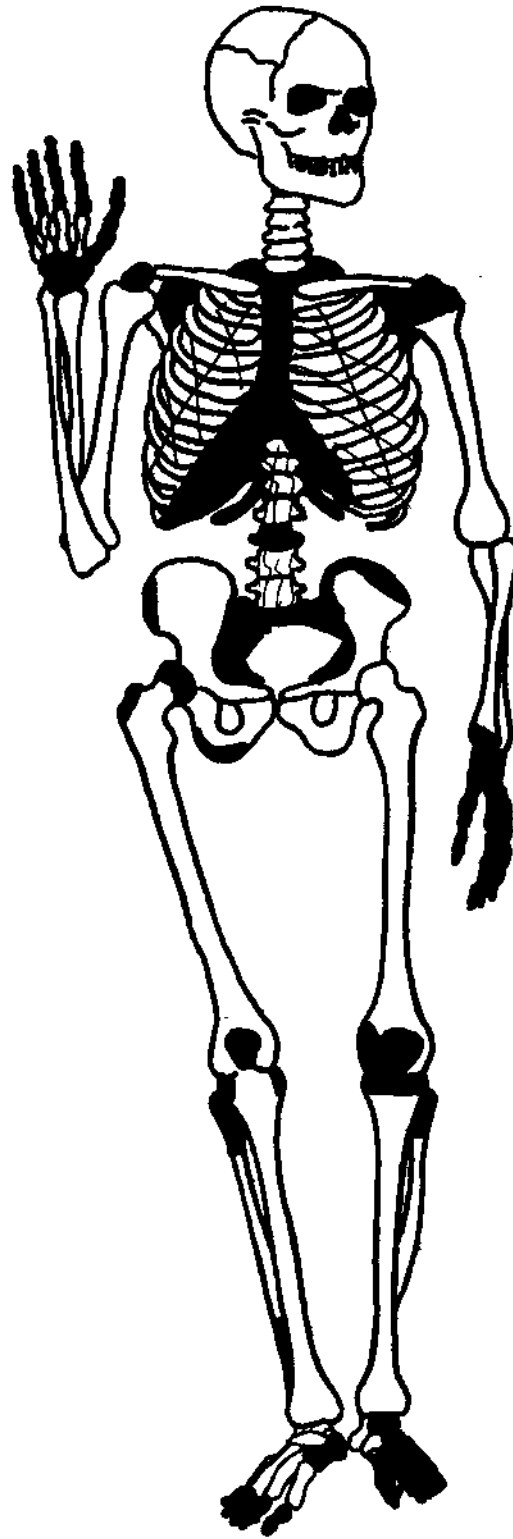
G. T. Gamboa
G. T. GAMBOA
2d Lt., MAC

/s/ Clement G. Swan
(Officer's Name)
Emb. Sr. Ung. C-064862
Rank Service
CIP, Lab. Manila, P.I.
(Organization)

28 Nov 47

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 5 Cervical vertebrae
- 8 Thoracic "
- 2 Lumbar "
- 12 Rib fragments

R.A.

CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-610

Serial Number

-

Grade

Organization

-

Possibly 511th Paratroop Infantry, 11th Air. Div.

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8529

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 complete. 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 Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

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



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

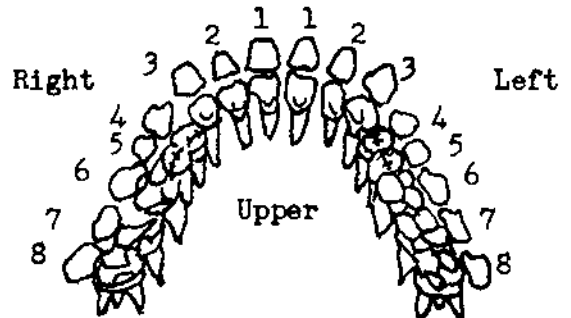
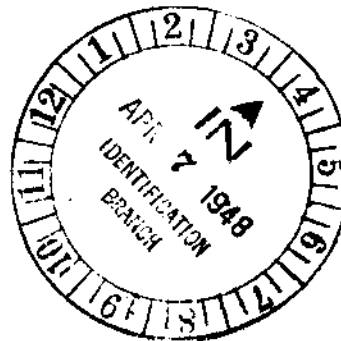
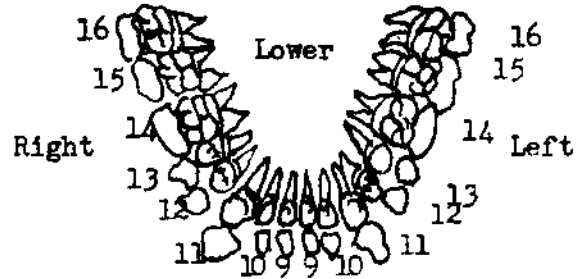


Diagram represents the mouth wide open



NY-08874-5

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.

28 July 1947
DATE

UNKNOWN X-610

LAST NAME FIRST INITIAL RANK SERIAL NO.

(Possible 511 Para Infantry, 11th Airborne Division)

UNIT ORGANIZATION

Vicinity of Iubi, Leyte USM Cemetery Leyte #1 8529

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

RIGHT UPPER TEETH LEFT

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

Missing

TYPE																		TYPE
LOCATION	Ⓟ			Ⓟ				Ⓟ	Ⓟ	Ⓟ	Ⓟ							LOCATION
















INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE																		TYPE
LOCATION	Ⓟ			Ⓟ	Ⓟ			Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ				LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

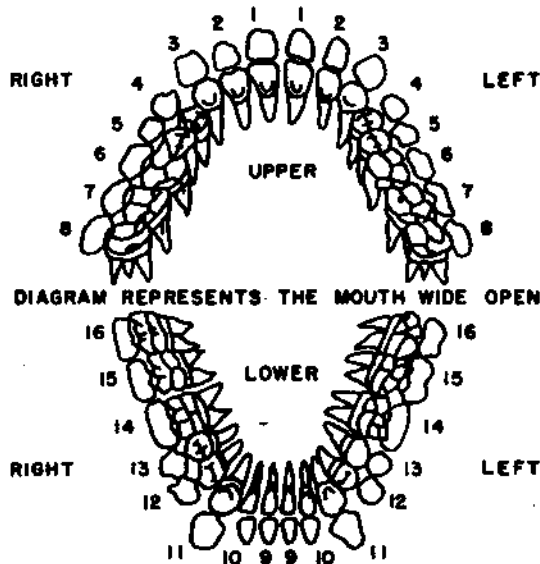
INSTRUCTIONS:

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

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

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

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



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

Ramon Thomas
VERIFIED BY GRS OFFICER

RAMON THOMAS, Capt., OMC
NAME AND RANK TYPED OR PRINTED

28 July 1947
DATE

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. 1
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 67 SEARCH # 3

1. DATE AND TIME OF DEPARTURE: 7 July 1947 0800 Hrs.
2. PARTY CONSISTED OF: 3 MI
3. TOWN OR BARRIO: Lubi PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Rufino Kasakit
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. Rufino Kasakit
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10° 57' 45" N - 124° 46' 30" E
7. DATE AND TYPE OF RECOVERY: 8 July 1947 Isolated burial
8. NUMBER OF REMAINS RECOVERED: (1) (X) (X) (X) (X) (Check one)
9. CONDITION OF REMAINS: Completely decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. Gas mask, Steel helmet, Combat boots.
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 27 July 1947 2000
13. REMARKS: (SEE REVERSE SIDE):

REMARKS:

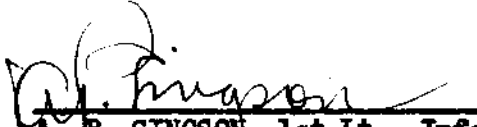
The Unknown remains we recovered 75 yards from Jessie Highfield northeast according to the compass reading is one kilometer from Barrio Labi and 200 yards from Daguitan river.

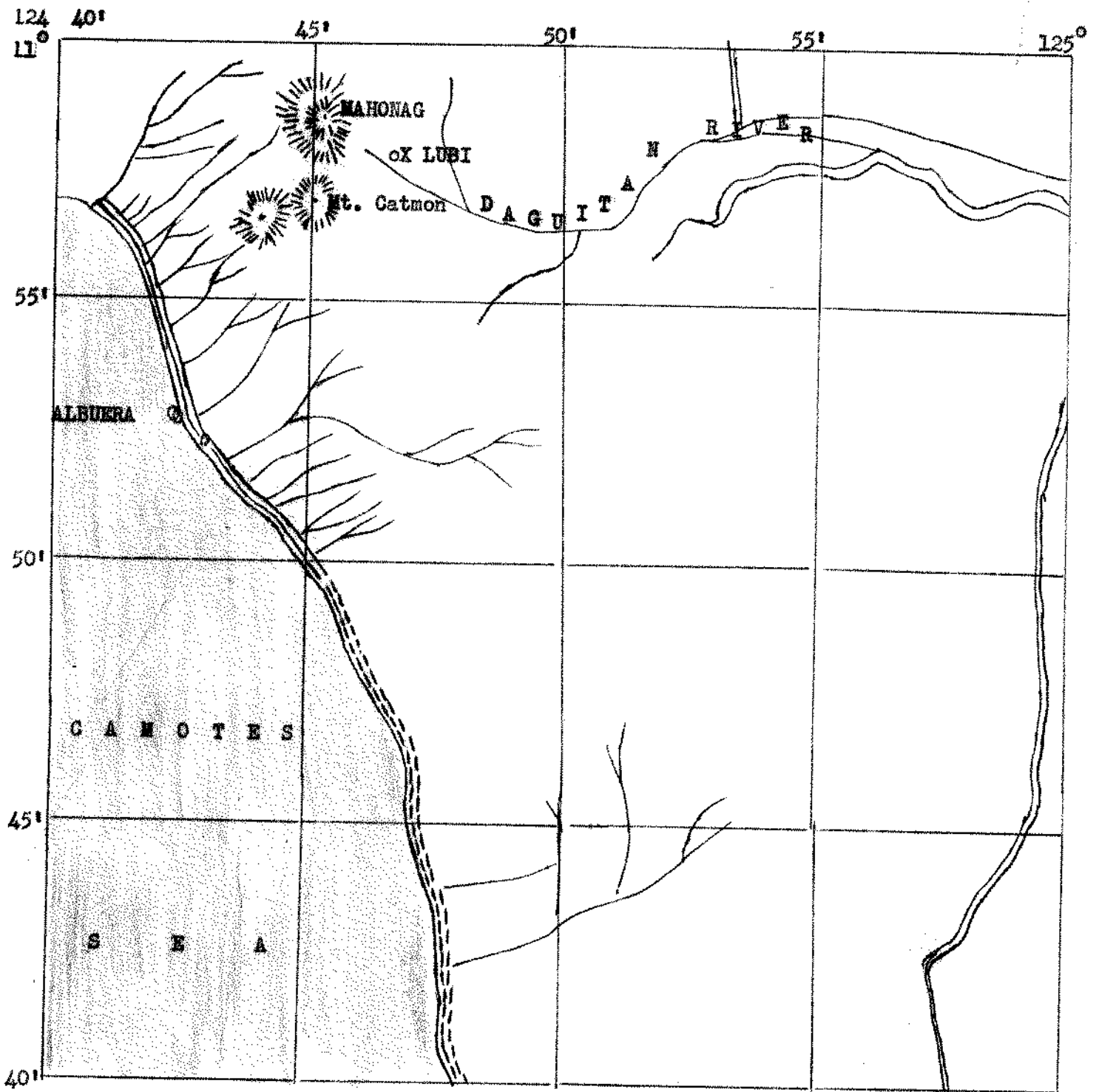
The guide Rufino Kasakit certified that these remains are those of an American soldier. So judging from remnants of clothing and organizational equipments brought to my conclusion that these remains are those of an American soldier.

/s/ T/Sgt Tangente M. Marcial
ASN 39 246 543

A TRUE COPY:

Search Party Leader


A. P. SINGSON, 1st Lt., Infantry



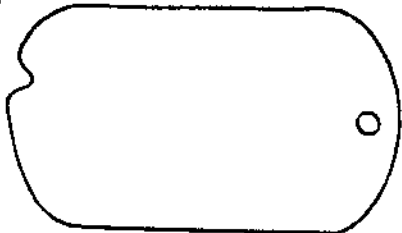
X - Location of remains when recovered - Unknown X-610 . Map Reference:
 Map of Leyte, Series of 1947, Scale 1:200,000
 Grid Coord: 10 57' 45" N-124 46' 30"E

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

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

DATE OF REPORT
10 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2247 (Formerly UNK X-610 USAF Cem #1, Leyte, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Possibly 511th Para- troop Inf. 11th Air Div	BRANCH OF SERVICE Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Vicinity of Lubi, 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

RECORDS ON
RECORDS BRANCH
NOV 17 11 52 AM '47
GRS MAUSOLEUM, MANILA, P.I.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL 29 Nov 47	BURIED IN (Shroud, blanket, or name of casket) Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 810	ROW No. BAM K	GRAVE No. CRYPT 3670
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Leyte, P.I.		PLOT No.	ROW No.	GRAVE No. 8529

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)

STORER
UNKNOWN X-2250

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
3672

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

STORER
UNKNOWN X-2245

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
3668

SIGNATURE OF PERSON PREPARING REPORT

R. R. ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPJO, 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.

2-0138

RESTRICTED

Section 3. IDENTIFIED REMAINS.


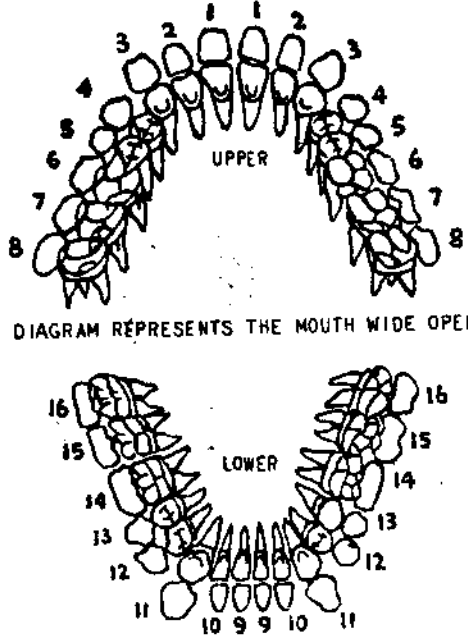




INSTRUCTIONS:

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

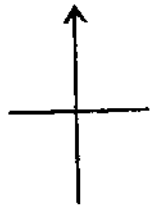
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:


Identification Check List and Dental Chart accomplished.

20 JAN 1948

RESTRICTED

nyn 8529

302

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 25 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-610 SERIAL No. -				
GRADE -		ORGANIZATION Possibly 513th Paratroop Infantry, 11th Air. Div.		BRANCH OF SERVICE ARMY		
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
PLACE OF DEATH Vicinity of Lubi, Leyte		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 (If unidentified, fill in section 3 on reverse)				
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 25 August 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Reg. Cross	PLOT No. 6 1947	ROW No. 12	GRAVE No. 8529
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 10°57'45"N-124°46'30"E Map of Leyte, Series 1937, scale 1:200,000 Isolated Burial					
TYPE OF RELIGIOUS CEREMONY Catholic and Protestant	PERSON CONDUCTING BURIAL RITES Hugh F. Kennedy, Major, CH. Rev. Ragno A. Lanagbanag		IF IDENTIFICATION TAGS NOT ATTACHED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment buried in bottle with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) Beginning of Row			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-611			-	-	-	8530
SIGNATURE OF PERSON PREPARING REPORT Cpl Jack G. Stagle GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. SINGSON, 1st 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 Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


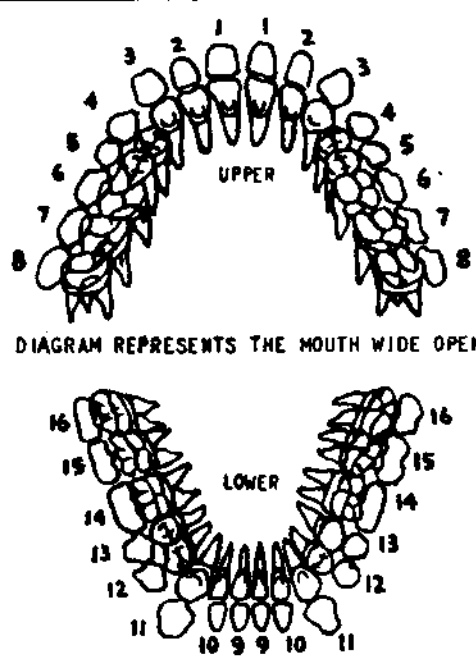




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

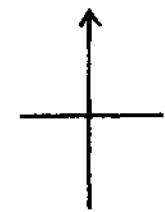
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of Iubi, Loyte

OTHER IDENTIFICATION CLUES

See attached Q13 form 1045.

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:

7 SEP 1947