

FILE IDENTIFICATION TOPPER

FILE NUMBER

10 West Street # 1 X-629

SUBJECT

Also Manila memo X-7230

/drs 1	Interred 13 April 1950 L 4 76 Ft. McKinley DISINTERMENT DIRECTIVE <i>Caremark</i> CARL R. H. MARK Cemetery Superintendent		PREPARED BY PHILCOM	
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81560	DATE 14 04 50 DAY MONTH YEAR

NAME <i>MB</i> UNKNOWN I - 629	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.	PLOT	ROW	GRAVE 8549	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. W. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-629	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 14 April 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 14 April 1950	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 14 Apr 50 RAYMOND H TANGUAY Sgt lc, RA	SHIPPING ADDRESS VERIFIED BY 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.

L. W. Richardson
 L. W. RICHARDSON, M/Sgt., RA
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Plot 1, Row 4, Grave 76, was formerly occupied by Unknown X-69

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U S MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl Hart</i>	DATE APR 13 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 81560	DATE 14 04 50 DAY MONTH YEAR
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NAME UNKNOWN I - 629	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.	PLOT	ROW	GRAVE 8549	DISPOSITION OF REMAINS 7702 80 CODE DIST. CTR.
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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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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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 5 24 50
Kirkland
Report*

QUART 293
GWS Far East

11 July 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1564 (formerly Unknown X-75 Pinschhafen #2)
- Unknown X-2230 (formerly Unknown X-629 Leyte #1) -
Unknown X-2286 (formerly Unknown X-598 Leyte #1)
Unknown X-2289 (formerly Unknown X-601 Leyte #1)
Unknown X-2331 (formerly Unknown X-501 Leyte #1)
Unknown X-2441 (formerly Unknown X-576 Leyte #1)
Unknown X-3288 (formerly Unknown X-157 Pinschhafen #2)
Unknown X-3431 (formerly Unknown X-332 Leyte #1)
Unknown X-3767 (formerly Unknown X-355 Leyte #1)
Unknown X-4253

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

FOR THE QUARTERMASTER GENERAL:

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

REB

J. Miller:lrc
Salsar
JW

NJS

GSGR 293.9

SUBJECT: Unidentifiable Remains

9 June , 1949

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

1. In accordance with the provisions of your letter, file QMGMU 293, GPS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains presently stored at AGPS 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-621	UNKNOWN X-3172
" X-625	" X-3258
" X-630	" X-3288
" X-635	" X-3422
" X-1322	" X-3431
" X-1564	" X-3767
" X-1914	" X-4253
" X-2230	" X-4096, Manila #2
" X-2241	(Formerly Unk X-1409, AGPS Mslm)
" X-2286	" X-5141 (Formerly Unk X-327-E, AGPS Mslm)
" X-2289	" X-5142 (Formerly Unk X-327-F, AGPS Mslm)
" X-2331	" X-5145 (Formerly Unk X-327-I, AGPS Mslm)

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

FOR THE COMMANDING GENERAL:

23 Incls:

QMC Forms 1044 w/certificates
of Unidentifiability

COPY

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOB ZONE
APO 900

20 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-629, Plot _____,
Row _____, Grave 8549, USMC Loyte #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. McNEELAR
H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 21 June 1949 OQMG
Not identifiable from
information presently
available

11 July 1949

Plot # 8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-2230 (Formerly Unk X-629 Leyte #1)			2. DATE OF REPORT 20 May 1949		
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3653	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD

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

None

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)

None

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Field # 82

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:		Gold Crown, Porcelain Crown 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		Gold Bridge 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		Gold Filling Silver Filling 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY. SHADE IN THUS:		Cavity Decayed 	

SEE REMARKS

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
Side Views															
← MANDIBLE								MISSING →							
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."



Broken upper vulcanite denture

Maxilla and mandible are missing. R 12, R 15, L 12, L 13 and L 16 are loose teeth present with remains. Broken vulcanite upper denture possibly replacing, R 3, R 6 and R 7 are present with remains.

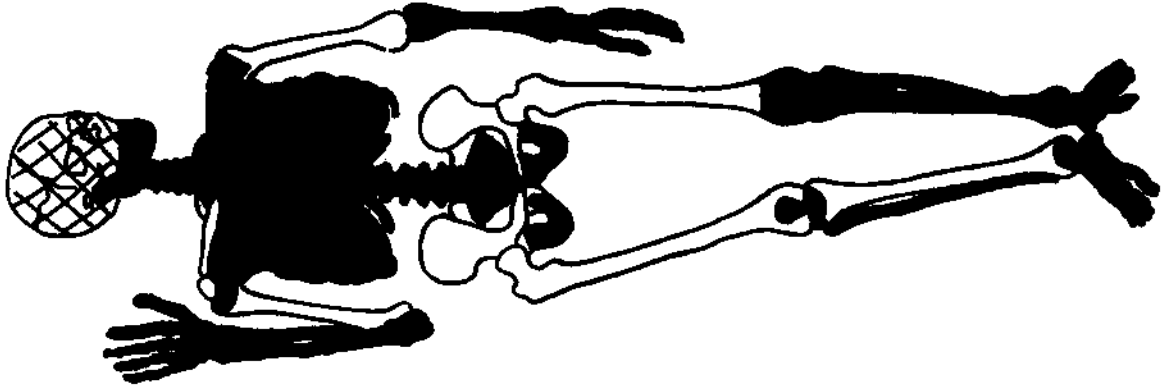
"UNIDENTIFIABLE"

J. J. McDerrott
J. J. McDERROTT

Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING

19. BLACK OUT PARTS OF BODY NOT REC'D



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 - 2 1/2 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF 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

James J. McDermott

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.

23 August 1947
DATE

<u>UNKNOWN X-629</u>			
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Davao, Lanao, Mindanao</u>	<u>USAF Cemetery Leyte #1</u>	<u>8549</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
















MAXILLA MISSING INDIVIDUAL TEETH FOUND.

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

INSIDE — LOOKING OUT
MANDIBLE MISSING INDIVIDUAL TEETH FOUND.

	RIGHT														LEFT																		
	LOWER TEETH																																
	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 (INTING 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)

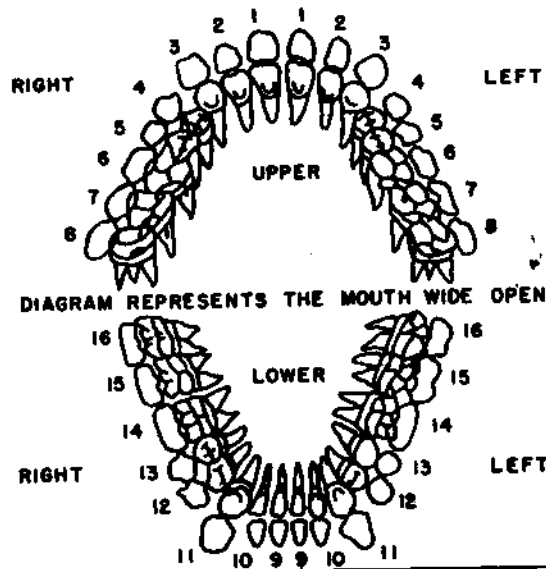
INSTRUCTIONS:

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:

Part of a lower right denture with two teeth. R16 and R15, were found.

Also found part of a fixed bridge with the tooth broken.

Part of denture with one tooth.

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

EDWIN GREGUREK
NAME AND RANK TYPED OR PRINTED

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

A. P. S. N. G. S. O. H. J. W. T. R. G. J.
VERIFIED BY GRS OFFICER

A. P. S. N. G. S. O. H. J. W. T. R. G. J.
NAME AND RANK TYPED OR PRINTED

23 August 1947
DATE

IDENTIFICATION CHECK LIST

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

Unknown X - 629

Cemetery Leyte #1

Plot _____ Row _____ Grave 8549

Isolated burial.

1. Arrived at cemetery 20 June 1947
(Hour) (Date)

2. Place of death Bato, Lanao, Mindanao
(Name of closest town) (Coordinates and letter Prefix, maps)

Map of Mindanao scale 1,600,000 series 1941
(Sheet, scale and serials used)

3. Remains recovered or disinterred by 1st Pltn. 3008th GR REG Co.
(Name and organization)

4. Evacuated to Cemetery by 1st Pltn. 3008th GR REG Co.
(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			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____ *None*
 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 chart attached.

Age _____ 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 _____ *None*
 _____ (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 Eyebrows
 (Color, setting, shape) (Color, bushiness, extent across nose)

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

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

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

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

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

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

Shoulders Arms
 (Broad, straight, small, rounded) (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 Circumcision Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes-no; location)

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

Feet Toes
 (Size, corns, callouses, flat) (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 _____

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.


A. P. SINGSON
(Officer's Name)

1st Lt., Infantry
Rank Service

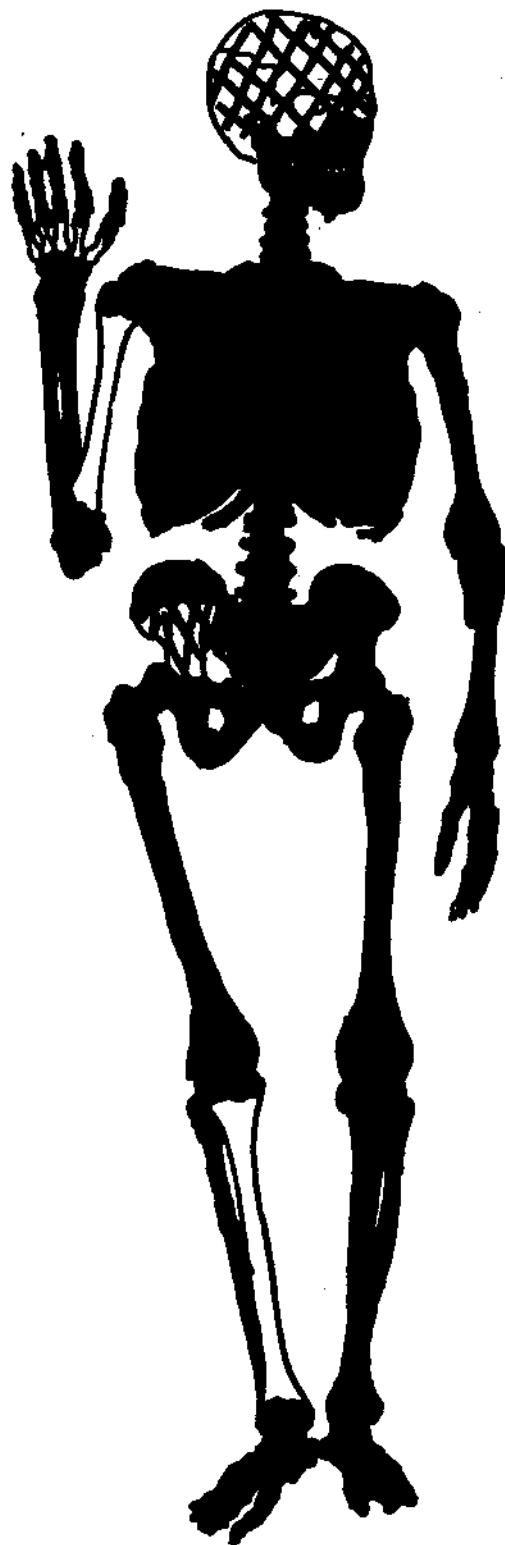
1st Pltn. 583rd M GR Co.
(Organization)



SKELETAL CHART

X-629

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*also small
hand fragments
recovered*

X-2230

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.

28 Nov 47

UNKNOWN X-2230 (Formerly UNK X-629
USAF Cemetery Leyte #1, P.I.)

DATE

Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	
Bato, Lanao, Mindanao, P.I.		AGRS Mausoleum, Manila, P.I.		ORGANIZATION 810 K 3653
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	<i>M by all</i>	810	K	3653
	STORAGE	ANGER	BAW	CR4 B

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

UPPER TEETH

TYPE																	TYPE
LOCATION																	LOCATION















INSIDE — LOOKING OUT

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

LOWER TEETH

TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

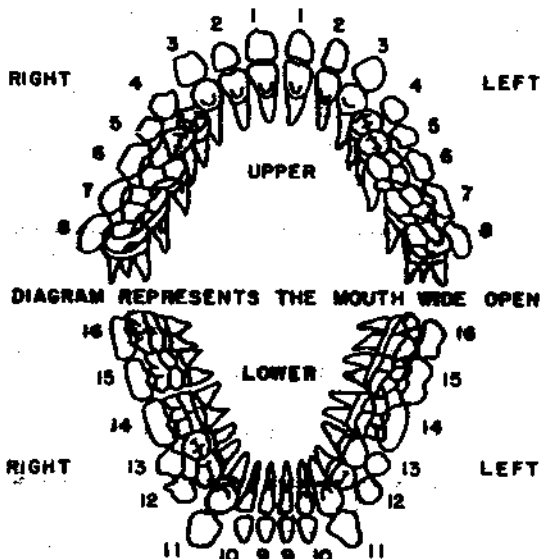
INSTRUCTIONS:

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, $\frac{1}{2}$, 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:

Upper L partial plate with rubber base replaced by denture L 15, 14, 12 & 11. Unable to determine whether L 13 is also replaced because the plate is broken. 6 teeth of mandible found loose.

/s/ Vernon H. Korn
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ VERNON H. KORN
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

28 Nov 47
DATE

CERTIFIED TRUE COPY:

George J. Gamboa
GEORGE J. 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-629
 (USAF Cem Leyte #1,
 (P.I.

Unknown X -2230
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row K Grave 3653

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 28 Nov 47
(Hour) (Date)
2. Place of death Dato, Lanao, Mindanao, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Loyte # 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	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)

(Other item) **One (1) burial bottle with ROI received.**

(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 chart attached.**

Age / Height **UTD** Weight **UTD** Description of wounds

Bandages or dressings Scars
 (Length, width, location)

..... Tattoos
 (Number, location — Illustrate on separate page)

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

Sunburn or tan, other than hand and face

Complexion **U**
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build **D**
 (Large, fat, thin, muscular)

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

Hair
 (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns (Color, setting, shape) **M**ystache (Color, size, shape) Beard or (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) Circumference of head in inches **UTD**
 (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 (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 One (1) burial bottle with ROI was found with remains. No I. D. tags found. Estimated weight of remains two and one half (2 1/2) 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:


GEORGE J. GAMBOA
2d Lt., MAC

/s/ Vernon H. Korn
(Officer's Name)
SP-6 C-064977
Rank Service
CIP, Laboratory, Manila, P.I.
(Organization)

28 Nov 47

SKELETAL CHART

X-2230

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

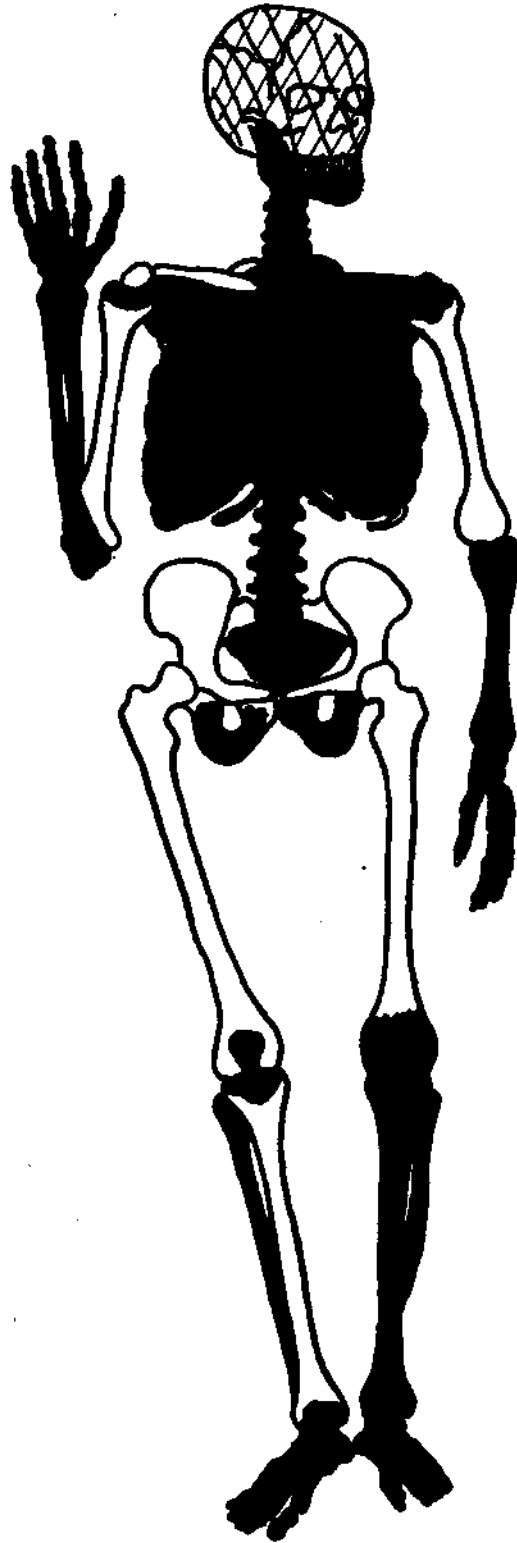


CHART "A"

L.R.

R E S T R I C T E D

HEADQUARTERS
 USAF CEMETERY LEYTE NO. I
 APO 707

SEARCH AND RECOVERY REPORT

TRIP # 72 SEARCH # 1

1. DATE AND TIME OF DEPARTURE: 16 June 1947 at 0845 Hrs.
2. PARTY CONSISTED OF: Four (4)
3. TOWN OR BARRIO: Bato PROVINCE OR ISLANDS: Lanao, Mindanao, P.I.
4. PERSONS INTERROGATED:
- | | |
|---------------------------------------|------------------|
| a. <u>Sultan Moro Boro Bating Olo</u> | d. <u>Matias</u> |
| b. <u>Nakaisog</u> | e. _____ |
| c. <u>Mama</u> | f. _____ |
5. GUIDES:
- | | |
|---------------------------------------|----------|
| a. <u>Sultan Moro Boro Bating Olo</u> | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |
6. LOCATION OF REMAINS (GRID COORD.) _____
7. DATE AND TYPE OF RECOVERY: 17 June 1947 an Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (X) (X) (X) (X) (X) (Check one)
9. CONDITION OF REMAINS: Scattered (very poor)
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
- | |
|----------|
| a. _____ |
| b. _____ |
| c. _____ |
| d. _____ |
| e. _____ |
11. PERSONAL EFFECTS FOUND WITH REMAINS:
- | |
|----------|
| a. _____ |
| b. _____ |
| c. _____ |
| d. _____ |
| e. _____ |
12. DATE AND TIME RETURNED: _____
13. REMARKS: (SEE REVERSE SIDE):

REMARKS:

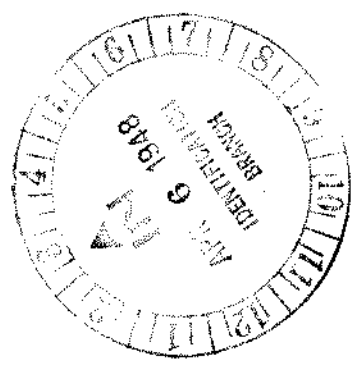
Dolog Manding identified the remains but is now dead.

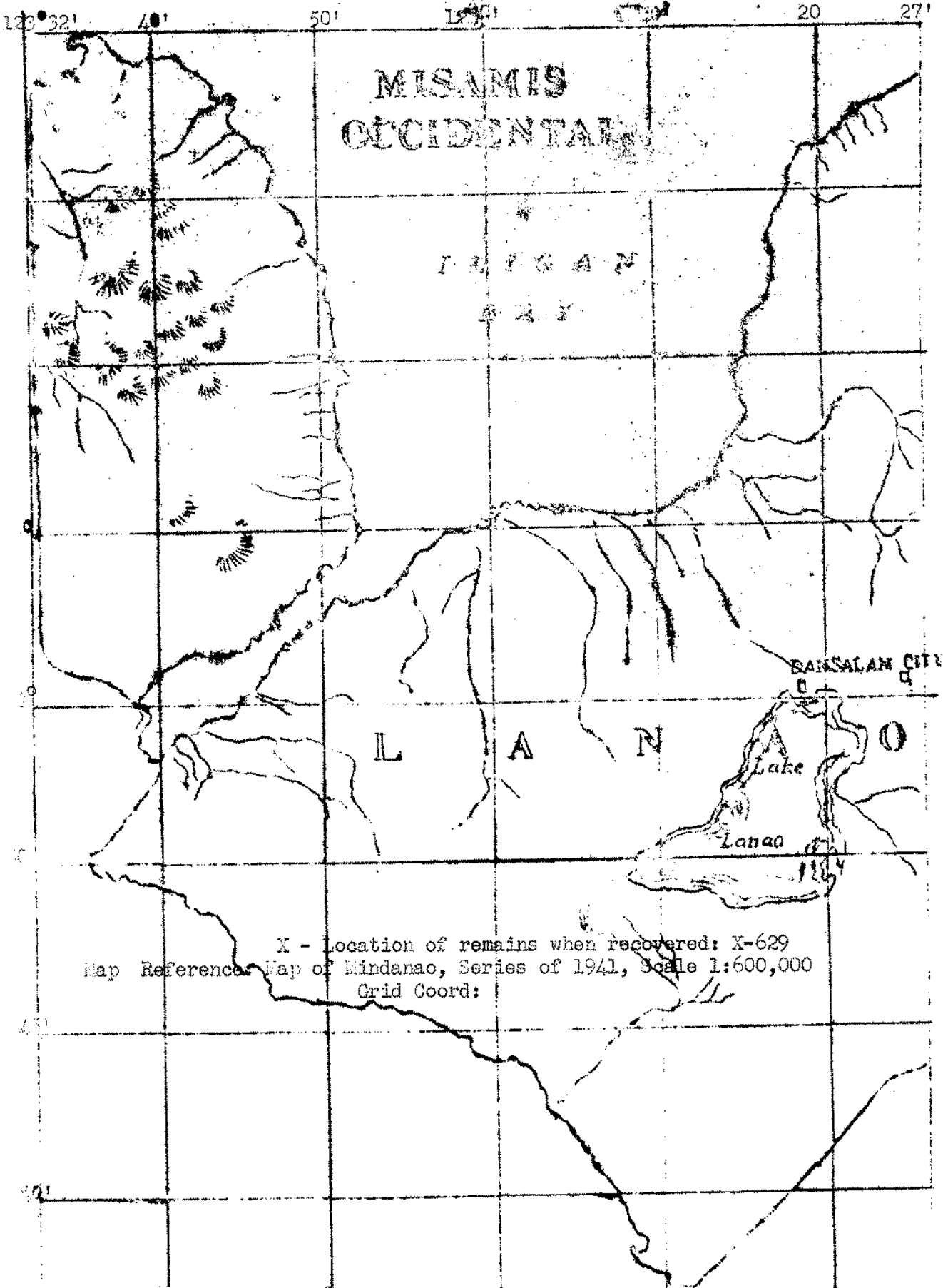
/s/ Lt. Clark

A TRUE COPY:



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





REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-629

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte I., P.I.

Plot

Row

Grave No.

8549

2. Date of Disinterment

20 October 1947

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

Original made in casket "C" type burial. Skeletal remains incomplete. Only the skull which is fragmented and two major bones broken. Substitute tags on remains and on marker coincide with R.C.I. on file. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag - R.C.I. placed in bottle

What Identification Used Upon Reinterment: On Marker

Field in Field Logue

On Remains

Substitute tag - R.C.I. placed in bottle

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



Crowned Teeth



Bridgework



Fillings



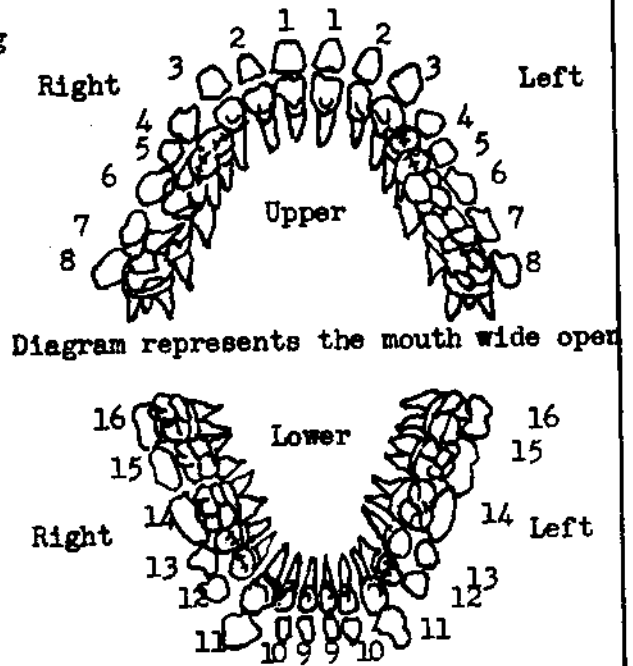
Caries (Cavities)



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



RESTRICTED

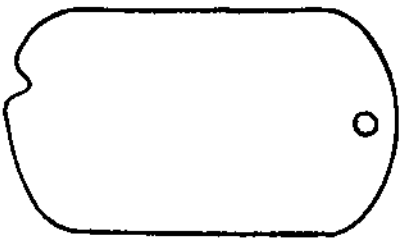
mym

8549

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

29 August 1947

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-629 SERIAL No. -				
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -		
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
PLACE OF DEATH Bato, Lanao, Mindanao, P. I.		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (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 28 August 1947	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8549
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 801' N 124°18'30" E Map of Mindanao, Series 1941, Scale, 1:600,000			PLOT No.	ROW No.	GRAVE No. Isolated Burial
TYPE OF RELIGIOUS CEREMONY Catholic and Protestant	PERSON CONDUCTING BURIAL RITES Hugh F. Kennedy, Major, Ch. C Rev. Magno A. Managhanag		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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) UNKNOWN X-628, Possibly MADDEN, James E.			RANK Sgt.	SERIAL No. 6383891	ORGANIZATION -	GRAVE No. 8548
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-630			RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8550
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack W. Sledge, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. SINGSON, 1st Lt., Infantry.			
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

Section 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.


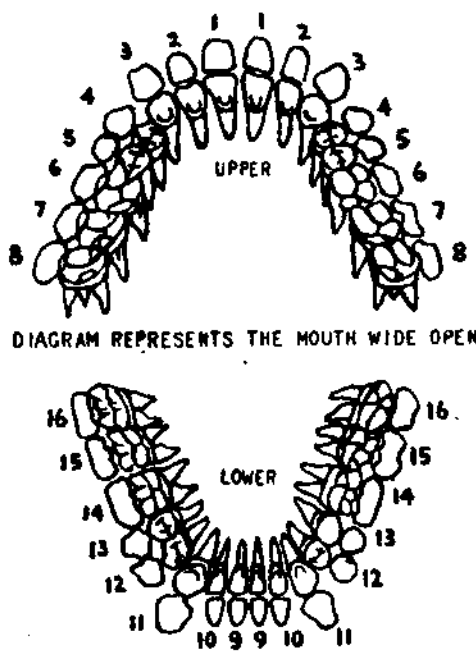




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

OTHER IDENTIFICATION CLUES

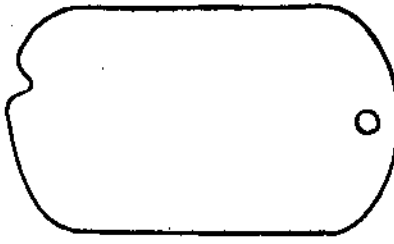


See attached JMC form 1045

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:

WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 2 Dec 47		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-2230 (Formerly UNK X-629 USAF Cemetery 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 Bato, Lanao, Mindanao, 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.I.								
DATE OF BURIAL STORAGE 29 Nov 47		HOUR 1300	BURIED IN (Shroud, blanket, or name of other). STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. YANGER 810	ROW No. BAY K	GRAVE No. CRYPT 3653
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. 8549
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) STORE Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2232				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3655	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2228				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3661	
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERTO, Pvt.				SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 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 Office. Copies for retention in theater as prescribed by theater commander.								

2 Dec 1947

Section 3.- UNIDENTIFIED REMAINS.

INSTRUCTIONS:


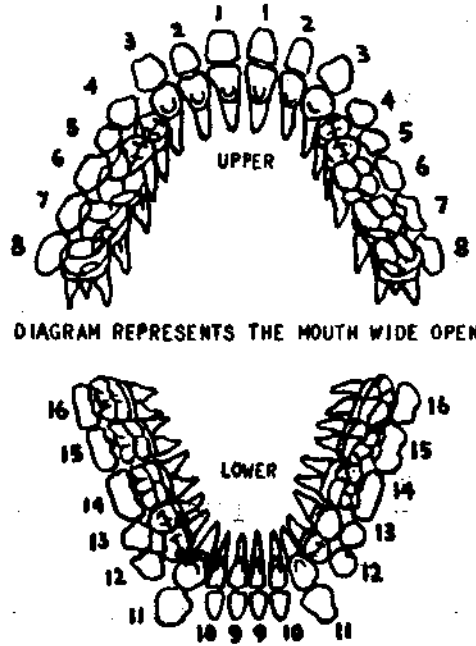




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

Identification Check List and Dental Chart accomplished.