

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 rnk Leyte #1 X-633

Also Manila Maus X 2232

QMC FORM 1121
1 AUG 45

FORM 293
OCS Far East

13 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown I-1582	(Formerly Unknown I-74, USAF Cem. #2, Finsch., N.G.)
" I-2215	(Formerly Unknown I-471, USAF Cem., Leyte #1, P.I.)
" I-2232	(Formerly Unknown I-633, USAF Cem., Leyte #1, P.I.)
" I-3104	(Formerly Unknown I-128, USAF Cem. #2, Finsch., N.G.)

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. WETZ
Lt. Colonel, USAF
Memorial Division

REB

C. Triplett:jck
Salsar
JW

NJS

cc: Administrative Section

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSOR 293.9

APO # 707
20 MAY 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 QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-414	UNKNOWN X-1685
" X-441	" X-1923
" X-702	" X-1939
" X-719	" X-1965
" X-720	" X-2215
" X-802	" X-2232
" X-1306	" X-2750
" X-1582	" X-3104

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

FOR THE QUARTERMASTER GENERAL:

16 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt, AGD
Asst Adj Gen

293 PRICE, ALBERT H. O-379 291

2 Ident FC BR 20 Dec
Branch Cong Data 1948
Ident Section
Office
CONG

1. Reference is made to Comment #3, dated 27 May 1948.

2. Available dental records for Captain Albert H. Price are incomplete and request that letter be dispatched to the NOK for civilian dental records to aid in investigation of X-2232, AGRS Mausoleum, Manila, P.I.

3. 1st. Lt. Lane is associated with X-2281, Manila by very favorable comparison of toothcharts.

4. When civilian dental records are received for Captain Price, letter will be dispatched to the field, giving all available information in this Branch.

WETZ
74059

SLOANE
2462

Price, Albert H. O-379291

Lane, Gerhard A. O-890259

Files indicate Lane was killed in action in the Philippines, and that Price was killed in the Philippines, also.

Radio indicates remains of X-2281 and X-2282 may possibly be remains of Lane and Price, respectively. These remains were recovered from Bansalan, Mindanao, P.I., and are now buried in the Mausoleum, Manila, P.I.

Price, Albert H. O-379291

Lane, Gerhard A. O-890259

Incoming radio indicates remains of X-2281 and X-2282, recovered from Bansalan, Mindanao, P.I., may possibly be remains of Lane and Price, respectively. These Unknowns are now stored in AGIB Mausoleum, Manila, P.I. Report of Storage for remains of Unknown X-2282, formerly Unknown X-833, USAF Layte #1, P.I., is on file in this branch. Report of Storage for remains of X-2281 is not of record. A special check for this report was made in Records Branch, this date, with negative results. Identifying information relative to Unknown X-2282 is insufficient to establish identity, and until report for X-2281 has been received, no action can be taken.

Incoming radio requests 371 form for Lane.

LM White
16 March 1948

Interred 24 Ji 1949 A 8 192 Ft. McKinley <i>Carl H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE		<i>M.K.</i>		
Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00541		DATE 15 05 48 DAY MONTH YEAR	
NAME UNKNOWNX-000633			SERIAL NUMBER UNKNOWNX-000633		RANK 0	
CEMETERY USAF CEMETERY LEYTE NO 1			ARM 0		DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT.	
PLOT 8553		ROW PHILIPPINE ISLANDS		GRAVE 6		
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 <i>[Signature]</i>		
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME UNK X-633 UNK X-2232 (Maus)		SERIAL NUMBER		RANK		DATE OF DEATH
						DATE DISTINTERRED 24 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> 2 REMAINS <input checked="" type="checkbox"/> 1 MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY ALEXANDER P. PETTICE 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 / 2 Tags UNKNOWN X-2232, AGRS Mausoleum						
REMAINS PREPARED AND PLACED IN CASKET DATE 24 Sept '48 BY ALEXANDER P. PETTICE						
CASKET SEALED BY ALEXANDER P. PETTICE			EMBALMER (Signature) <i>Alexander P. Pettice</i> ALEXANDER P. PETTICE			
CASKET BOXED AND MARKED 24 Sept '48			SHIPPING ADDRESS VERIFIED BY DATE BY HORACE L ALLISON, Sgt Inf CORSINE 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>Corsine C. Kayanan</i> CORSINE C. KAYANAN, 1st Lt., Inf SIGNATURE OF GCS INSPECTOR						
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						

27 JUN 1949

REGISTRATION
BRANCH
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

FEDERAL BUREAU OF INVESTIGATION
 JUL 17 1949
 RECORDS BRANCH
 22nd FLOOR
 400 MICHIGAN ST. S.W.

1. SHIPPED

FROM AGRS Mausoleum		TO Fort. McHenry Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE 24 JUN 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 633, Plot _____,
Row _____, Grave 8553, 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

Attch: Form 1044

3 June 49 OQMG
presently Tripul
available 9 June 49

Ind. #14

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 76 SEARCH # 1

1. DATE AND TIME OF DEPARTURE: 4 July 1947 1230
2. PARTY CONSISTED OF: _____
3. TOWN OR BARRIO: Dansalan PROVINCE OR ISLANDS: Lanao, Mindanao
4. PERSONS INTERROGATED:
 - a. Martin Batasin
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. Petronio E. Cuerpo
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 8°01' N- 124°18' E
7. DATE AND TYPE OF RECOVERY: 4 July 1947 I solated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (2) (3) (4) (5) (Check one)
9. CONDITION OF REMAINS: Poor
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. None
 - c. _____
 - d. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 1735 4 July 1947
13. REMARKS: (SEE REVERSE SIDE): _____

REMARKS:

While talking to a MPC Lieutenant in Dansalan a Mr. Petronio Cuerdo came up to me and said that he knew where a body was buried in the city of Dansalan. I went to the location and found a few pieces of human bones and a few teeth.

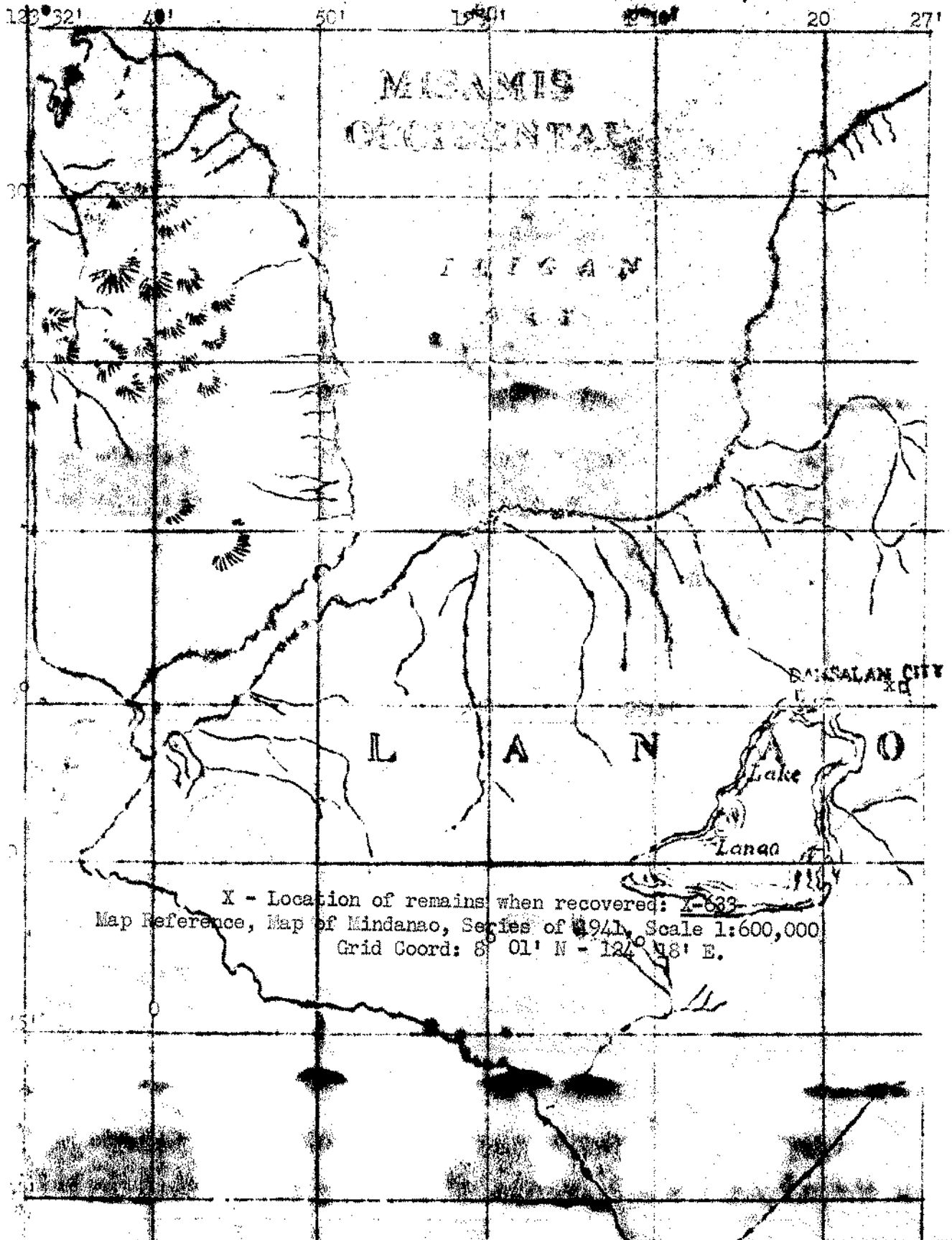
The remains had been taken from the grave and placed on a large leaf. The remains were taken up and the surrounding area checked for any more pieces of the body. None was found.

We tried to find someone who knew of any one that was buried in that area. No one that we contacted knew anything about it.

/s/ CHARLES G. WAPLE Jr.
2nd Lt., QMC

A TRUE COPY:


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



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2262 (Formerly UNK X-636 Leyte #1)				2. DATE OF REPORT 9 May '49	
3. NAME OF CEMETERY AGNS M... ..	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3655	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
--	--	--------------------------------------	----------------------------

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

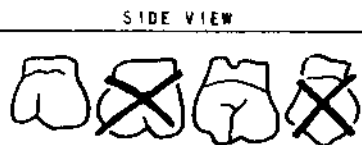
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Indo. #142

18.

TOOTH CHART

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:



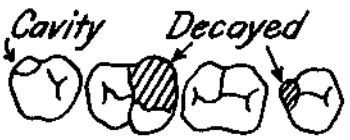
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



Broken & missing

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

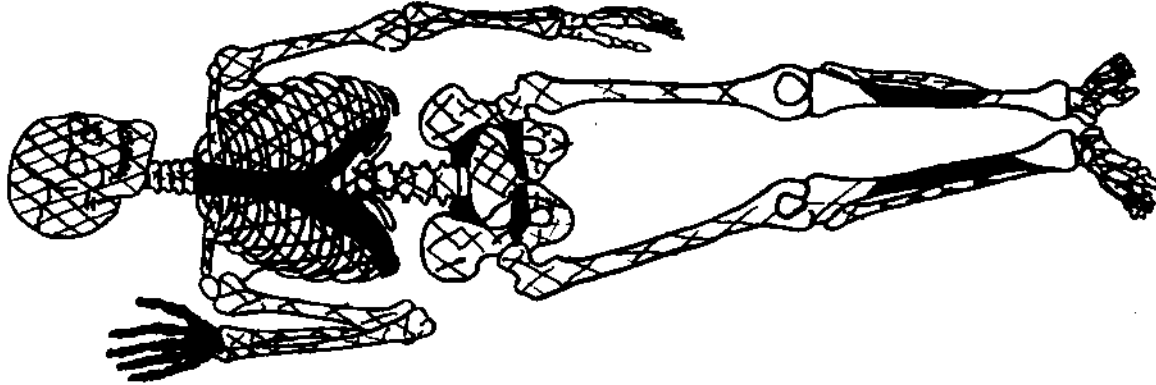
Portion of the maxilla from L2 - R8 and portions of mandible from R15 - R16 and from L11 - L16 are missing. R5 and R6 are loose teeth present with remains.

"UNIDENTIFIABLE"

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 Ident. tags or personal effects found with remains.

Estimated weight of remains - 1 lb.

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

X-2232

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-2232 (Formerly UNK X-633)
USAF Com Leyte #1, P.I.)

28 Nov 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Dansalan, Isaac,
Mindanao, P.I.

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

810 K 3655
PLOT ROW GRAVE NO.

PLACE OF DEATH

PLACE OF BURIAL

STORAGE

BANGER BAY CRW

mandible missing

RIGHT UPPER TEETH LEFT

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







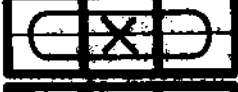








INSIDE — LOOKING OUT

mandible missing

RIGHT LOWER TEETH LEFT

TYPE	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE
LOCATION	P	P				P	P			P			P	P	P	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)

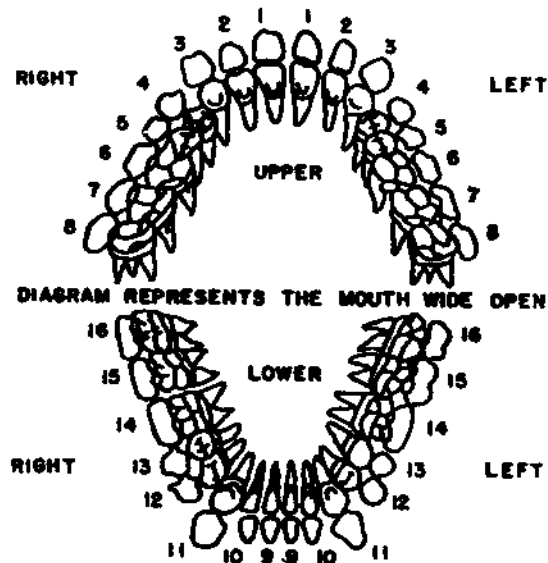
INSTRUCTIONS:

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, **EG.** PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Maxilla missing.

/s/ James F Brown . .
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JAMES F BROWN
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 T. Gamboa
GEORGE 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-2232 (Formerly UNK X-633 USAF
 Unknowns) Cem Leyte #1, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 Row K Grave 3655

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Manila~~ 28 Nov 47
(Hour) (Date)
Dansalan, Lanao,
 2. Place of death 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	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
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)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia
 (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only. Chart attached.**

Age / Height UTD Weight UTD Description of wounds UTD
 Bandages or dressings Scars (Length, width, location)
 Tattoos (Number, location — illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion (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, widow's peak, distinctive cutting or other characteristics)
 Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

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

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

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

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

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

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

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

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

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

Hernioplasty (Yes-no; location)

Legs (Muscular, 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 UNK X-2232 has been previously processed from USAF Cemetery Leyte #1,
P.I. ROI in bottle found with remains. No ID tags or personal effects found
with remains. Estimated weight of remains, 1 lb.

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/ James F Brown
(Officer's Name)
SP-6 C-063011
Rank Service
CIP Laboratory, Manila, P.I.
(Organization)

28 Nov 47

CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-2232

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

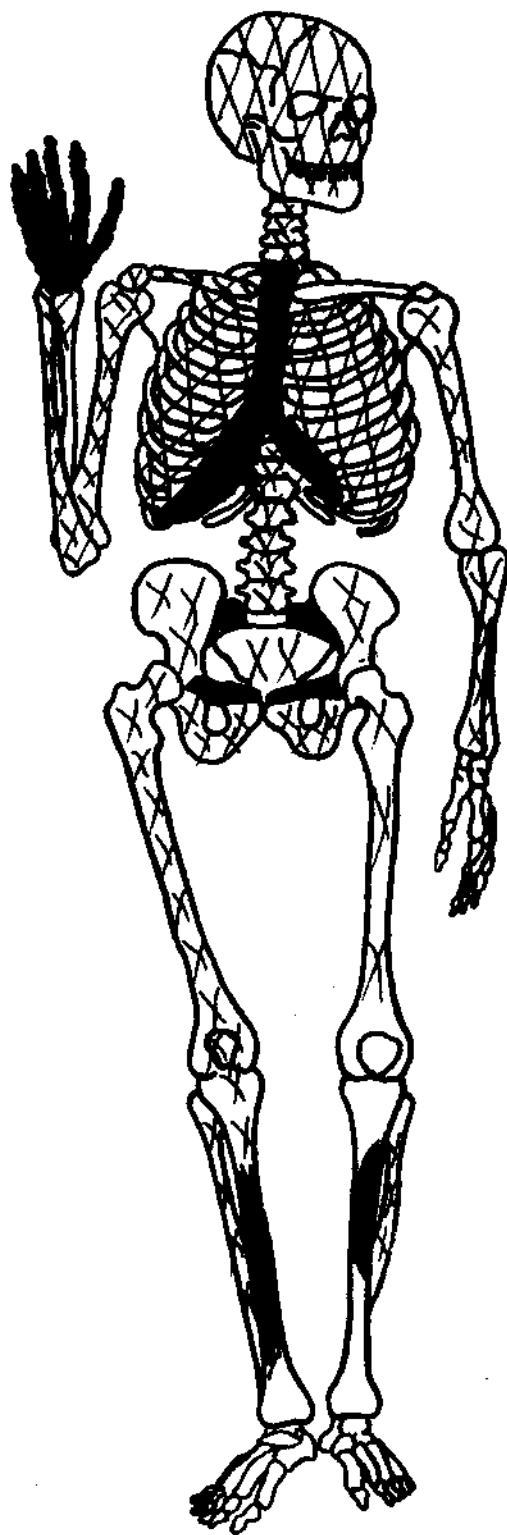


CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)	Serial Number
UNKNOWN X-633	-

Grade	Organization
-	-

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P.I.			8553

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. Substitute tags on remains and on marker coincide with R.O.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.O.I. placed in bottle

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

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

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS; Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings

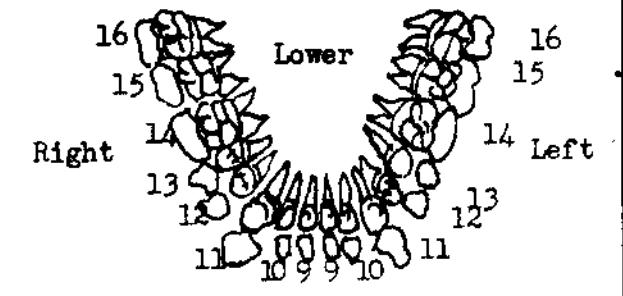
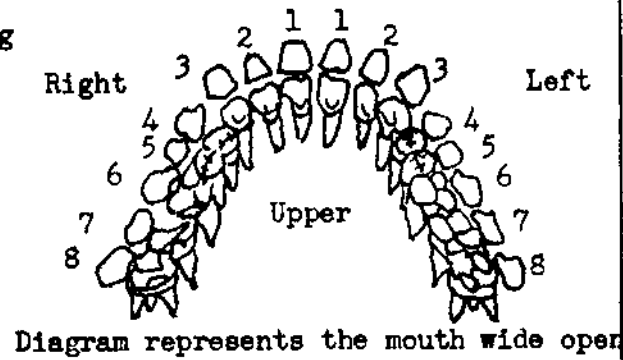


Caries (Cavities)



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

Remarks



17-0887C-5

X-633

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

UNKNOWN I-633

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Dansalan, Lanao, Mindanao, P.I. USAF Cemetery Leyte #1 8553
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.















PART OF MAXILLA MISSING.

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

INSIDE — LOOKING OUT

	<i>missing</i>								LOWER TEETH								<i>missing</i>								
	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

<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> OXYPHOSPHATE (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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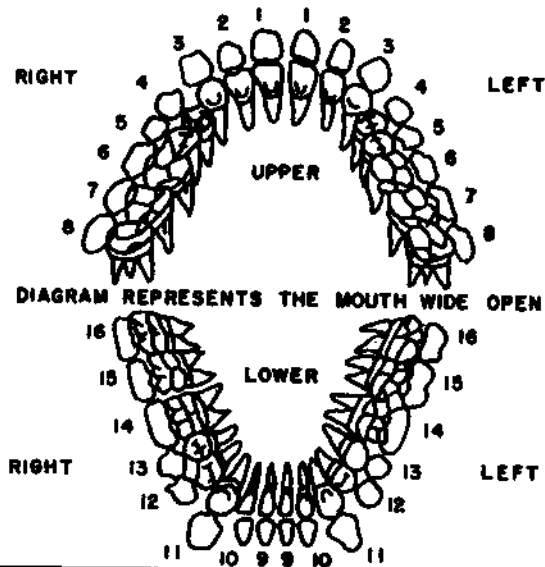
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregurek
NAME AND RANK TYPED OR PRINTED

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

A. P. Singson
VERIFIED BY DRS OFFICER

A. P. SINGSON, 1st Lt., Inf.
NAME AND RANK TYPED OR PRINTED

23 August 1947
DATE

Y-633

IDENTIFICATION CHECK LIST

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

Unknown X 633
Cemetery USAF Cemetery Leyte #1
Plot _____ Row _____ Grave 8553

1. Arrived at cemetery 1735 4 July 1947
(Hour) (Date)

2. Place of death Dansalan, Lango, Mindanao, P.I. Isolated Grave
(Name of closest town) 8 01'N- 124 18E
(Coordinates and letter Prefix, maps)

Map of Mindanao, Series of 1941, Scale 1:600,000
(Sheet, scale and serials used)

3. Remains recovered ~~by~~ 1st Plat. 3008th QM GR Co.
(Name and organization)

4. Evacuated to Cemetery by 1st Plat. 3008th QM GR 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 _____			

~~None~~

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

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
 Insignia _____
 (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only- 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 _____
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
 (Large, fat, thin, muscular)

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

Hair _____
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) ~~Bears~~ (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 (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 ~~2~~

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.

X-633


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 Plat. 583rd QM GR Co.
(Organization)

SKELETAL CHART

X-633

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



BECAUSE THE BONES
WERE IN SUCH AN
ADVANCED STATE OF
DECOMPOSITION THE
MAJOR PART OF THESE
BONES COULD NOT BE
CHART "A"
PLACED FOR A CHART

RESTRICTED

U 1295

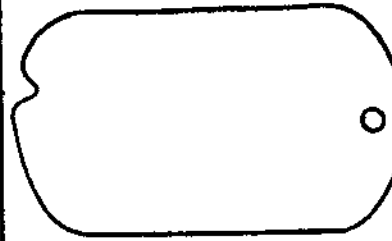
WD CMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



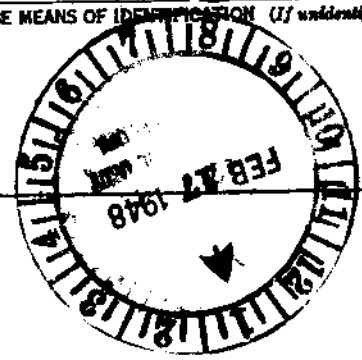
Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2232 (Formerly INK X-633 USAF Cem Loyte #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 Dansalan, 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 2 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) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 810	ROW No. BAY K	GRAVE No. CRYP 3655
--	--------------	--	---------------------------------	---------------------------	---------------------	---------------------------

WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Loyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8553
---	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY file D. Washen 2/27/48 NAN
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-2234	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 3657
---	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-2230	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 3653
--	------	------------	--------------	---------------------------

SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT L 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.

MAR 1 - 10

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.

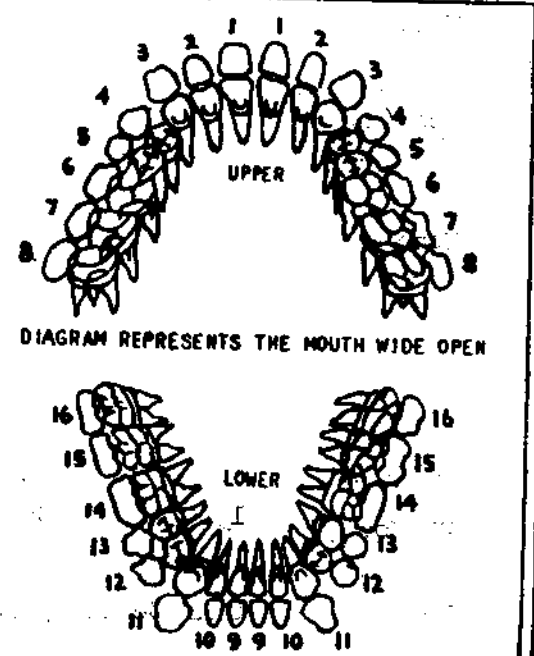
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

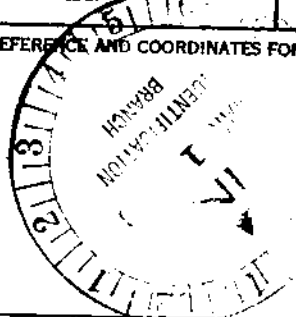
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
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:

Identification Check List and Dental Chart accomplished.

20 JAN 1948

RIGHT LITTLE FINGER

RESTRICTED

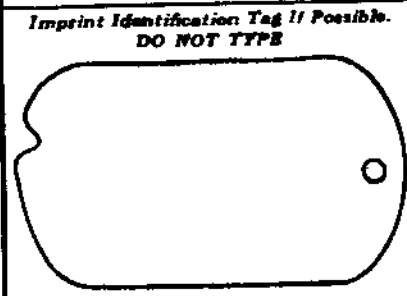
1295

fca 8553

WD GMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
29 August 1947



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-633		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	-

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Dansalan, Lanao, Mindanao, P.I.	-	-
EMERGENCY ADDRESSEE (Name, relationship, and address)		
-		

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
Yes (Unknown tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

N O N E

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.
28 August 1947	1400	Casket "C" Type	Reg Cross	6117		8553

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
No	Recovered at Grid Coord: 8 01' N - 124 18' E Map of Mindanao, Series of 1941, Scale 1:600,000

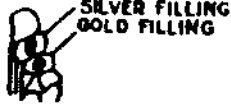
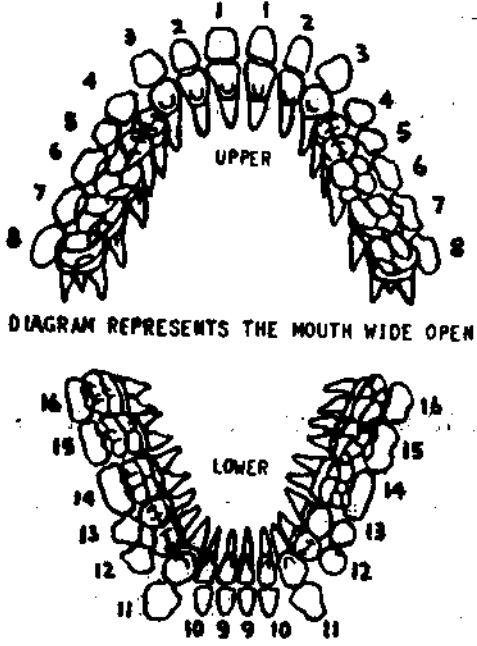





TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic and Protestant	HUGH F. KENNEDY, Major, Ch.C. Rev. Magno A. Managhanag	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	Report of Interment buried in bottle with body.
Yes	Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
None -- Beginning of row				
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
McDANIEL, Lawrence E.	2nd Lt.	0-412 170	34th Pursuit Squadron	8554

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Cpl. Jack E. Sledge, GRS	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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

	LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.				
	LEFT RING FINGER	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.				
	LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	LEFT INDEX FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Dansalan, Lanao Mindanao, P.I.	
	LEFT THUMB	OTHER IDENTIFICATION CLUES See attached QMC form 1045.				
	RIGHT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
	RIGHT RING FINGER	CAVITIES  CAVITY DECAYED				
	RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING				
	RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
	RIGHT THUMB	BRIDGE WORK  GOLD BRIDGE				
	RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center;">  </div>				
	RIGHT RING FINGER	REMARKS:				
	RIGHT MIDDLE FINGER					
	RIGHT INDEX FINGER					
	RIGHT LITTLE FINGER					

3 SEP 1944