

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Wick Letter #1 - X - 705

✓ Formerly Manila Manus X - 2251-A

Formerly Letter #1 X-616-A

nfm		Interred 30 March 1950 L 7 20 Ft. Mc Kinley		DISINTERMENT DIRECTIVE	
1	CARETAKER CARL R. H. MARK Cemetery Superintendent		293 unk Leyte #1 X 705		DATE
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7749 CG-70		DATE 16 01 50 DAY MONTH YEAR
/add NAME COMMON GRAVE #135 (SEE ATTACHED SHEET)		SERIAL NUMBER	GRADE	ARM 8	RACE RELIGION 0 6
CEMETERY LEYTE NO 1 P I		PLOT	ROW	GRAVE 8535	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X -705 UNK X -708	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 31 Jan 50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION Mslm X-2251 A and B. 1 of 1	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 31 Jan 50	BY GERARD A BRICK
CASKET SEALED BY GERARD A BRICK	EMBALMER (Signature) <i>Gerard A Brick</i> GERARD A BRICK
CASKET BOXED AND MARKED DATE 31 Jan 50 RAYMOND H TANGUAY, Sgt 1c, 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
NOTE: REMAINS ARE UNIDENTIFIABLE.
293 unk Leyte #1 X 708

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER ...	
SIGNATURE OF SHIPPER L. ...	DATE 13 Feb 50	SIGNATURE OF RECEIVER <i>Carol Honert</i>	DATE MAR 3 0 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

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER 7740 CG-70	NUMBER OF REMAINS IN GROUP	NUMBER OF CASSETS	TEMPORARY OVERSEAS CEMETERY LEYTE #1, P. I.	U.S. NATIONAL CEMETERY FT. MC KINLEY, P. I.
GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP GRAVE 8535	DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 7740 CG-70			

DECEDENT IN GROUP				
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NEXT OF KIN NAME ADDRESS
UNKNOWN		X-616-A		
UNKNOWN		X-616-B		
		X 705		
		X 708		
REMAINS UNIDENTIFIABLE				

FILE

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

DUPLICATE

GROUP BURIAL NUMBER 7740 CG-70	NUMBER OF REMAINS IN GROUP	NUMBER OF CASKETS	TEMPORARY OVERSEAS CEMETERY LEYTE #1, P. I.	U.S. NATIONAL CEMETERY FT. MC KINLEY, P. I.
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GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP GRAVE 8535	DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 7740 CG-70
---	--

DECEDENT IN GROUP			NEXT OF KIN		
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-616-A	293	Full	
UNKNOWN		X-616-B			
REMAINS UNIDENTIFIABLE					

FILE
JAN 16 1950
Kell

60
OAS 293
OAS Per East

2 May 1949

SUBJECT: Resolution of Unidentifiable Remains

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

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

X-1434	(formerly X-217, Santa Barbara #1, P. I.)
X-1435	(formerly X-218, Santa Barbara #1, P. I.)
X-2135	(formerly X-156, Santa Barbara #1, P. I.)
X-2245	(formerly X-613, Leyte #1, P. I.)
X-2251-1	(formerly X-616-1, Leyte #1, P. I.)
X-3254	(formerly X-161, Leyte #1, P. I.)
X-3429	(formerly X-329, Leyte #1, P. I.)
X-3746	(formerly X-9, Leyte #1, P. I.)

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

FOR THE QUARTERMASTER GENERAL:

T. E. WITT
Lt. Colonel, USMC
Memorial Division

T. Fields:jdk
Salsar
JW

cc: Administrative Section

REB

NJS

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2251-A (Formerly X-616-A USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 25 March '49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNKNOWN

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

NONE

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

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

Received 22 Apr 49 **CDMA**
 Not identifiable from
 information presently
 available **T. A. Fields**

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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:



SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



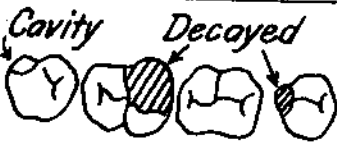
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
UPPER															
LOWER															
Side Views															
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."

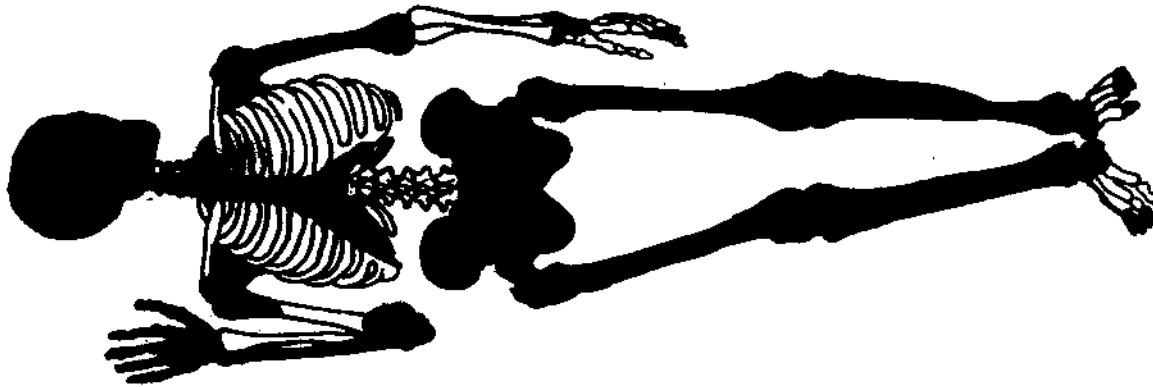
Maxilla missing. RIO and L11 are the only individual teeth found with remains.

"UNIDENTIFIABLE"

J. J. Mc Dermott

"BY REASON OF LACK OF SUFFICIENT REMAINS"
 J. J. McDERMOTT
 Laboratory Officer, CIP

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 ROI, identification tags or personal effects found with remains.

"UNIDENTIFIABLE"

"BY REMAINS 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

X-2251-A

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2251-A (Formerly UNK X-616-A
USAF Gen Leyte #1, P.I.)

28 Nov 47

DATE

Unknown

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Possibly Army

Vicinity of Lubi,
Leyte, P.I.

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

810

K

3673

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

TANGER

S&H







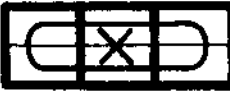








CRYP

missing

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

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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

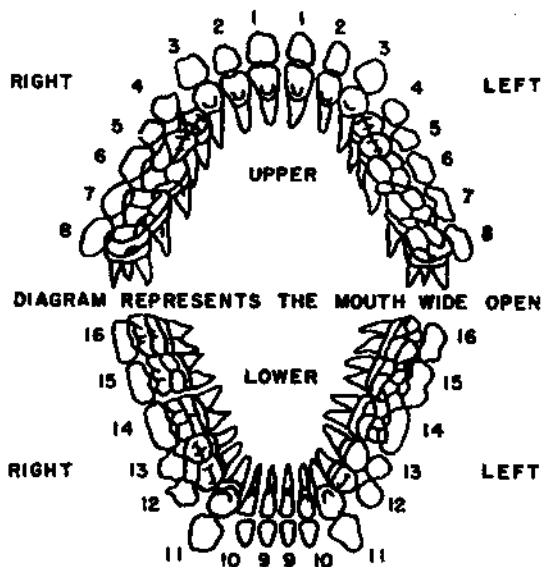
INSTRUCTIONS:

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:

Maxilla missing. R10 and L11 are the only individual teeth found with remains.

/s/ Antonio B' Iaconico
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H Bennett Jr
VERIFIED BY GRS OFFICER

/p/ ANTONIO B IACONICO - Recorder
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:

George T. Gamboa
G T GAMBOA
2d Lt MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2251-A (Formerly UNK X-616-A
~~UNKNOWN~~ USAF Cam Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 ^{ROW} K ^{GRAVE} 3673

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 28 Nov 47

(Hour) (Date)

2. Place of death Vicinity of Lubi,
Leyte, 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	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD		N	
		O	
Undershirt, Wool		N	
		E	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ N (type)

Overshoes _____ O N E (type)

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

Goatee / (Light, color, extent)

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

Nose T D (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~~ **UTD** 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 D (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 In processing these remains, it was found that there were more than one remains present. Due to bone structures, we were able to segregate these remains into three (3) different remains. UNK X-2251-A, B, and C. For further references refer to UNK X-2251-B and C. 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/ Julian H Weddle

(Officer's Name)

Emb Sr C-064965

Rank

Service

CIP Laboratory, Manila, P.I.

(Organization)

28 Nov 47

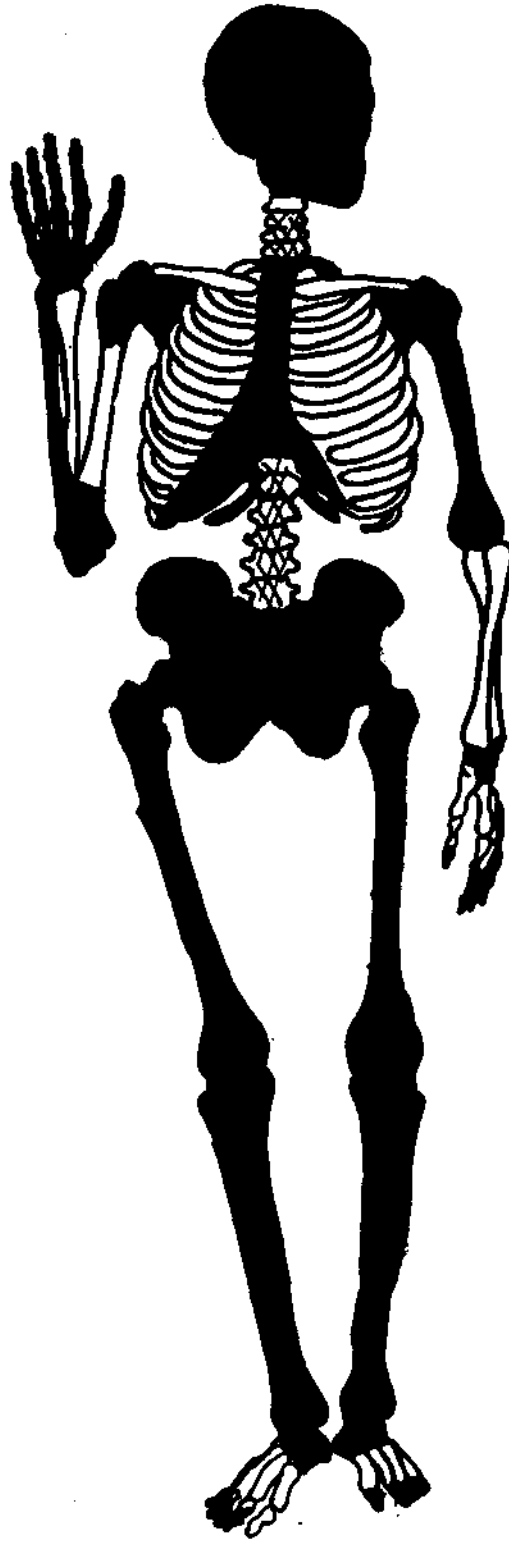
CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MAC

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-2251-A



AMS
CHART "A"

X-2551-A

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Dr

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-616A

-

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8535

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" wooden casket burial. Three skeletal remains. Remains in separate containers. Tags on remains coincide with R.O.I.s and burial bottle.

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
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

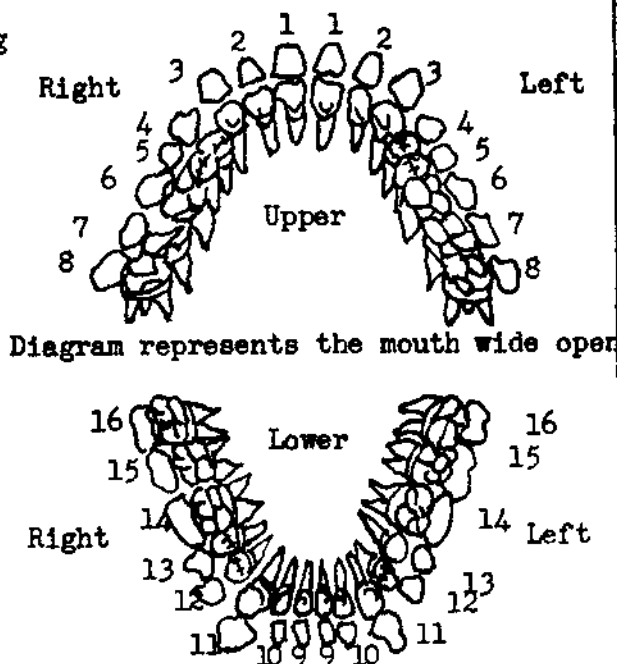


Caries (Cavities)



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



5-24880-AM

X-616-A

R/R BRANCH, MEMORIAL DIVISION, OQMG

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.

18 August 1947
DATE

UNKNOWN X-616A
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

Vicinity of Lubi, Leyte, P.I. PLACE OF DEATH 8535 GRAVE NO.
PLACE OF BURIAL PLOT ROW

maxilla missing Individual missing
















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

SEE REMARKS.

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	RIGHT				LOWER TEETH						LEFT					
TYPE		<i>H</i>						<i>⊗</i>		<i>⊗</i>	<i>⊗</i>				<i>H</i>	
LOCATION		<i>FD</i>													<i>FD</i>	

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)

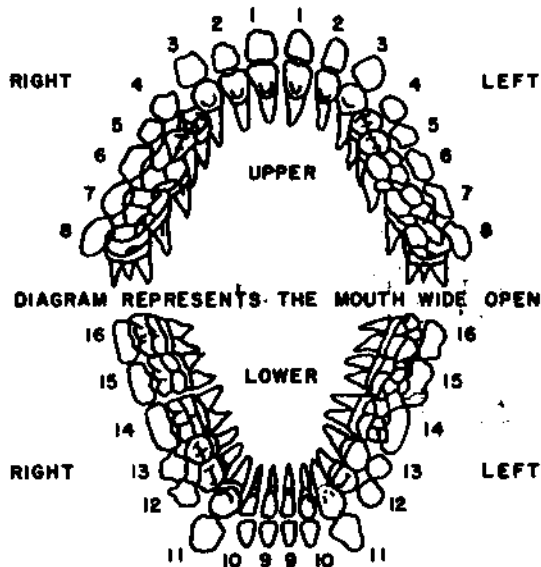
INSTRUCTIONS:

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:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregurek
NAME AND RANK TYPED OR PRINTED

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

[Signature]
VERIFIED BY GRS OFFICER
A.P. SINGSON 1st Lt
NAME AND RANK TYPED OR PRINTED
18 August 1947
DATE

X-616A

IDENTIFICATION CHECK LIST

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

Unknown X 616-A

Cemetery Leyte #1

Plot _____ Row _____ Grave 8535
 Isolated grave approximately 2 km. east
 along Daguitan river. Remains were 25
 yards from the banks of the Daguitan river.

1. Arrived at cemetery 16 May 1947
(Hour) (Date)

2. Place of death Lubi, Leyte, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or ~~discovered~~ 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 <small>(Type)</small>	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____	_____	_____
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

NO ANSWER

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment **Remnants of Cartridge belt and buckle.** (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) 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 (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 (Lame, 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.

SKELETAL CHART

X-616-A

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



24 ribs received

RESTRICTED

HEADQUARTERS
US&F CEMETERY LENTE NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 68 SEARCH # 2

1. DATE AND TIME OF DEPARTURE: 2 May 1947 at 0800 Hrs.
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Lubi PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Andres Kasakit d. _____
 - b. Eutiquio Kamantang e. _____
 - c. _____ f. _____
5. GUIDES:
 - a. _____ d. _____
 - b. _____ e. _____
 - c. _____ f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10°58' 59" N-124°45' 52" E
2 Km East along Daguitan river.
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (2) (1) (1) (1) (Check one)
9. CONDITION OF REMAINS: Completely decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 16 May 1947 at 1730 Hrs.
13. REMARKS: (SEE REVERSE SIDE):


REMARKS:

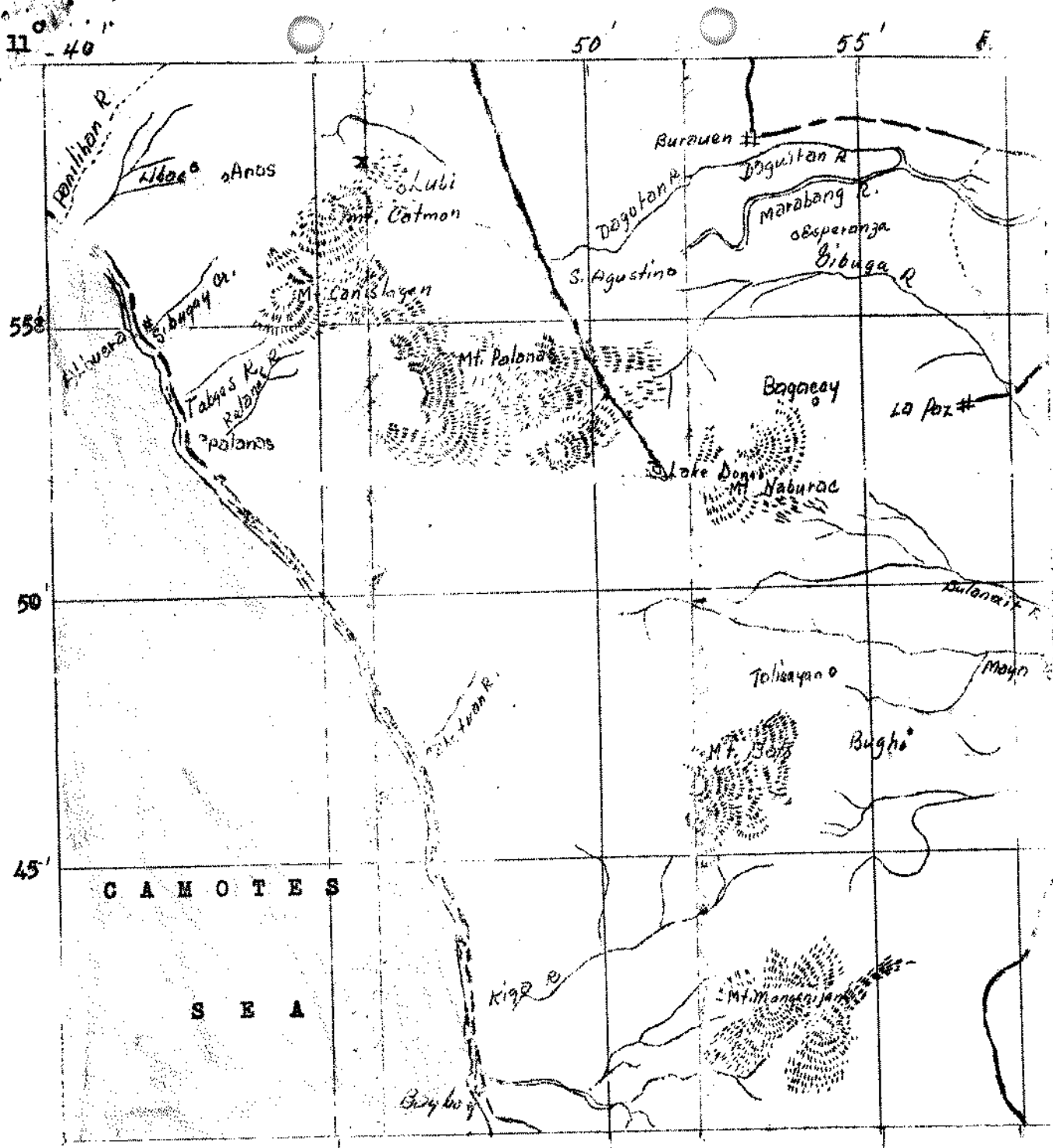
These unknown bodies were found approximately 2 Km. East along Daguitan river. The location of remains was 25 yards from the banks of the Daguitan river.

/s/t/ S/Sgt Harold J. Lemons

Search Party Leader

A TRUE COPY:


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



X - Location of remains when recovered: Unknown X-616-A
Map Reference: Map of Leyte, Series of 1934, Scale 1:200,000
Grid Coord: 11°53'59"N - 124°45'52"E.

/hao

CORRECTED



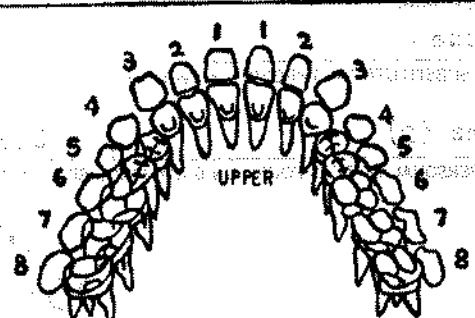
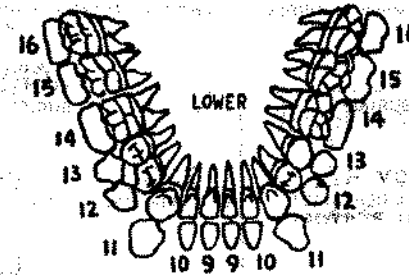








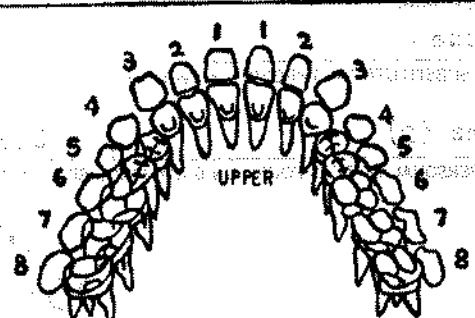
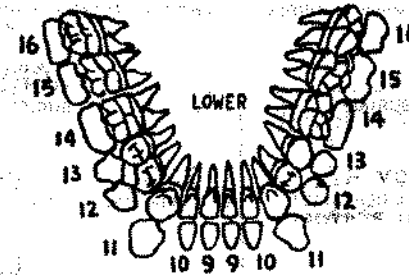








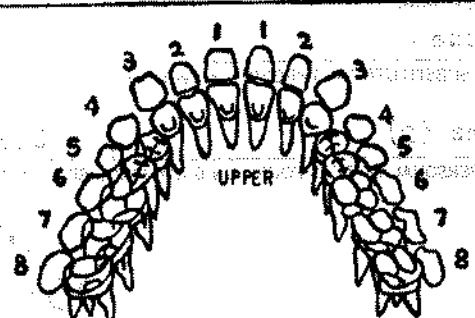
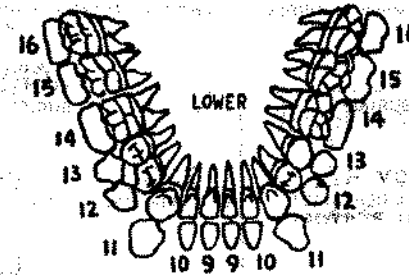






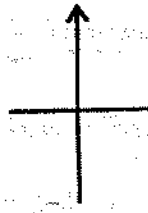
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BK

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 22 April 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) 3 UNKNOWN X-705 Leyte #1 (Formerly UNK X-2251-A Manila Mausoleum)				SERIAL NO. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Possibly 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)		See Remarks					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFICATION DATA							
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 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. X	GRAVE No. 3673	
WAS THIS A REBURIAL? (Yes or no) 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. 8535	
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) UNKNOWN X-2252		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3675		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2248		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3671		
SIGNATURE OF PERSON PREPARING REPORT J. J. McDERMOTT, Adm. Asst.			SIGNATURE OF GRS OFFICER—VERIFYING REPORT GOLDEN J. FRANE, 1st Lt. GMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

Incl 65

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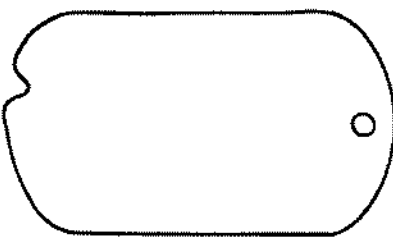
Section 5. UNIDENTIFIED REMAINS.											
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; 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 RING FINGER											
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HEIGHT</td> <td style="width: 15%;">WEIGHT</td> <td style="width: 20%;">COLOR OF EYES</td> <td style="width: 20%;">COLOR OF HAIR</td> <td style="width: 30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">WEAPON AND SERIAL No.</td> <td style="width: 33%;">LAUNDRY MARKS</td> <td style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
LEFT THUMB	OTHER IDENTIFICATION CLUES										
RIGHT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> FILLINGS  SILVER FILLING  GOLD FILLING </td> <td rowspan="6" style="width: 50%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  </td> </tr> <tr> <td> CAVITIES  CAVITY  DECAYED </td> </tr> <tr> <td> MISSING TEETH  TOOTH MISSING </td> </tr> <tr> <td> CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN </td> </tr> <tr> <td> BRIDGE WORK  GOLD BRIDGE </td> </tr> <tr> <td> FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY. </td> </tr> </table>	FILLINGS  SILVER FILLING  GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 	CAVITIES  CAVITY  DECAYED	MISSING TEETH  TOOTH MISSING	CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN	BRIDGE WORK  GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.			
FILLINGS  SILVER FILLING  GOLD FILLING		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 									
CAVITIES  CAVITY  DECAYED											
MISSING TEETH  TOOTH MISSING											
CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN											
BRIDGE WORK  GOLD BRIDGE											
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.											
RIGHT INDEX FINGER	<p align="center"> 24 JAN 1950 Identification Section </p> <div style="text-align: right;">  </div>										
RIGHT MIDDLE FINGER	REMARKS:										
RIGHT RING FINGER	Upon original processing of remains portions of two (2) remains were found and assigned Manila Mausoleum UNKNOWN X-2251-A and X-2551-B. No identification tags or personal effects found to aid identification. Remains was determined to be unidentifiable and was redesignated Leyte #1 UNKNOWN X-705 to avoid duplication of former number.										
RIGHT LITTLE FINGER	<p align="right"> APR 1949 </p>										

/cbf

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308

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 8 Dec 47
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNKNOWN X-2251-A (Formerly UNK X-616-A USAF Cem Leyte #1, P.I.)	SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE Unknown	RELIGION Unknown
		BRANCH OF SERVICE Possibly Army
		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) See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

*RECEIVED 22 APR 49
Not identifiable from
information presently
available
T.A.F. 165
28 APR 49*

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGERS MAUSOLEUM, MANILA, P.

DATE OF BURIAL 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORIED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. 3673
------------------------------------	---------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) 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. 8535
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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) UNKNOWN X-2252	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3675
---	------	------------	--------------	------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2248	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3671
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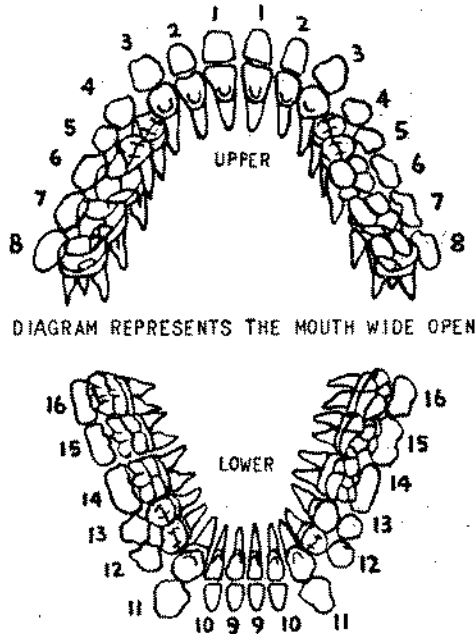





SIGNATURE OF PERSON PREPARING REPORT R R ACERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT S PANOPIC, 2d Lt., Inf
--	--

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.

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Ince 7-10

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LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS:			
	Cross reference subject case with UNKs X-2251-B and X-2251-C, AGRS Mausoleum, Manila, P.I.			
	Identification Check List and Dental Chart accomplished.			


20 JAN 1948

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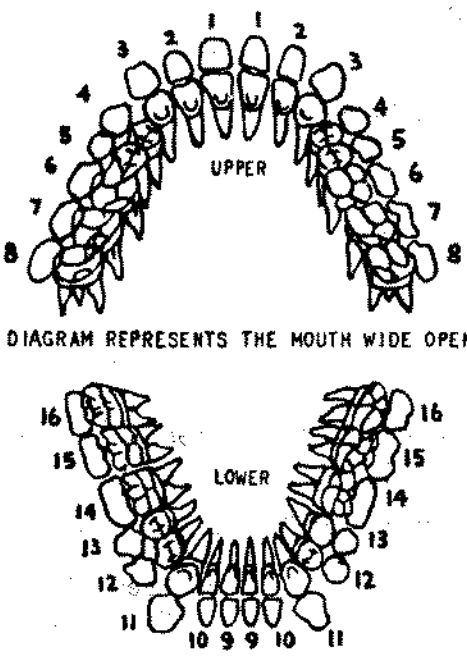





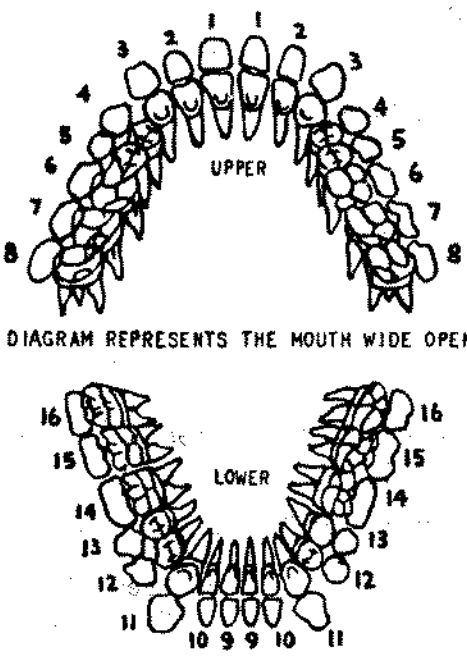





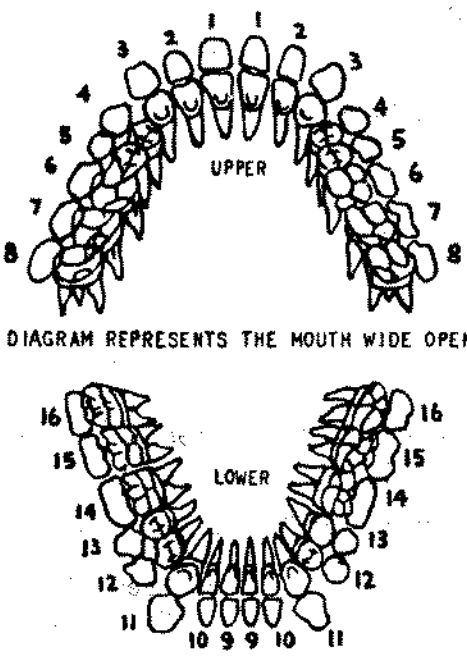






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fca

8535

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 28 August 1947			
Imprint Identification Tag If Possible. DO NOT TYPE 			Section 1.—IDENTIFICATION.								
			NAME (Last, first, middle initial) UNKNOWN X-616A				SERIAL No. -				
			GRADE -		ORGANIZATION -		BRANCH OF SERVICE Possibly Army				
			RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -				
PLACE OF DEATH Vicinity of Lubi, Leyte, 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 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 27 August 1947		HOUR 1400		BURIED IN (Shroud, blanket, or name of other) Separate container (Shelter Halve) in Gasket "C" Type		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8535		
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' 59" N-124 45' 52" E Map of Leyte, Series of 1934, Scale 1:200,000							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 Managbanag			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-615				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8534				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-617				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8536				
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack U. Single, 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 Officer. Copies for retention in theater as prescribed by theater commander.											

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Section 1. IDENTIFIED REMAINS.														
LEFT LITTLE 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.													
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND												
		Vicinity of Lubi, Leyte												
OTHER IDENTIFICATION CLUES <p align="center">See attached QMC form 1045</p>														
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FILLINGS</td> <td style="width: 30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width: 40%; vertical-align: middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	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>		
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RIGHT THUMB														
RIGHT INDEX FINGER														
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY. <div style="text-align: center;">  </div>													
RIGHT RING FINGER														
RIGHT LITTLE FINGER	REMARKS: <div style="text-align: center;">  </div>													

3 SEP 1947