

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Lgts #1 X-123

SUBJECT

also 293 unk. manus manila X-3654

QMC FORM 1121
1 Aug 45

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

16 Aug

GSOR 293.9

APC 707

4 Aug 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file GPCMI 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-331	AGRS MsIm	UNKNOWN X-793	AGRS MsIm
" X-375	" "	" X-804	" "
" X-422	" "	" X-3654	" "
" X-610	" "	" X-4126	" "

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

FOR THE COMMANDING GENERAL:

/s/ JOHN M. WESTON, Jr
JOHN M. WESTON, Jr
1st Lt AGD
Asst Adj Gen

8 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

COPY

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Dub. Leyte #1 (misc)
X-79 X-83 X-123 X-139 X-151

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Dub. Leyte #1
X-79

10/6/50
DML

RECLASSIFICATION SHEET

3343
SEE X-3666 MGRS
LETTER 22 JUNE 49

QUART 293
GHS Far East

13 May 1949

SUBJECT: Disapproval of Board Findings

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

1. Reference is made to the attached Field Board Findings recommending the individual identification of the following Unknowns:

X-3414 AGES Mausoleum, Manila, P.I.
as: Pvt. Harold E. Fear 37225517

X-3321 AGES Mausoleum, Manila, P.I.
as: Pvt. Benjamin H. Burton 32859534

X-3728 AGES Mausoleum, Manila, P.I.
as: T/4 Peter P. Coccaro 32923314

X-3418 AGES Mausoleum, Manila, P.I.
as: Pvt. Ray Beeson 39188322

X-3416 AGES Mausoleum, Manila, P.I.
as: Pfc. Richard W. Trevor 37677775

✓ X-3654 AGES Mausoleum, Manila, P.I.
as: Pvt. Bernie O. Aaberg 37578340

2. Subject proceedings are being returned by this Office as additional dental data has been obtained on the personnel involved. It is recommended that a re-investigation be made by your Office and findings forwarded.

3. Further reference is made to the attached Field Board Findings dated 8 March 1949, recommending the identification of Unknown X-3790A as Pvt. Oscar Daily, 37674136, and Field Board Findings dated 2 April 1949, recommending the same Unknown X-3790A as T/5 Leonard E. Moier, 37309112. Clarification of this discrepancy is requested.

FOR THE QUARTERMASTER GENERAL:

16 Incls:
1 - 8 Bd Proceedings as stated
9 - 16 Forms 79

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

1

Interment of ~~15 1948~~ ~~15 1948~~
#811
A-33 *Caremark*
7-2-1
DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00145	DATE 15 05 48 DAY MONTH YEAR
NAME UNKNOWN		SERIAL NUMBER X-000123	RANK
CEMETERY USAF CEMETERY LEYTE NO 1		ARM Q	DATE OF DEATH DAY MONTH YEAR 7701 80
DISPOSITION OF REMAINS CODE	DIST. PT. 80	CAUSE OF DEATH 6	
PLOT	ROW	GRAVE	COUNTRY
		3195	PHILIPPINE ISLANDS

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-123 UNK X-3654 (MUSCLEB)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY PERRY R. WHITE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

MINOR DISCREPANCIES / Two (2) Identification tags need NAVY UNK X-3654.

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept '48	BY PERRY R. WHITE
CASKET SEALED BY PERRY R. WHITE	EMBALMER (Signature) <i>Perry R. White</i> PERRY R. WHITE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept 48 BY NORBERT I. ALLISON, Sgt., Inf.	PROFILO A. ANUMAN, 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.

Profilo A. Anuman
PROFILO A. ANUMAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Reclon 10/3/48

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AFHS Ivesium		TO Port McFinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Smith</i>	DATE 20 AUG 1945
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

/hce

/abc

1

Interred 20 August 1949
H-81/N 15 166 McKinley

~~33~~ *Caremark*
7-2/CAPT R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00145

DATE
15 05 48
DAY MONTH YEAR

NAME: UNKNOWN X-000123 SERIAL NUMBER: UNKNOWN X-000123 RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

PLOT: ROW: GRAVE: 3195 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-123 SERIAL NUMBER: UNKNOWN X-3654 (MAUSOLEUM) RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept '48

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: PERRY E. WHITE Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES:
Two (2) Identification tags read MAUS UNK X-3654.

REMAINS PREPARED AND PLACED IN CASKET

DATE: 27 Sept '48 BY: PERRY E. WHITE
CASKET SEALED BY: PERRY E. WHITE EMBALMER (Signature): *Perry E. White* PERRY E. WHITE

CASKET BOXED AND MARKED: DATE: 27 Sept 48 BY: HORACE L. ALLISON, Sgt., Inf. SHIPPING ADDRESS VERIFIED BY: TEOFILO M. ANUTAN, 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.

Teofilo M. Anutan
TEOFILO M. ANUTAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Reclon 10/13/49

18 SEP 1949

REGISTRATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leah R. Smith</i>	DATE 30 AUG 1945

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

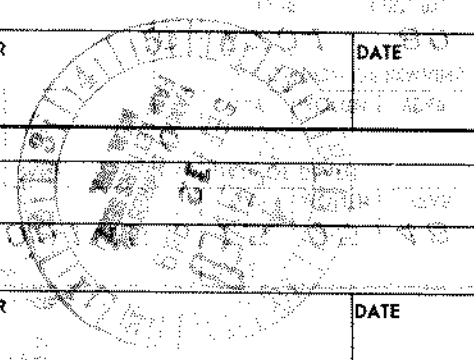
FROM		TO	
KIND OF CONVEYANCE (BY AIR MAIL ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBL MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

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



FILED UNDER NO. 293 Unk. P.I. X-123 (Loyto #2).

3 Apr. 1947.

ACTI IND.

FROM: OCSG.
TO: CO, Philippine g-Iyukyus Command, opp 707.

RE: Comparison of both charts cannot be accurately made with AD records for personnel listed in Acti Ind., with Unks. X-79, X-53 123; 139 140 inasmuch as (MC FORMS 104) for same are incomplete and not understood.....

DOCUMENT FILED UNDER NO. 293 Unk. P.I. (Misc.). (Loyto#2).

OS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-123, Plot _____,
Row _____, Grave 3195, USMC USAF Cem. Leyte #1 _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. E. McNEMAR
Captain, CMC
Chief, Records Branch

Attch: Form 1044

Received OOMC
Not identifiable from
information presently
available

Incl # 7'

8307

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-123 Grave 3195 Serial Number _____

Rank _____ ~~Organization~~ Formerly UNKNOWN X-26, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): _____

By: Group Pfc Segó Unit Base K, GRS

3. Reburied (date): 26 Aug 45 In (give complete location): _____

By: Group Pfc Segó Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Body decomposed; several teeth missing due to disinterment.

5. (a) Identification tags: Buried with body? No On grave marker? No
(b) Other means of identification found upon disinterment, and general remarks: Metal tag made by GRS buried with remains and attached to marker.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics MISS. →

(d) Hair on face-Color MISS →

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

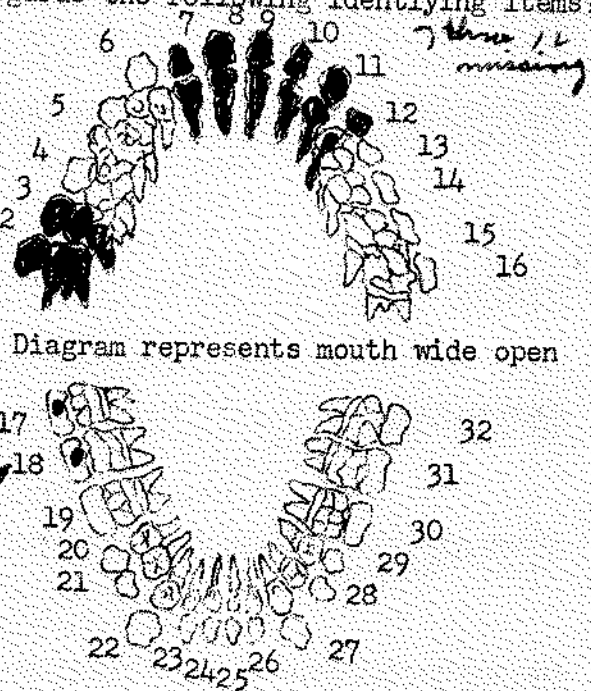


Diagram represents mouth wide open

7. Disinterment supervised by Pfc Segó Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO

8. Reburial supervised by Pfc Segó Approved: Francis M. Simon, 1st Lt., QMC
(Title) GRO

Handwritten signature/initials

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.







3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Porcelain crown Gold crown Gold & porcelain bridge Bridge Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		Cavity Decayed Decayed
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".		

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3854 (Formerly UMI X-123 Layte No. 1)				2. DATE OF REPORT 20 July 1949	
3. NAME OF CEMETERY AGAS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	012	U	5415	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'5"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

UNKNOWN

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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"

Incl #72

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

See remarks

RIGHT								LEFT								See remarks
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	X	X	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	A	X	A	Ø	
Side Views																
Top Views																
Side Views																
UPPER																
LOWER																
See remarks																
Side Views																
	X	X	A					Ø	Ø	Ø	X	X	X	Ø		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

REMARKS: Mesial portion of L7 is chipped. R11, R10, R9 & L9 indicate sign of attrition. Mostly teeth are posthumously missing and some extracted. R13 slightly rotated.

"UNIDENTIFIABLE"

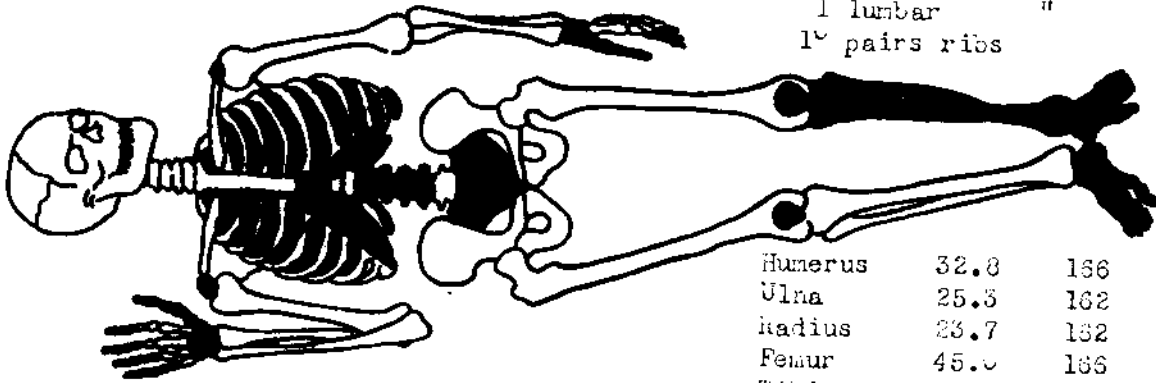
James J. McDevitt
 JAMES J. McDEVITT
 Laboratory Officer, OIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BACK OUT PARTS OF BODY NOT RECOVERED

PRESENT:

cervical vertebrae
3 thoracic "
1 lumbar "
12 pairs ribs



Humerus 32.8 186
Ulna 25.3 162
radius 23.7 152
Femur 45.0 186
Tibia 36.9 158

Estimated height - 180 cm or 5' 5 1/2"

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 ROM identification tags or personal effects found with remains.
Estimated weight of remains - 6 lbs.
Circumference of skull - 20 inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

JAMES J. McDERMOTT
Laboratory Officer, CIP

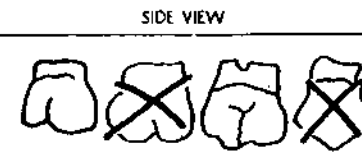
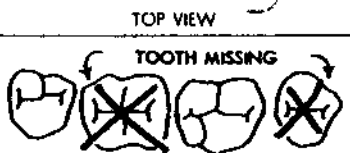
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3654 (Formerly UNK X-123 USAF Cemetery) (Leyte #1, P.I.)				2. DATE OF REPORT 10 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT MANGER BAY 812	5. ROW U	6. GRAVE CRYPT 5415	7. DATE OF DISINTERMENT 10 Dec 47	REINTERMENT STORAGE 11 Feb 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U. T. D.		9. ESTIMATED HEIGHT 5' 5-3/8"		10. COLOR OF HAIR U. T. D.		11. RACE U. T. D.
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) No I. D. tag, no ROI bottle, or other means of Identification.						

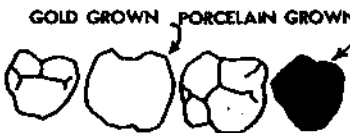
18.

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:



See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
SIDE VIEWS															SIDE VIEWS
TOP VIEWS															
SIDE VIEWS															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

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

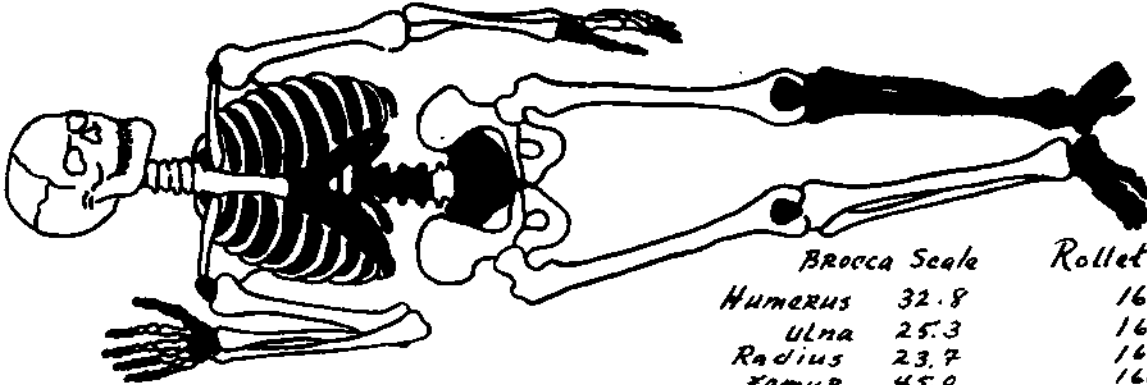
REMARKS: Mesial portion of L-7 is chipped. R-11, R-10, R-9 & L-9 indicate sign of attrition. Mostly teeth are posthumously missing and some extracted. R-13 slightly rotated.

CERTIFIED TRUE COPY: G. T. GAMBOA, 2d Lt., MSC

/s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

4 Cervical vertebrae
3 Thoracic
1 Lumbar
10 Pairs Ribs



	Brocca Scale	Roller Table
Humerus	32.8	166
Ulna	25.3	162
Radius	23.7	162
Femur	45.0	166
Tibia	36.9	168

Average of length in Cm 166 or 5' 5 3/8"

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

Circumference of skull - 20"

Estimated weight of remains - 6 lbs.

CERTIFIED TRUE COPY:

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

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

/p/ CLAUDE A. PILLERS, C-063247
Emb. Sr.
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Claude A. Pillers, Emb. Sr.

REPORT OF DISINTERMENT FOR IDENTIFICATION

7 May 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-123

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P. I.

3195

2. Date of Disinterment

6 May 1947

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

Shelter halve burial, body completely decomposed and skeletal remains fragmentated.

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

Unknown Tag

On Remains

Unknown Tag

What Identification Used Upon Reinterment: On Marker

Unknown Tag

On Remains

Unknown Tag

5. Signature of Officer Supervising Disinterment and Reinterment.

WILLIAM C. CLARK, 1st Lt., QMC

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)

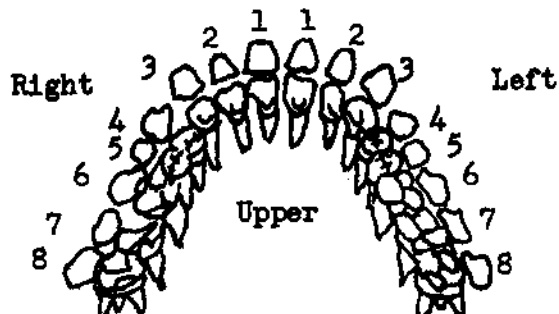
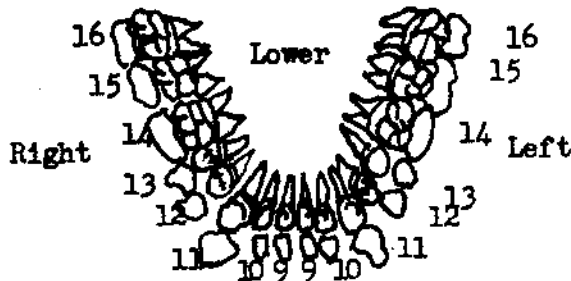


Diagram represents the mouth wide open



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

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.

7 May 1947

DATE

<u>UNKNOWN</u>	<u>X-123</u>		
LAST NAME	FIRST	INITIAL	RANK
<u>Dulag, Leyte, P. I.</u>		<u>USAF Gemtery Leyte #1, P. I.</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW
			<u>3195</u>
			GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT						
TYPE																		TYPE
LOCATION																		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT						
TYPE																		TYPE
LOCATION																		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

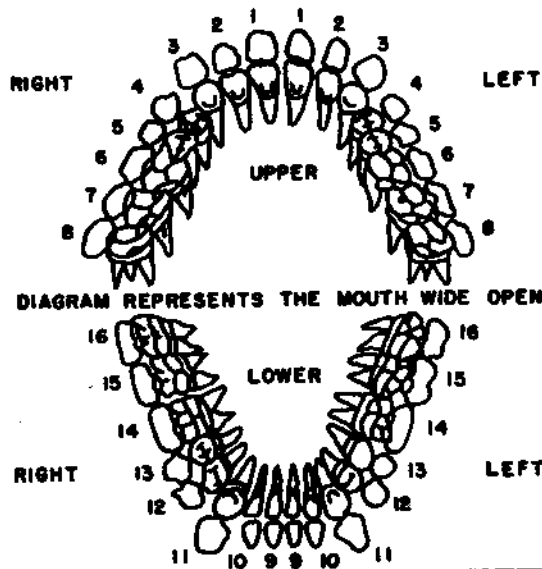
INSTRUCTIONS:

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

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

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

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



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

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

William C. Clark
VERIFIED BY GRS OFFICER

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

7 May 1947
DATE

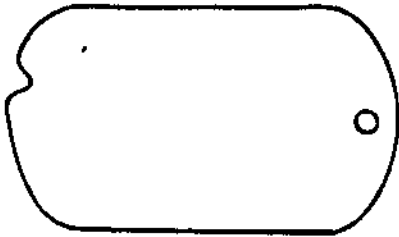
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3654 (Formerly UNK X-123)
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

Dulag, Leyte,
P. I.

CAUSE OF DEATH

KIA - badly burned

DATE OF DEATH

26 Oct 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No.
11 Feb 48	1000	Casket	None	812	U	5415

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
RESTORED Yes	USAF Cemetery Leyte #1, P.I.			3195

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3655-A				CRYPT 5416

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3653				5414

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>[Signature]</i> AQUINO, T/5 QMC	<i>[Signature]</i> L PANOPPO, 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.

[Handwritten] 313

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.

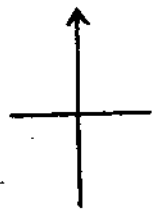
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1948

HMB RESTRICTED RE
REPORT OF INTERMENT
(FM 10-630 AND AR 30-1815)

8307

8307

UNKNOWN X-123

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-badly burned
(Place of death)			(Date of death)		(Cause of death)
0900 hrs 24 July 1945	USAF Cemetery Leyte # 1, P. I.				
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	

3195

Reg Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes () No (X) Attached to marker Yes () No (X)
DISINTERRED from Grave 198, USAF Cemetery Dulag # 1, Leyte, P.I.

Religion **(UNKNOWN X-26)**

Metal tag buried with remains and attached to Marker.

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	BOCCHINO, Giovanni	32 388 536	Co C 170 Engr Bn 3196
(Name)	(Serial number)	(Rank)	(Organization) (Grave number)
Body buried on LEFT	COMFORT, John R.	32 936 646	Pvt 1c1 722 Engr 3194
(Name)	(Serial number)	(Rank)	(Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: **NONE RESTRICTED**

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 7/19/43).

If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached? NO

(If possible, have medical personnel take a tooth chart)

Unable to take tooth chart on disinterment.

In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

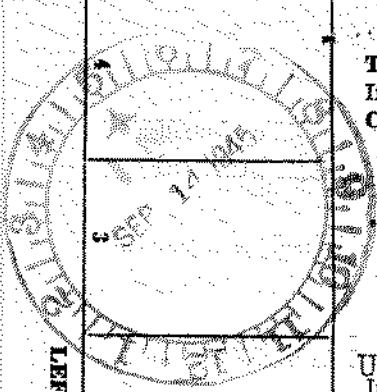
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John E. Bobis
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, 1st Lt., QMC

(Verified by Army GRS Officer)



LEFT HAND

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

UNKNOWN X-26

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P.I.			26 October 1944	KIA - Badly Burned	
(Place of death)	(Date of death)		(Cause of death)		
1145	26 October 1944	USAF Cemetery Dulag #1		Dulag, Leyte, P.I.	
(Time and date of burial)	(Name of cemetery)		(Name or coordinates of location)		

198	6	1	Cross
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Embossed Plate attached to Marker Religion - Unknown

One copy of G^R Form #1 placed in sealed bottle and buried with Body showing unknown number (If no identification tags, what means of identification are buried with the body?)

Left (If no identification tags, but identity definitely established, give particulars) Co C

Body buried on RIGHT Right	Beechino, Giovanni (Name)	(NMI) 32388536	Pvt.	170th Eng Bn	197
		32936846		(Organization)	(Grave number)

Body buried on LEFT Left	Comfort, John R. (Name)	Det	Pfc	722nd Eng Dpt	199
				(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

84A

List only personal effects FOUND ON BODY and disposition of same: NONE

RECEIVED
3 JAN 1945
4

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, ~~probable~~ organization of deceased, etc.:

possible

502nd AAA; 7th ~~QM~~ Co; 722nd ~~Egg~~ Dpt Det

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

James G. Gullinger
 (Signature of officer or other person reporting burial)
 Lovillo Co. Inf. 4
 Robert W. Greer, 2nd Lt. Inf

8075 BSA

4
3
2
1
THUMB

LEFT HAND

3
2
1
THUMB

RIGHT HAND

Fingerprints not obtainable because of badly burned condition of body